

# Breastfeeding in Northern Ireland

A summary report on knowledge, attitudes and behaviour



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Breastfeeding is widely acknowledged to be the best way to feed a baby, providing a range of health benefits for both mother and child.<sup>1</sup> The World Health Organization has recommended that babies should be breastfed exclusively for six months with continued breastfeeding up to two years of age or beyond.<sup>2</sup> Currently, the incidence of breastfeeding is lower in Northern Ireland than any other part of the United Kingdom. In 1995 45% of mothers breastfed their baby, this rose to 54% in 2000 but as Table 1 shows the rate in Northern Ireland remains much lower than that of the rest of the UK.<sup>3</sup>

**Table 1: Initial incidence of breastfeeding (1995 and 2000)**

	<b>Northern Ireland</b>	<b>England &amp; Wales</b>	<b>Scotland</b>	<b>United Kingdom</b>
	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
1995	45	68	55	66
2000	54	70	63	69

This figure of 54% represents mothers who breastfed their baby at birth; however, more than a quarter of these women will have given up breastfeeding by the end of the first week, and just over half will have stopped by the time their baby is six weeks old. Only 10% of women in Northern Ireland breastfed their baby for the full six months recommended by the WHO (compared with 21% in the rest of the UK).<sup>3</sup>

In response to this scenario the then Department of Health and Social Services established the Regional Breastfeeding Strategy Group (RBSG) in 1999, to address the issue of low breastfeeding incidence and to develop a breastfeeding strategy for Northern Ireland. Subsequently, a sub-group, the Education/Support Resources group was established. Its remit was to review breastfeeding resources throughout the British Isles and specifically to examine the perceived need of parents and health professionals for further information resources.

It was the view of the RBSG that the low incidence of breastfeeding in Northern Ireland may have been due to the attitudes of the public and mothers in Northern Ireland being at variance with those in other regions in the United Kingdom. At this time, a limited amount of research had been carried out in Northern Ireland. In order to further explore the issues, the Health Promotion Agency for Northern Ireland on behalf of the RBSG commissioned research into knowledge, attitudes and perceptions of breastfeeding. The main aim of the study was to:

- explore the knowledge and attitudes of the general population in relation to breastfeeding;
- examine ways of achieving a positive and supportive environment where women could be encouraged to choose to breastfeed.

Two studies were commissioned; one quantitative survey with a representative sample of the general public and a more in-depth piece of qualitative research mainly with women of childbearing age. This report aims to present some of the key findings from these studies.

## Main objectives

To explore:

- current knowledge about the benefits of breastfeeding;
- public attitudes and social acceptability of breastfeeding;
- the prevalence of breastfeeding in Northern Ireland and the influence of age, education, employment status and socioeconomic group on prevalence of breastfeeding;

- factors that influence a woman's feeding decision;
- the best time for informing potential mothers about breastfeeding;
- sources of information that women find useful;
- the way forward for the promotion of breastfeeding in Northern Ireland.

## Methodology

### Survey of general public

The survey of the general public took place between January and February 1999 and was conducted face to face in respondents' own homes. Interviews were conducted using Computer Assisted Personal Interviewing.

The sample (a probability based random sample) included men and women aged 15 and over and was representative of the Northern Ireland population. The 1999 Register of Electors was used as the sampling frame. In total 999 interviews were obtained out of the original number of 1,510. This includes an additional booster number to allow some representation of the 15-17 year old age group. Table 1 in the Appendix shows a profile of the sample.

### Qualitative study

The qualitative study, which took the form of focus groups, also took place between January and February 1999. The focus groups included discussion on both perceptions and more detailed levels of knowledge and experience. Participants were also invited to comment on leaflets and posters on the subject of breastfeeding.

The qualitative research mainly concentrated on a tightly focused target group, namely, young women (aged 18-25 years), within the lower socioeconomic groups (C2, D and E) but also included a broader spectrum of public opinion (18-55 year olds) including the views of men. The focus groups comprised eight female and two male groups. In total 85 respondents took part. Table 2 in the Appendix presents details of the focus groups' structure and characteristics.

## Key findings

### Prevalence

When the research was carried out in 1999, the proportion of women who stated that they had ever breastfed was 44%, with 56% reporting that they had never done so. Details of the key social characteristics can be seen in Table 2.

