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# An Investigation of the attitudes and opinions of employees working in public places towards breastfeeding in public: a UK-based study.

## **1 Introduction**

The benefits of breastfeeding are well documented (NHS, 2009); despite this the UK has some of the lowest rates in Europe. The Global Strategy for Infant and Young Children Feeding was developed in 2003 by WHO (World Health Organisation) and UNICEF (United Nations Children's Fund), and is the basis for the UK breastfeeding guidelines (WHO, 2003). The UK Department of Health (DH) advises exclusive breastfeeding for the first six months of a baby's life (DH, 2009), but only 48% of all UK mothers were still breastfeeding at 6 weeks and just 25% breastfeeding at six months (Bolling *et al*, 2007).

A number of studies have considered why so few women continue to breastfeed their children as recommended: Palmer (2009) argues that parents are seldom fully informed of the differences between breastfeeding and bottle feeding. Making an informed decision is often distorted by the powerful marketing activity of infant formula companies (Guttman & Zimmerman, 2000). It can be argued that it is in the interests of the formula milk companies that women find it difficult to breastfeed so that they sell more of their product (Palmer, 2009). The advertising of formula milk is often blamed for supporting bottle feeding as the norm in society and has led to the 'give it a go' culture: Women expect problems with breastfeeding, knowing that if they fail they can still rely on formula milk (Bailey *et al*, 2004).

Self-efficacy can be described as a person's confidence in their ability to carry out a task that will have an influence on their lives; it is a belief that one can make a difference by one's actions (Bandura 1977). Breastfeeding self-efficacy has been defined as a mother's confidence in her ability to breastfeed her infant (Dennis, 1999). If a woman has the self-efficacy to successfully breastfeed then she is more likely to initiate breastfeeding and do so for a longer period (Chezem *et al*, 2003). In a society where breastfeeding is normal and encouraged it is more likely that women will have higher levels of self-efficacy (Chezem *et al*, 2003; Brown *et al*, 2009). However, in a society where breastfeeding is less acceptable and not the 'norm', levels of self-efficacy can decrease if a woman believes that society disapproves of her breastfeeding her infant (Wilhelm *et al*, 2008). Nichols *et al*. (2009) and McQueen *et al*. (2011) both carried out interventions based on Bandura's (1977) self-efficacy theory and found that greater increases in breastfeeding self-efficacy were associated with significantly higher levels of breastfeeding.

Breasts are often seen as sexual objects (Dyson *et al*, 2010; Guttman & Zimmerman, 2000; Swanson *et al*, 2005). The Royal College of Midwives commissioned a survey in 1993 exploring men's attitudes towards breastfeeding and found that 50% of men thought that mothers should not breastfeed in public and 14% felt that breastfeeding was unacceptable (RCM, 1993, cited in Dykes & Griffiths, 1998). Another study found that some women were embarrassed to feed in their own homes and had experienced negative comments from male relatives (McFadden and Toole 2006). The sexuality of breasts is influenced heavily by the media, with sexual images of women and breasts being routinely displayed in society, emphasising their sexual and aesthetic functions (Guttman & Zimmerman, 2000; Swanson *et al*, 2005). Henderson *et al* (2000) found that breastfeeding appeared less often in the UK mass media than bottle feeding and that bottle feeding was portrayed as being less problematic, more normal and the obvious choice. The portrayal of breasts in the mass media as sexual items can lead to negative reactions and opinions from the public and women having to negotiate places where they can breastfeed (Dykes, 2003). Minimal images of breastfeeding in the mass media can help perpetuate the lack of acceptance of breastfeeding in public (Henderson *et al*, 2000). Perceptions of social disapproval of breastfeeding and embarrassment of feeding in public are one of the main reasons why women may choose to bottle feed instead of breastfeed, or why they may cease breastfeeding early on (Acker, 2009; Bailey *et al*, 2004; Dyson *et al*, 2010; Guttman & Zimmerman, 2000; Li *et al*, 2004; Mahon-Daley & Andrews, 2002; Sheeshka *et al*, 2001; Swanson *et al*, 2005).

The Government's Equality Act came into force in October 2010. This bill protects mothers who wish to breastfeed babies up to six months old in public places; meaning that they have a legal right to breastfeed in places like cafes, shops and public transport (UNICEF, 2009). If a woman is prevented from breastfeeding a child aged over six months, she may still take legal action on the grounds of sexual discrimination. The Breastfeeding Manifesto Coalition has launched a national scheme promoting breastfeeding friendly venues, as a way of making it easier and more comfortable for women to breastfeed their babies when out of the home (NCT, 2009). Despite this, recent surveys have found that the UK is not 'breastfeeding friendly' (NCT, 2009); with 65% of mothers stating that they did not intend to try breastfeeding in public because they felt too self-conscious about people staring at them. Of those that did breastfeed in public, 54% had been asked to move when breastfeeding in a restaurant or cafe.

