Breastfeeding Promotion in Britain: Socio-cultural factorsimpeding the uptake of breastfeeding: A literature review

Introduction

There is strong evidence that breastfeeding benefits mother and baby. The list of potential advantages for the baby is long: fewer gastrointestinal and respiratory infections in infancy (Hanson 1999), a protective effect against the risk of developing atopic diseases (Vandenplas 1999), a significant reduction in the prevalence of obesity in adulthood (von Kries 1999), long term protection against immunological diseases such as coeliac disease (Hanson 1999) and the development of diabetes type I (McKinney 1999).

The medical benefits of breastfeeding mothers are less well known. The short-term benefits include reduction of risk of postpartum haemorrhage and an easier loss of extra weight put on during pregnancy. They long-term benefits include a lower prevalence of ovarian and pre-menopausal breast cancer and a possible reduced risk of hip and spinal fractures (Labbok 1999). There is also evidence that bonding with the infant is facilitated and a high level of self-esteem is often achieved (Dermer 1998).

There are also economic reasons for the promotion of breastfeeding. There are the costs of infant formula, which might be considerable for low-income families. It could also be shown that during the first year of life there were significantly more visits to the GP, an excess of prescribing and more hospitalisations among formula fed babies when compared to breastfed babies (Ball 1999). The Department of Health has calculated that £35 million annually could be saved in treating babies with gastroenteritis (DOH 1995). Maternal absences from work are 3 times more common among bottle-fed babies (Drane 1997).

In concordance with these findings the WHO recommends that all infants should be exclusively fed on breast milk from birth to four to six months of age. The UK Baby Friendly Initiative was launched in 1994 with the aim of ensuring that at least 75% of women breastfeeding on discharge from hospital (WHO/'UNICEF `89).

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The UK government has set a target of 75% of mother's breastfeeding at 6 weeks for the year 2000 (Jacobson 1988). The worldwide campaigns were successful in many European countries. There is a 99% uptake of breastfeeding in Scandinavia and many other European countries achieve an uptake of over 90%. Despite the efforts of government and health professionals to promote breastfeeding as beneficial for mother and baby, the figures in Britain remain much lower: 68% of women in England and Wales initiate breastfeeding, in Scotland 55% and in Northern Ireland only 44%. Theses figures drop markedly at 6 weeks to about only 25%-44% % of babies being partially breastfed (UK breastfeeding statistics 1995).

It is generally accepted that nearly all women are biologically able to breastfeed. Lactation in itself is a physiological and natural process, however the ability to breastfeed is of a more complex nature: "breastfeeding is a social behaviour and as such must be learned like other social behaviours in supportive integrated systems. Even after it has been learned, a woman needs to be in a socially supportive situation if she is to be successful" (Brack in Scott 1999). In this literature review, I will attempt to identify factors, which may contribute to or act against the formation of an "integrated system".

Aim

- The purpose of this literature review is to find out more about the "culture of breastfeeding" in Britain and to identify reasons why breastfeeding is not taken up in spite of the well-known benefits and national campaigns such as "Breast is Best".
- Among the many factors which have been positively and negatively associated, I will concentrate on research concerned with socio-cultural factors. Such factors have only recently been taken into account when explaining the low prevalence of breastfeeding in Britain.
- In order to look at the cultural factors which play a part in the choice of infant nutrition the historical background of infant nutrition in Britain is shortly reviewed
- It is hoped that an understanding of historical and socio-cultural factors might facilitate the development of strategies for the promotion of breastfeeding in a primary care setting.

Method

I developed the question of this project through discussion with mothers of young infants and health professionals, who are in contact with them. I spoke to local midwifes, health visitors, GP's and patients about my and their perceptions regarding breastfeeding. I contacted a local National Childbirth Peer Counsellor and visited a La Leche breastfeeding meeting. Though a comparative and cross cultural research approach would have been interesting to evaluate reasons for the low uptake of breastfeeding in Britain in comparison with other western countries, conceptual and methodological difficulties make a multidisciplinary approach necessary (Ovretveitl998). Time and financial constraints made it more feasible to perform a literature review.

Since research on breastfeeding has only recently included environmental factors, I concentrated on more recent studies. The Cochrane database was searched for systematic reviews and reviews of effectiveness from 1994-2001. The Medline database was searched from 1996-2001. MeSH Subject Headings such as breastfeeding, bottle-feeding, infant nutrition, and health promotion were employed in various combinations. Included were articles concerned with factors associated with the successful uptake of breastfeeding. Quantitative and qualitative studies were included in the search. I also searched for articles, which looked at the historical development of infant nutrition in Britain. Excluded were research articles with a setting in developing countries and articles concerned with breastfeeding issues in pre-term or sick infants.