An analysis of this and the sociodemographic characteristics of the breastfeeding and non-breastfeeding women revealed that as expected:

- Older mothers were significantly more likely to report that they had breastfed, with the lowest prevalence being reported in the 15-29 age group.
- Those who could be classified as 'materially advantaged', ie those in a higher income group, who were owner occupiers and had obtained educational qualifications, were more likely to state that they had ever breastfed. In comparison, those in the lower income groups, renting their home, not working and without any educational qualifications were less likely to have breastfed.
- In terms of current employment status, prevalence of breastfeeding was highest for the group of women who classified themselves as retired or economically active in the workplace. Women who were currently unemployed were least likely to have experience of breastfeeding.

**Table 2: Prevalence of breastfeeding by key social characteristics**

	Breastfed %	Never breastfed %
<b>All</b>	<b>44</b>	<b>56</b>
<b>Age group</b>		
15-29 years	35	65
30-44 years	46	54
45-59 years	37	63
60 years and over	55	45
<b>Educational attainment level</b>		
A levels or equivalent and higher level qualifications	65	35
Any other secondary level qualifications	44	56
No qualifications	37	63
<b>Present income group</b>		
Less than £4,000	39	61
£4,000 - £9,999	40	60
£10,000 - £19,999	55	45
£20,000 or more	72	28
Don't know	38	62
<i>Base=365</i>		

These findings were confirmed by the qualitative study, which found that almost all of those advocating bottle-feeding were in the lower socioeconomic groupings and aged less than 40 years.

#### Public beliefs

The proportion of all survey respondents who felt that breastfeeding was better for babies was 57%. Sixteen percent felt there was no difference between breast and bottle-feeding, while only 2% felt that bottle-feeding was better. This general consensus that breastfeeding is better varies notably with parental status and whether or not a parent had breastfed, as shown in Table 3.

For example, a greater proportion of mothers and fathers whose children were breastfed stated breastfeeding was better compared to their counterparts. There was a high level of uncertainty among men in general but worth noting is the response of potential mothers (women aged 15-44 with no children); three quarters of them (75%) believe that breastfeeding is better.

**Table 3: Which is better for babies - breastfeeding or bottle-feeding?**

		Breastfeeding better %	Bottle-feeding better %	No difference %	Don't know %
<b>All</b>		<b>57</b>	<b>2</b>	<b>16</b>	<b>25</b>
Women	Mothers who had breastfed	88	1	9	2
	Mothers who had never breastfed	46	4	37	13
	Women with no children (all ages)	67	2	8	23
	Women with no children aged 15-44 (potential mothers)	75	2	9	15
Men	Fathers of children who were breastfed	77	3	11	9
	Fathers of children who were not breastfed	30	6	27	37
	Men with no children	38	1	6	56

Whilst there was a very high level of agreement expressed with the statements that breastfeeding was 'natural', 'normal' and 'good for baby', a sizeable proportion also said that they would find it embarrassing (35%) with a minority feeling it would be offensive (7%) or distasteful (6%). The majority indicated that breastfeeding was acceptable in private with over half (54%) indicating that it should 'always be in private'.

**Table 4: Percentages agreeing with the following statements about breastfeeding**

	General public %	Breastfeeding women %	Non-breastfeeding women %	Women aged 15-44 with no children %
Embarrassing	35	29	38	30
Natural	96	96	96	97
Offensive	7	4	11	6
Normal	95	98	95	99
Distasteful	6	2	10	5
Good for baby	95	99	95	98

Base=965

These findings reveal a contradiction in terms of what the general public believes about the benefits of breastfeeding compared to their attitude to breastfeeding in terms of social acceptability.

The qualitative research explored the idea of social acceptability in more depth. Findings revealed an absence of a "breastfeeding culture", with most people having little or no direct experience of the activity, and consequently breastfeeding does not enjoy social acceptability. Younger mothers and those in the lower socioeconomic groups appeared to be more inhibited in this regard than their older counterparts.

Several respondents related anecdotes which illustrated the strength of opposition towards breastfeeding in public.

*"I never done it outside the home and I wouldn't have - unless I could have picked a really dark corner where no one would have seen me."*  
(Female, 18-25, C2DE, Newry)

*"I worked in a coffee shop and a lady come in and turned her back to everyone to feed her baby and a man and woman came in and sat down beside her and was absolutely disgusted and asked my boss if she would ask her to leave - but my boss refused - she had breastfed her children and knew the problems."*  
(Female, 26-40, ABC1, Larne)

Furthermore, it was agreed that attitudes in Northern Ireland were considerably less liberated than was perceived to be the case in other areas of the United Kingdom and Europe.

