

## Attitudes of young men and women to breastfeeding

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### Abstract

The attitudes of young men and women to breastfeeding were examined including perceived incentives and barriers to the practice in cross sectional survey and focus group discussion. The study involved 177 (100%) fifth and final year students of both sexes and a subsample of 48 students in 6 focus groups in three post primary schools in an Irish midland town. Overall 28% reported that they themselves were breastfed. The most frequent sources of information were the media rather than home or school. A majority of girls (86%) and boys (77%) agreed that breastfeeding was the best method of feeding, but less intended the practice for their children (54%), girls being significantly less likely than boys. There were no patterns in relation to social class and lifestyle. Reasons for breastfeeding in the focus groups included its naturalness, facility of feeding and adequate nourishment. Reasons against related to embarrassment in public, but mainly related to perceived problems with the practicalities of feeding. Health promotion strategies need to reach young people before they initiate pregnancies. Skills based health education courses would be helpful and girls should be aware of the positive attitudes of boys generally.

### Introduction

The Republic of Ireland has the lowest rate of breastfeeding in the developed world.<sup>1</sup> Although breastfeeding rates slumped in the middle of this century in most Western countries, they began to recover, particularly among the affluent classes in the last twenty five years.<sup>2,3</sup> In Ireland that response has been much slower. Only about a third of women initiate breastfeeding<sup>4</sup> and those rates are halved at three months.<sup>5,6</sup> There is no doubt about the health benefits of breastfeeding and no serious disadvantages to the practice in medical terms.<sup>6</sup> Indeed a National Breastfeeding Policy was launched two years ago which emphasised the need for support and protection of breastfeeding.<sup>1</sup> Why therefore are the rates so low, and what specific problems are there in an Irish context? It is likely that personal attitudes to breastfeeding will influence its practice<sup>7</sup> and since such attitudes to health practices generally are formed early on,<sup>8,9</sup> then intervention needs to be undertaken at a young age, optimally long before a pregnancy is planned or initiated. We examined the attitudes of young people, both of young women who would be required to undertake the practice themselves and of young men who as partners would be important likely influences of behaviour.<sup>10</sup>

### Methods

The study was undertaken in a large midlands town. It was decided to recruit young people in the Leaving Certificate year to the study. Three second level schools were contacted, two single sex Catholic schools and a mixed sex vocational school. Permission was obtained from the school principal in each case. A short self administered closed questionnaire was designed which established smoking status, parental occupation, age and gender of respondents. They were also asked about history of being breastfed themselves, siblings' breastfeeding history and sources of information, if any, on the topic. All pupils were required to complete the questionnaire. Sixteen students in each school were then selected at random and asked to participate in a focus group discussion on the subject of breastfeeding. This yielded six focus groups in all, four same sex and two mixed sex. Focus group sessions took approximately one hour and were facilitated by the principal author, with the support of a single assistant on each occasion. Proceedings of all groups were recorded and transcribed. The questions were pre-structured and piloted, so that a series of nine questions was designed on the topics of level of knowledge and sources of information, attitudes to breastfeeding in certain situations, perceptions about breastfeeding practice, the father's role and own feeding intentions. The structure and direction of the questions was based on the psychological constructs or models of theory of reasoned action and behavioural control.

Analysis of the closed questionnaire was by means of the statistical package Epi Info using chi squared method as appropriate. Social classification was based on father's occupation and coded according to the market research scale.<sup>11</sup> Analysis of the qualitative interviews was by means of standard cataloguing of responses according to the pre-set questions of interest.<sup>12,13</sup> These responses were then ranked at three levels according to frequency of mention and are reported in a standard way, both in qualitative and quantitative terms.

### Results

#### Questionnaire Findings

In all 177 (100%) questionnaires were completed and returned. The age range was 16 to 19 years, the mean age being 17.4 years. All social classes were represented, the commonest being social classes 4 (24.7%) and 5 (23.6%). Overall 30.3% were smokers, with significantly more males smoking than females ( $\chi^2$  9.45,  $p = 0.002$ ). The details on breastfeeding patterns are presented in Table 1. There was some confusion among respondents about whether they themselves were breast or bottle fed in the past, though overall reported rates were about 28%. Rates of discussion at home were very low at 16.9% overall and boys were highly significantly less likely to report learning about the issue at school ( $\chi^2$  16.09,  $P < 0.001$ ). The most frequently quoted source of information about breastfeeding were the media (see Figure 1). Girls were more likely to report knowing someone who had breastfed ( $\chi^2$  7.46,  $P = 0.006$ ). The majority of both boys and girls declared breastfeeding to be the best method, and although not significant, more girls (86%) compared with boys (77%), agreed with this assertion.

Rather less respondents overall reported that they would definitely have their own children breastfed (54%), girls being significantly less likely to do so ( $\chi^2$  17.04,  $P < 0.001$ ) and more likely to indicate that they would bottle feed (31% females compared with 7% males).

There were significant differences in feeding experiences between the social class groups ( $\chi^2$  8.02,  $P = 0.018$ ) with a higher percentage of classes A, B and C1 having been breast fed. In all class groupings the majority of respondents said they would breast feed their baby, with no significant class differences. Higher percentages of the children who were breast fed now smoked (29%) compared to those who were not (24%), although this was not statistically significant and the majority of both smokers (52%) and non smokers (57%) intended their children to be breastfed.

Table 1: Responses to questionnaire on breastfeeding practice according to sex.