If the abstract of the articles found seemed relevant to the research topic, the full article was retrieved either locally or ordered from the British Library with the help of the local postgraduate centre librarian. The BMJ was searched for all studies published regarding breastfeeding from 1990-2001. Breastfeeding Review, an important journal only concerned with breastfeeding, was hand searched for relevant articles. References of Cochrane Reviews were searched for further relevant articles. One article about a local breastfeeding peer support project was found by approaching local midwifes concerned with breastfeeding promotion. No attempt was made to find further unpublished literature. The statistics were derived from the UK Breastfeeding Statistics and the Global Database of Breastfeeding (WHO).

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Historical background

Before the introduction of artificial milk there were few alternatives. If a mother did not wish to breastfeed, she could resort to employing a wet nurse and therefore the majority of babies received human milk. In Victorian Britain 80% of mothers breastfed. This figure decreased in the 1920 and reached the lowest level in the mid seventies, when only 24% of women in the UK breastfed.

It was generally believed that there was no benefit to be gained from breastfeeding and even the Medical Research Council failed to establish any health advantages of breast-feeding for mother and baby (Cuthbertson 1998). Health professionals warned about the toxic effects of DDT in breast milk and companies like Nestle aggressively promoted artificial feeding practices.

While in third world countries the effects of this advertising campaign led to a far higher mortality among infants from gastrointestinal and respiratory diseases, the effects in first world countries were less dramatic, but were also long lasting and significant. Generations followed "expert advise" and resorted to feeding artificial milk.

Consequently, much of the knowledge of breastfeeding has been lost and not been restored. This trend was partly revised when the danger of hypertonic dehydration through the faulty preparation of artificial milk became known. Breast-feeding rates started to rise again. In the last 15 years, however, no further improvement could be reached with the current breastfeeding promotion strategies (Scott; Binns 1999).

Research identifying factors associated with the initiation of breast feeding

Research before the mid 1980s concentrated on univariate associations. Many of these studies, employing univariate methods, failed to appreciate the complex and multivariate nature of the women's decision to breastfeed (Scott 1999). A second drawback of earlier research is the fact that studies were often conducted in a hospital setting.

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Demographic factors are important predictors for the initiation of breastfeeding. Unmarried women and those from ethnic minorities seem to be less likely to take up breastfeeding (Scott 1999). Older and educated women are significantly more likely to initiate breast-feeding than younger women or those with low level of education.

Many studies aim at identifying hospital practices, which might impede or promote breastfeeding. The experience of birth can positively or negatively reflect on a woman's confidence to breastfeed. Delivery by caesarean section or the separation from the baby due to the management of health problems makes it less likely for the women to initiate breastfeeding. Fortunately, increased awareness has changed hospital structures favourably and today breastfeeding can often be initiated and supported in difficult circumstances. Rooming-in, demand feeding and the discouragement of supplementary feeds are other important advances.

Several recent studies it have shown, that advise from doctors, nurses or dieticians in a hospital setting have little or no influence on the women's decision to breastfeed (Giugliani et all in Scott 1999). Indeed, most women are aware of at least some of the benefits of breastfeeding and the decision to breastfeed is usually taken before conception or early on in pregnancy (Whelan 1998). The earlier the decision to breastfeed is taken, the more likely it is that the women will actually take it up (Jones et all in Scott 1999). The predominant survey type stile of research exploring different factors associated with breastfeeding is unhelpful in understanding the issues behind this decision making process.

Very few studies use a socio-cultural framework to account for the differences of breastfeeding prevalence in industrialised countries. Qualitative research confirms that it is less the theoretical knowledge about the benefits of breastfeeding as the woman's "embodied knowledge", which is linked to her intention to breastfeed. Embodied knowledge or the ownership of any particular form of infant feeding is determined by frequency and circumstances of previous exposure to breastfeeding and the confidence level regarding the ability to breastfeed. "When breastfeeding was witnessed as part of normal everyday life by the women and her family and friends she was more confident in

her own ability to breastfeed and committed to her decision". The researcher also found a strong association between father's antenatal views about breastfeeding and the mother's feeding intention and actual behaviour (Hoddinott 1999).

An Australian study evaluated the suitability of breastfeeding facilities outside the home and found, that only 48% of the evaluated shopping centres had baby care rooms. All of them were located in or next to the toilets. While toilets would not be considered a suitable place for eating or drinking, it seems to be acceptable to breastfeed a baby in a toilet. The authors conclude that breastfeeding is viewed as another "form of excretion" (McIntyre 1999). Another Australian qualitative study identifies environmental barriers to breastfeeding in a low socio-economic area in Adelaide. The problem of breastfeeding in public was raised spontaneously by all participants and it transpired that breastfeeding in public was seen as embarrassing to mothers and their partners. Fathers felt uncomfortable about their partner's breastfeeding in public, but they didn't mind other women doing it. The author's conclusion is that "an environment that enables women to breastfeed is far from being achieved, particularly in relation to breastfeeding in public" (McIntyre 1999).

A Finnish study looked at factors related to successful breastfeeding by first-time mothers when the child is 3 months old. The researchers could not relate maternal age, marital or socio-economic status with successful breastfeeding. They found, however, that a positive attitude to breastfeeding in the father is related to coping with breastfeeding. Mother's perception of the appreciation for breastfeeding in society was associated to the mother's coping with breastfeeding. Those mothers who felt that breastfeeding is important for motherhood cope better (Paunonen 1999).