### Knowledge about the benefits

While there was a general belief that breastfeeding is the best way to feed a baby, the general public were fairly uninformed when it came to the specific benefits of breastfeeding. The majority of those surveyed agreed that breastfed babies get all the required nutrients (63%) and that breastfeeding reduces the risk of infection (46%). But the proportions reporting other benefits were generally lower, as evident in Table 5.

**Table 5: Are you aware of any of the following benefits associated with breastfeeding?**

	All %	Breastfeeding mothers %	Non-breastfeeding mothers %	Women aged 15-44 with no children %
Reduces the risk of infection	46	62	44	43
Baby gets all required nutrients	63	77	54	63
Allergies less frequent in breastfed babies	16	30	11	16
Fewer prolonged colds in breastfed babies	8	12	4	10
Breastfed babies are more resistant to infections	20	40	17	28
Improved intelligence of breastfed babies	3	7	2	3
Death rates are lower among breastfed babies	3	5	-	5
Other	9	6	9	14

*Base=965*

As expected, breastfeeding mothers were more likely than mothers who had not breastfed to indicate that there was a range of health benefits. For example, the proportions who felt that 'the risk of infection was reduced', 'baby gets all the required nutrients' and 'allergies were less frequent' were 62%, 77% and 30%, this compares with 44%, 54% and 11% for the subgroup of mothers who had not breastfed. The responses of the group of women aged 15-44 without any children tended to fall mid way between these two groups.

The qualitative research highlights these contradictions, showing that whilst the majority of respondents acknowledged breastfeeding to be the optimum feeding method, respondents generally had limited factual information. One mother who was asked about breastfeeding improving a baby's intelligence responded by saying:

*"They tell you that, but I think you're either born with it or you're not."*  
(Female, 18-25, C2DE, Londonderry)

Even if women felt breastfeeding was the best method, this was not necessarily reflected in the actual feeding method chosen. This lack of knowledge about the tangible benefits of breastfeeding resulted in women regarding it as simply "one feeding option". Another mother illustrated this by saying:

*"I just didn't fancy breastfeeding and bottle-feeding seemed handier to me - you can also pass the baby on to someone else."*  
(Female, 26-40, ABC1, Larne)

The 2000 infant feeding survey shows that knowledge of health benefits is greater among older women, with 80% of mothers aged at least 30 claiming to be aware compared with 57% of teenage mothers.<sup>3</sup> There is also a strong association with socioeconomic group, with 89% of mothers in higher occupations aware of the health benefits, reducing to 73% of mothers in lower occupations and 54% of those who have never worked.

### Reasons for deciding not to breastfeed

Respondents stated several reasons why they did not breastfeed. Thirty percent said 'it was never considered as an option' and 20% that bottle-feeding was more convenient. A number of 'other' reasons (19%) were given by respondents including 'personal choice' (23%), 'illness' (13%), 'multiple birth' (8%), 'more convenient to bottle-feed for me' (8%) and 'was the done thing then' (5%).

**Table 6: What were the reasons you decided not to breastfeed?**

	All reasons mentioned %	Main reason only %
I was too ill	9	9
Baby was too ill	3	3
Felt embarrassed to breastfeed	6	12
Lack of support/encouragement	5	6
Received no information about breastfeeding	5	-
Lacked confidence to breastfeed	4	6
Bottle-feeding was more convenient	20	18
Never considered breastfeeding an option	30	33
Heard of a previous bad experience	1	3
Having to go back to work	5	3
Taking medication	1	-
Advised by health professionals not to breastfeed	4	3
Other	19	3
Don't know	8	-

Base=203

Of those women who had bottle-fed, 38% had received milk tokens. Ninety five percent of these women said that milk tokens had not been an important influence on their decision to bottle-feed.

Statements made by participants in the qualitative study also illustrate some of the reasons why people decide not to breastfeed. There was a strong tendency to follow the example set in the home by mothers and sisters, particularly in the case of younger mothers. Other reasons could be summarised under the following themes:

- fear of the unknown - no direct experience;
- common misconceptions such as:
  - it's painful
  - some people 'just can't do it'
- regarded as just one option, not the optimum option;
- time constraints;
- social acceptability.