	Males n=115 (%)	Females n=62(%)	Total n=177(%)
<b>Breastfeeding method: self</b>			
Mainly Breastfed (Y)	36 31.3	14 22.6	50 28.3
Mainly Bottlefed (Y)	70 60.9	46 74.2	116 65.5
Unclear	9 7.8	2 3.2	11 6.2
<b>Discussed at home</b>			
Yes	17 14.8	13 21.0	30 17.0
No	97 84.3	48 77.4	145 81.9
No Response	1 0.9	1 1.6	2 1.1
<b>Learned about at school</b>			
Yes	16 13.9	25 40.3	41 23.2
No	98 85.2	36 58.1	134 75.7
No Response	1 0.9	1 1.6	2 1.1
<b>Previous Knowledge of someone breastfeeding</b>			
Yes	70 60.9	52 83.9	122 68.9
No	39 33.9	10 16.1	49 27.7
No Response	5 4.3	0 0	5 2.8
Don't Know	1 0.9	0 0	1 0.6
<b>Current Knowledge of someone breastfeeding</b>			
Yes	32 27.8	16 25.8	48 27.1
No	68 59.1	30 48.4	98 55.4
No Response	14 12.2	16 25.8	30 16.9

Don't Know	1 0.9	0 0	1 0.6
<b>Best Method</b>			
Breast	89 77.4	53 85.5	142 80.2
Bottle	4 3.4	2 3.2	6 3.4
No Difference	20 17.4	6 9.7	26 14.7
No Response	1 0.9	1 1.6	2 1.1
Don't Know	1 0.9	0 0	1 0.6
<b>Preferred method for self or own family</b>			
Breast	68 59.1	28 45.2	96 54.2
Bottle	8 7.0	19 30.6	27 15.3
No Response	2 1.7	0 0	2 1.1
Don't Know	37 32.2	15 24.2	52 29.4

### Focus Group Findings

As with the quantitative survey the majority of people across all six groups articulated a belief that breastfeeding was the best method. The most frequently cited reasons for this belief were its naturalness, facility of bonding, adequate nourishment, illness prevention, reduced cost and improved hygiene, in that order of frequency and perceived importance. A minority in all groups were supportive of bottle feeding, mainly because they themselves had been bottle fed or because they trusted the product and felt adequate standards had to be maintained in bottle feeding. The few who preferred bottle feeding stated it was more convenient, had less problems and was more sharing.

Different sources of information were discussed. Television predominated in the discussion, participants vividly remembering specific episodes and programmes. Home was a significant influence when relatives were breastfeeding there. In school, breastfeeding was discussed during the following subjects: Biology, Health Education, Home Economics, and the Child Care Option of the Junior Certificate, but not in any great detail and the topic was not given priority in boys' schools. Magazines, friends and casual conversation were also referred to as sources. Overall, boys saw the subject as less relevant to them.

Embarrassment and discomfort were the predominant emotions expressed around the subject of breastfeeding. The majority disapproved of breastfeeding in public. However, they would take no specific action against the mothers who breastfed in a public place and disapproved of others who did so. Looking at the naked breast and its exposure, accompanied by confusion around the dual feeding/sexual role of the female breast seemed to be at the source of this embarrassment and discomfort. Boys mentioned embarrassment more often, both in talking about breastfeeding and watching it on TV but overall there was very little difference between the sexes.

There were more negative attitudes towards the actual practicalities of breastfeeding. Overall, breastfeeding was seen as troublesome, time consuming, tiring, painful and involving huge commitment. Girls tended to talk more than boys from actual experience of being with a relative who was breastfeeding. The breast pump and dual breast /bottle-feeding were seen as solutions to these difficulties.

Both young men and women expressed concerns about the father being left out if the mother was breastfeeding. Boys felt powerless in having any influence in the feeding decisions, even though they would like to have such influence. Girls believed that it was their decision. The majority of focus group participants intended breastfeeding for their children. Girls were more practical about what the practice would be like for them.

### Discussion

Though there was general approbation for breastfeeding as a practice, declared intention to do so was much lower. Interestingly this was more likely to be the case among girls than boys, presumably because they would be the actual people to undertake the practice. The concept of the naturalness of breastfeeding was deep rooted and accepted.

Losch et al<sup>7</sup> and others have classified the reasons for choosing either breastfeeding or bottlefeeding as either "infant centred" or "mother centred", i.e. the self-sacrificing mother versus the self-centred woman. This may be a false dichotomy, however, since choosing to have a close relationship with one's child as a natural act could not be totally infant centred and selfless, since there is a potential reward for the mother as well. A different classification is suggested from the findings of this study. Perhaps those who choose breastfeeding choose it for "earth centred (earthly)" reasons, i.e. natural, bonding, good nourishment, and those who choose bottlefeeding do so for "world centred (worldly)" reasons, i.e. more convenient, less problems, more practical, the "earthly" mother versus the "worldly" mother. To some degree the fact that most information was from the media sources or school and least likely at home has some bearing in attitude formation. Positive influences begin quite late and with such low prevalence rates of breastfeeding in the population generally the conflict with family and external values is an important potential counter influence.

The main factors of a negative kind discussed in the focus groups were embarrassment, worry about breastfeeding in public, perceptions about inconvenience, exclusion of the father and practical difficulties. The findings in this study suggest a strong positive predisposition on the part of young people towards breastfeeding. The main obstructions were practical and there was an assumption that breastfeeding was more problematic that it is. It is likely, therefore, that a structured and practical educational programme at school could significantly influence likely future self efficacy in relation to the practice. This could be incorporated into any of the lifeskills programmes at any stage. The transition year in the Irish educational system would seem a particularly good year to implement this plan. In particular young women should be aware of the generally positive disposition of young men, making this a likely future supportive rather than inhibitory factor.

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