A British study conducted a content analysis of the British media portrayals of bottle-feeding and breastfeeding. 13 different newspapers, television and radio programmes were analysed over a month. The researchers could demonstrate that breastfeeding was only once shown on television, while bottle-feeding appeared in 179 features References to bottle feeding were visual, while references to breastfeeding were verbal. A qualitative analysis showed that breastfeeding was connected with embarrassment, sexuality of breasts, being

"out of control" or a. "sense of humour", reducing women to "meals on heels". Breastfeeding and bottle-feeding were linked to social class, bottle-feeding. representing the ordinary family, while breastfeeding was reserved for the middle class or celebrity woman. The authors conclude that "bottle feeding seems to be normalised and represented as the obvious choice" and that "these limited portrayals may help to perpetuate a lack of acceptance of breastfeeding in public" (Henderson 2000).

Even health professionals are not free from the general attitude in, society. In a British study health professionals were questioned about their view of infant nutrition. Out of 200 community health professionals, 17% were in favour of complementary feeding, 30% believed formula milk to be as good as breast milk, 80% recommended the introduction of solids before 15 weeks (Hyde 1994).

Discussion

The literature review reveals that in order to find effective strategies" of breastfeeding promotion it is not sufficient to establish association between the uptake of breastfeeding and variables concerning only the mother. For the primary health care team it might be more useful to distinguish between modifiable and non-modifiable factors, which influence a mother's decision on infant nutrition. Maternal age and ethnicity are non-modifiable factors. Understanding the reasons why women choose not to breastfeed represents a first step in finding strategies for influencing the decision-making process.

So far in Britain there are only very few studies considering the socio-cultural influences on mother's decisions on infant nutrition. The studies citied in this review were conducted in different countries and therefore it can be argued are not fully representative for the situation in Britain. However, the intention of this literature review is, to highlight possible reasons for the lack of success in the promotion of breastfeeding in Britain in comparison to other western countries.

The media analysis clearly shows that British society as a whole is not breastfeeding friendly and breastfeeding in public remains a concern for many women. Therefore the

decision to breastfeed might have social implications for the women, such as fear of disapproval in public and social isolation for the period during which the baby is exclusively breastfed.

The role of the father and other family members in the decision-making process remains undervalued. Education, counselling and written material is mainly targeted at mothers. Social support, however, is crucial. A mother, who finds herself unsupported by close family members, is unlikely to breastfeed successfully.

A further problem is that most breastfeeding promotion strategies rely mainly on education and information. This may have been responsible for an increase in breastfeeding amongst middle class mothers. Indeed, educated women probably find it easier to base their decision on theoretical concepts and they have the social and economic resources to put theory into practice. However, such strategies do not reach large parts of society and therefore a more integrated approach of breastfeeding promotion is needed.

The role of the community health care team might be crucial in several respects.

- The lack of extensive research regarding socio-cultural barriers to breastfeeding in Britain despite the low breastfeeding rates might reflect a lack of awareness in this country. More research in Britain is needed to identify environmental barriers in Britain and to evaluate the most successful breastfeeding promotion strategies. As the decision on infant nutrition is taken long before delivery, it is important that more research is done in a primary care setting.
- A multidisciplinary and consistent approach is necessary. This means that all members in a primary health care team, who are concerned with pregnant women or young mothers need to be up to date with current recommendations regarding the promotion of breastfeeding The WHO offers breastfeeding education for health professionals throughout the United Kingdom. It has been shown that these courses improve knowledge and awareness and have a major impact on clinical practice and attitudes (Wisset 2000).

- The GP, practice nurse and midwife are in an ideal position to raise awareness about breastfeeding issues. Recommendations should be made to raise the issue of breastfeeding on a regular basis. Further practice premises should be made breastfeeding friendly.
- Breastfeeding mothers should be encouraged to take on the role of peer leaders. Information about peer support should be given early on in pregnancy. Women should be encouraged to attend self-help groups. This has two advantages: firstly learning by observation is facilitated and secondly social isolation, often experienced by mothers of young infants, could be prevented.
- Education should not only be targeted at the mother, but should include partners, family and friends at an early stage of pregnancy or even before conception. Indeed in the longer-term breastfeeding education and promotion be targeted at the population as a whole through schools, universities and the media.

Conclusion

The mass introduction of formula milk led to a loss of a breastfeeding culture in all western countries. However, many countries have been successful in reversing this process and breastfeeding widely practiced. Unfortunately Britain lags behind in identifying and combating environmental barriers and more evidence is needed how women can be most effectively supported. A multidisciplinary and multifaceted approach to breastfeeding promotion is necessary to overcome such barriers. It is hoped that health professionals, mothers and the wider society will once again regard breastfeeding as a normal, healthy and pleasant way to nurture infants. The most effective breastfeeding promotion can only be successful, if breastfeeding is appreciated in society.

Word Count: 2906

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