*"Either way you get them reared - it makes no difference really."*

(Female, 18-25, C2DE, Londonderry)

*"This is going to sound horrible - but a wee baby is like a parasite - it's taking all the goodness out of you and you are very weak after having the baby, it will make you worse."*

(Female, 18-25, C2DE, Londonderry)

*"Some women are born to it and some aren't."*

(Female, 41-55, C2DE, Dungannon)

The fear of pain was widely acknowledged, but most denied that this would be one of the main reasons they decided not to breastfeed. The popularity of bottle-feeding hinged on two key factors. One was that the baby's food intake was easily measured and regulated feeding. The other was that feeding could be shared with partners or other family members, alleviating the perceived time constraints and the burden of responsibility.

*"You hear things like the baby has to feed every two hours so you wouldn't have any time to yourself."*

(Female, 18-25, C2DE, Ballymena)

*"After being pregnant for nine months I couldn't wait to get out and have a drink and so on."*

(Female, 18-25, C2DE, Londonderry)

### Timing of decision on how to feed newborn baby

All the mothers who took part in the survey were asked when they decided on how to feed their baby. Table 7 presents the results. The largest proportion of women who had ever breastfed reported that they had 'always wanted to breastfeed' or had made the decision before becoming pregnant or during pregnancy (84%). Only 11% of women said that they had made this decision following childbirth.

For women who had not breastfed the largest proportion said that this was something that they had always intended to do (46%). Less than one in five said that this was a decision they had made following birth.

**Table 7: When did you decide to breastfeed/bottle-feed?**

	All mothers who ever breastfed %	All non-breastfeeding mothers %	All mothers %
Always wanted to breastfeed/bottle-feed	39	46	43
Before becoming pregnant	9	5	7
During pregnancy	36	14	24
When baby was born	11	18	15
Don't know	4	-	2
Had to bottle-feed for medical or other reasons	-	11	3
<i>Base</i>	<i>n=162</i>	<i>n=203</i>	<i>n=365</i>

These findings were backed up by the qualitative research which indicated that the decision was made in the very early stages of pregnancy, or in a minority of cases, prior to conception and therefore before the women had attended any antenatal or parentcraft classes.

#### Encouragement to breastfeed

Those mothers in the survey who had never breastfed were asked if they had ever received any encouragement to breastfeed. Midwifery staff and health visitors were the main sources of encouragement to breastfeed. There was very little encouragement from partners, family or friends. Significantly over half of these women had received no encouragement from anyone, as 54% of women responded no to all sources.

**Table 8: Who (if anyone) encouraged you to breastfeed? (for mothers who did not breastfeed)**

	%
Husband/partner	3
Mother/mother-in-law	4
Other family members	2
Friends	3
GP	13
Midwifery staff	34
Health visitor	23
Voluntary group	1
Hospital doctors	14
<i>Base=203</i>	

### Sources of information

All mothers were asked where they had got information on breastfeeding. Their answers are illustrated in Table 9.

**Table 9: From whom, or where did you get information on breastfeeding?**

	Women who have ever breastfed %	Women who did not breastfeed %	All mothers %
Husband/partner	1	-	1
Mother/Mother-in-law	12	1	6
Other members of my immediate family	4	1	2
Friends	5	1	3
Antenatal/parentcraft classes	28	26	27
GP	14	7	10
Midwifery staff	36	16	25
Health visitor	14	6	10
Voluntary groups (breastfeeding)	-	-	-
Hospital doctors	10	10	10
Other	19	2	10
Don't know	6	16	12
Did not receive any	-	31	15
<i>Base</i>	<i>n=162</i>	<i>n=203</i>	<i>n=365</i>

Women who had breastfed indicated that the main source of information was from health professionals - midwifery staff (36%), antenatal/parentcraft classes (28%), health visitors (14%) and GPs (14%). Similarly, the non-breastfeeding group said they received most information from midwifery staff (16%) and antenatal/parentcraft classes (26%).

When the non-breastfeeding group were asked if they had received information on breastfeeding, a substantial proportion of this group indicated they had not been given any information (31%). This group was also less likely to receive information from other informal sources such as mother or mother-in-law with 12% of breastfeeding women receiving information in this way compared to 1% of non-breastfeeding women. The following quotation illustrates the influence that other individuals' attitudes, and in particular those of the woman's mother/mother-in-law, may have:

*"My mother-in-law thought it was disgusting and when I went to her house and [the baby] was hungry, my mother-in-law got up and went into the kitchen and left me on my own to feed her. She can't even call it breastfeeding, she calls it 'feeding it yourself'."*  
(Female, 18-25, C2DE, Belfast)

When asked to identify the most useful source of information, mothers who had breastfed identified antenatal/parentcraft classes (33%), followed by midwifery staff (19%) and mother/mother-in-law (13%).

