

WHAT DID YOUR BABY EAT TODAY?

Sociological factors effecting breastfeeding initiation and continuation

BREASTFEEDING IN CONTEXT

Breastfeeding is a topic of extensive research, debate and controversy; it is documented to have many great benefits to both maternal and infant health.

Despite this less than 40% of infants worldwide (WHO, 2014) and only 11% of babies in Scotland (Bradshaw, 2013) currently meet WHO guidelines of exclusive breastfeeding until 6 months (WHO, 2014).

To fully understand why, one must examine the wider socio-political context that effects mothers feeding decisions (Pollard, 2012).

BENEFITS OF BREASTFEEDING

The maternal and infant health benefits of breastfeeding are well documented.

Breastfeeding protects infants from ear, gastrointestinal and lower respiratory tract infections; decreases the risk of SIDS, asthma, obesity and diabetes in infants; and ovarian and breast cancer in the mother (UNICEF 2012).

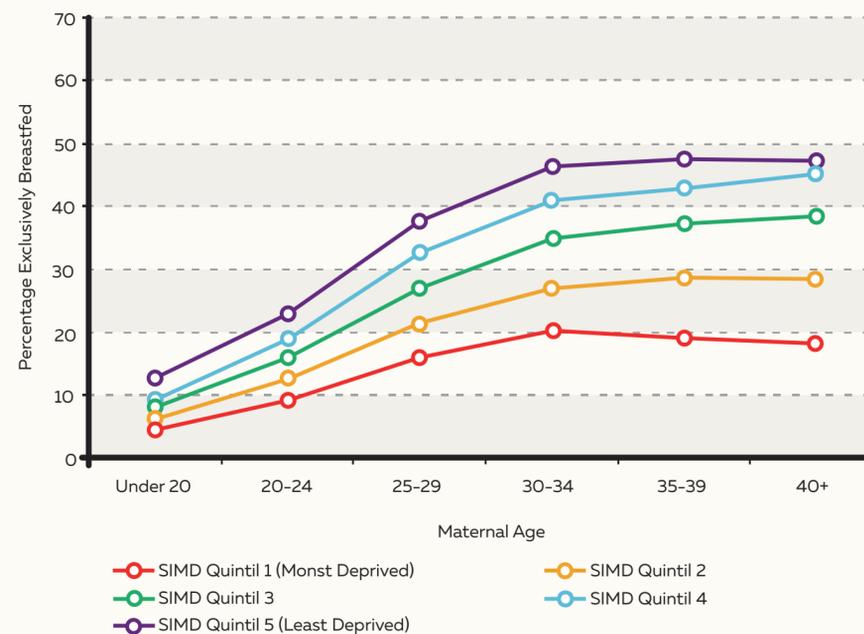
Recent research also shows a link between breastfeeding infants and increased brain function and IQ level (UNICEF, 2012).

Alongside health benefits, breastfeeding provides vital antibodies to babies, is cheaper, encourages bonding through Prolactin and Oxytocin release and has a natural sleep promoter 'delta-sleep-inducing-peptide' as well as naturally adapting to babies needs (Evans, 2009).

THE FIGURES

- In Scotland, **63%** of mothers initiated breastfeeding, but only two thirds of those initiating breastfeeding were still doing so at six weeks (Warner, 2013)
- In the UK, around **81%** of new mothers start to breastfeed, **45%** report exclusively breastfeeding at 1 week after birth and less than **1%** exclusively breastfed at 6 months. (UNICEF, 2012)
- Breastfeeding initiation rates vary across Europe from as low as **54.1%** in Ireland to over **90%** in Nordic countries. (Leahy-Warren, 2014)
- At 5 months **75%** of babies UK wide receive no breast milk at all (UNICEF, 2012)

Exclusive Breastfeeding at the 6-8 Week Review by Maternal Age and Scottish Index of Multiple Deprivation (SIMD) 2009 Quintile; All participating NH9 Boards; Years of Birth 2001/02-2001/12



THE EFFECT ON PUBLIC HEALTH INEQUALITIES

The evidence suggests that a child from a low-income background who is breastfed is likely to have better health outcomes than a child from a more affluent background who is formula fed (NHS GCC, 2014)

This suggests that breastfeeding is a relatively simple and vital way of tackling public health inequalities at birth.

Additional to the sociological factors mentioned babies are more likely to be formula fed by parents who were formula fed themselves. Therefore not being breastfed is both a cause and consequence of widening public health inequalities (UNICEF, 2012).



SOCIOLOGICAL FACTORS INFLUENCING A WOMAN'S DECISION

Many factors can impact on a woman's decision whether to breastfeed, she has an increased chance of formula feeding if she scores higher on the Scottish Index of Multiple Deprivation, has not remained in education or is younger.

More affluent mothers, those from ethnic minorities, those who are older or have stayed in higher education are more likely to initiate and continue breastfeeding.

In Scotland maternal education impacted significantly with:

60% of degree educated mothers breastfeeding exclusively for six weeks or more compared to 18% of those with standard grades (Warner, 2013).

Ideas around 'good' motherhood, changing domestic roles and the taboo of public breastfeeding, in part relating to the sexualisation of breasts in western societies feed into the decision women make. The wider social network in which the woman exists is also an influencing factor (Leeming, 2013).

References

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