When asked how information was given, women indicated that this was through direct contact with health professionals, with a large proportion also indicating that they had been given leaflets. However giving leaflets

on their own is inadequate. In the qualitative study, many women intimated that it would be helpful to have first hand information related to them by an experienced breastfeeder. One woman illustrated this by saying:

*“They gave me leaflets on breastfeeding but I didn’t want to breastfeed so I didn’t read them - but if somebody sat down and spoke to me, then I would maybe know more.”*

(Female, 18-25, C2DE, Belfast)

The qualitative research also indicated that the main sources of information were antenatal/parentcraft classes and leaflets or books. A few women mentioned a video and reaction to this medium was strongly positive.

Findings from the survey of infant feeding methods carried out in 2000, showed that mothers who attended antenatal classes were more likely to breastfeed (79%) than mothers who did not (57%).<sup>3</sup> First time mothers attending classes were particularly likely to intend to breastfeed if these classes included discussion about feeding, with 82% intending to breastfeed compared with 70% attending classes without such discussion.

### Other information wanted by mothers

Women were asked if they felt there were any gaps in the information supplied to them about breastfeeding. A high proportion (79%) were content that everything had been covered, but 21% did feel that there were some gaps. The gaps included more practical ‘how to’ information on, for example, how to get a baby to latch on and how to express milk, managing pain, and how to avoid breasts becoming engorged. This was illustrated by some of the women in the focus group who said:

*“I would like to have breastfed but I just couldn’t do it - I didn’t have enough milk.”*

(Female, 41-55, ABC1, Bangor)

*“I wasn’t going to (breastfeed) all along but when it was born the midwife told me to give it a try - but I couldn’t do it - they did help me - but it didn’t come naturally to me - I had to buy a pump but I put him on the bottle after a week.”*

(Female, 18-25, C2DE, Ballymena)

### Best time to give information

All surveyed (including men) were asked when they thought was the best time to give information to potential mothers about breastfeeding. Most agreed that early in pregnancy was preferable. An interesting point to note is the larger proportion of potential mothers advocating giving information in school (25% compared to 17% overall).

**Table 10: When is the best time to give information about breastfeeding?**

	All %	Mothers who breastfed %	Mothers who never breastfed %	Women aged 15-44 with no children %
School	17	16	14	25
Antenatal classes	28	29	37	24
Early in pregnancy	32	41	36	44
Late in pregnancy	4	7	3	2
At time of birth	1	1	1	-
Should not	-	-	1	1

Base=999

### Promotion of breastfeeding in Northern Ireland

Over half (52%) of those surveyed felt that the benefits of breastfeeding were not adequately promoted in Northern Ireland. A larger proportion of women who had breastfed (75%) were of this opinion than any other group. Sixty three percent of all of those surveyed (including men) agreed that the general public needed to be better educated about the benefits of breastfeeding. When asked about facilities for breastfeeding in public places (such as shops and restaurants), almost half (49%) felt there was not enough provision while 66% of mothers who breastfed and 61% of mothers who had not breastfed said there was not enough provision.

In terms of raising the profile of breastfeeding, the majority felt that promotion should be mainly channelled through health professionals. When respondents were asked to list three methods to increase levels of public awareness the most popular included television advertising (21%), antenatal/parentcraft classes (18%), through GPs (15%) and through midwives (12%). This response was similar between breastfeeding and non-breastfeeding mothers as shown in Table 11 below.

**Table 11: What do you think the best way to promote breastfeeding in Northern Ireland would be? (answers provided as first, second or third best options)**

	All %	Breastfeeding mothers %	Non-breastfeeding mothers %
Television advertising	21	23	20
Newspaper and magazines	7	9	7
Leaflets	5	3	6
Posters	3	4	4
TV documentaries	9	11	7
Through GPs	15	14	16
Through midwives	12	10	13
Billboards/posters	2	4	1
Antenatal clinics/parentcraft classes	18	18	21
Radio	1	1	1
Should not promote breastfeeding in Northern Ireland	-	-	-
Don't know	5	3	4
Other	1	-	1

When the public were asked for their opinions on an advertising campaign to promote breastfeeding in Northern Ireland, 81% said they would be supportive of such a campaign. The proportion of women aged 15-44 without any children who reported that they would support a campaign was 89%.

There was general agreement that the main emphasis of any campaign should be the health benefits for the child. The majority also felt that appropriate images would include a contented mother and baby, or a happy family. Only a very small proportion of people felt that there should be an image of a mother breastfeeding.

In the qualitative research women were shown a range of leaflets and posters about breastfeeding. Findings suggest that women prefer information in a form that provides a balanced viewpoint with 'pros' and 'cons' and that has a clear 'step by step guide'. Some women from the discussion groups made the following statements about what makes good and bad information leaflets:

*"That's not a guide - it's people saying I've done it - it's brilliant - do it!"*  
(Male, 26-40, ABC1, Londonderry)

*"It's saying all the good points and none of the bad ones - like it could be sore!"*  
(Female, 18-25, C2DE, Ballymena)

Women were sceptical about the health claims made for breastfeeding and stated the need for supporting evidence to give credibility.

*"I know they are not going to tell us that if it's not backed up by medical research that proves it - but I want to know the facts!"*  
(Female, 26-40, ABC1, Larne)

The discussion group participants reacted negatively to a poster featuring a breastfeeding baby, with some claiming that it would cause offence. They were also disapproving of any publication that might suggest that a bottle-fed child was not as healthy as a breastfed child.

### Likelihood of breastfeeding in the future

Women's intentions to breastfeed in the future are an important indicator of the potential for an increase in the incidence of breastfeeding in Northern Ireland. Different experiences of breastfeeding indicated a variation in attitudes towards breastfeeding in the future and the results can be seen in Table 12.

**Table 12: If you were considering having a baby at a future time (or knew someone who was), would you breastfeed (or encourage them to breastfeed)?**

	Yes I would breastfeed %	Don't know %
Women who had breastfed	78	7
Women who had not breastfed	21	26
Women with no children	57	33
All women	50	24

*Base=365 (women aged 15-44)*

This difference is noteworthy between women who had breastfed and those who had not. The majority of women who had previously breastfed intended to breastfeed again (78%), however only 21% of non-breastfeeding women intending to try breastfeeding in the future. More positively, when this response was analysed for women of childbearing age, (15-44) who were not yet mothers, this figure rose to 57%, with 32% undecided.

## Conclusion

Most women have decided their preferred feeding method by the time they are pregnant and are influenced strongly by family tradition. Several key issues need to be addressed in relation to breastfeeding knowledge, attitudes and behaviour in Northern Ireland. The public agree that breastfeeding is 'good for baby', 'natural' and 'normal', yet the general level of acceptability and the level of breastfeeding in Northern Ireland contradicts these views.

The idea that breastfeeding is the ideal feeding option is based on a vague understanding and seems not to be sufficient reason to breastfeed. The lack of knowledge on the tangible benefits of breastfeeding for both mother and baby coupled with the absence of a breastfeeding culture results in many women regarding breastfeeding as simply one of a range of feeding options. This highlights the need for better education on the benefits of breastfeeding targeted at the general public and in particular young women from lower income groups.

This research highlights the need to inform potential parents of the benefits of breastfeeding at an early stage. It also identifies some of the misconceptions about the practicalities of breastfeeding which act as deterrents to breastfeeding for those who have little experience of friends or family breastfeeding. This highlights the crucial role of the health professional in giving credible information about breastfeeding to all women and being more pro-active in the promotion of breastfeeding. It also would suggest that providing information via reading materials alone is not sufficient to motivate those women who have had little direct experience of breastfeeding in their social circle.

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## Appendix

**Table 1: Profile of respondents from the quantitative survey (and comparison with 1991 Census figures)**

		<b>Breastfeeding survey %</b>	<b>1991 Census %</b>
Age	15-24	13	15
	25-44	39	39
	45-64	28	28
	65-74	11	11
	75 and over	8	7
Sex	Male	45	48
	Female	55	52
Marital status	Single	27	28
	Married/cohabiting	58	59
	Widowed/divorced/separated	15	12
Religion	Catholic	36	38
	Protestant	58	50
	None	2	4
	Other	2	-
	Refused	2	7

**Table 2: Focus group structure, characteristics and location**

<b>Gender</b>	<b>Age</b>	<b>Social class</b>	<b>Location</b>
Female	18-25	C2DE	Belfast
Female	18-25	C2DE	Ballymena
Female	18-25	C2DE	Newry
Female	18-25	C2DE	Londonderry
Female	26-40	ABC1	Larne
Female	26-40	C2DE	Belfast
Female	41-55	C2DE	Dungannon
Female	41-55	ABC1	Bangor
Male	18-25	C2DE	Belfast
Male	26-40	ABC1	Londonderry



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