Many studies have explored the reasons why women do not breastfeed, why they may 'give up' and turn to formula milk and have explored opinions on breastfeeding in public, however

few studies have examined the specific attitudes of employees of public places who may encounter breastfeeding women regularly. Therefore, the aim of this study was to research employees' attitudes and opinions towards women breastfeeding in public.

## **Materials and Methods**

Ethical approval was obtained from Liverpool John Moores University. Participant information sheets, a stamped addressed envelope and a consent form were sent to local businesses in the North West; 50% to 'Baby Friendly' (BF) establishments and/or those offering feeding facilities and 50% to those without. BF facilities were identified from patient literature at Liverpool Women's Hospital and via internet searches.

Staff who volunteered to participate were interviewed and audio-taped in a private room or quiet area of their workplace. Semi-structured interviews were used to gain an in-depth insight into the opinions, feelings, emotions and experiences of staff working in public places, where they would have encountered women breastfeeding. An interview protocol was used as a guide; however the order and wording of questions often changed depending on the flow of the interview. Topics covered included: 'Personal opinions and knowledge', 'BF feeding areas' and 'Where can we go from here?'

A thematic analysis of the data was used, identifying themes at the manifest level (directly from the information); generated deductively from the research questions and prior research. The audio recordings were transcribed verbatim and analysed by scrutinising transcripts to identify themes using colour coding. The themes were then categorised allowing common themes to be identified. Unexpected results or 'outliers' were also considered in the analysis (Boyatzis, 1998).

## **Results**

Nine tape-recorded interviews were carried out between November and December 2009. Participants were two males and seven females, aged between 20 and 36 years. Three participants had one or more children. All were employees of a shop, restaurant or cafe and job roles varied from managers to general team members (Table 1).

(Table 1 here)

Table 1 – Details of Participants (Names have been changed to ensure anonymity)

<b>Name</b>	<b>Gender</b>	<b>Age</b>	<b>Work place</b>	<b>Job role</b>	<b>BF Feeding facilities?</b>	<b>Children?</b>
<b>Rebecca</b>	Female	21	Coffee shop	Waitress (student)	No	No
<b>Tim</b>	Male	32	Coffee shop	Front of house leader	Yes	1
<b>Laura</b>	Female	28	Coffee shop	Waitress	Yes	1
<b>Kelly</b>	Female	22	Department store	Sales assistant	Yes Separate room provided	No
<b>Matt</b>	Male	28	Coffee shop	Supervisor	No	No
<b>Lisa</b>	Female	26	Coffee shop	Supervisor	No	No
<b>Kath</b>	Female	22	Coffee shop	Waitress/ Kitchen porter (student)	No	No
<b>Danielle</b>	Female	20	Restaurant	Waitress (student)	Yes	No
<b>Suzie</b>	Female	36	Coffee shop	Owner/ manager	No	2

Five main themes emerged from the transcript analysis (Figure 1).

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### **Figure 1 – Key Themes**

- **Theme 1** – Breastfeeding is viewed as natural, however still makes some people feel uncomfortable when seen in public.
- **Theme 2** – Breastfeeding is generally accepted in public places of work by employees, their opinions seem unrelated to facilities that the place of work provides.
- **Theme 3** – Breastfeeding facilities should be more widely provided and should be available with a breastfeeding welcoming environment, offering women a choice of where to feed.
- **Theme 4** – Some breastfeeding mothers are aware of negative reactions of others but do not let it affect them feeding in public
- **Theme 5** – Breastfeeding education in schools would help to normalise breastfeeding in society.

#### **Theme 1 – Breastfeeding is viewed as natural, however still makes some people feel uncomfortable when seen in public.**

All of those interviewed perceived breastfeeding positively, using words like ‘natural’ and ‘good’:

*“Breastfeeding is the most natural thing in the world...” (Suzie)*

*“Breastfeeding is completely natural and shouldn’t bother people but if it does then it’s their problem not the person breastfeeding” (Matt)*

*“I actually think it’s good thing; it’s in the babies and the mothers best interests which is ultimately what matters.” (Kath)*

Older employees with children were generally more knowledgeable and positive about breastfeeding.

*“Well I breastfed myself, and we have a lot of people in the shop breastfeeding and stuff, I think its fine, I think it’s the natural thing to do.” (Laura)*

*“I think older people will feel more comfortable with it because they were like brought up with it, whereas today it’s more formula and there’s more young mums and I think*

*they all don't want to breastfeed and they find it more un-natural to breastfeed, yeah I think it is an age thing.” (Danielle)*

Younger, childless employees were less accepting of seeing a mother breastfeeding with some stating that it made them feel ‘uncomfortable’. This may be because it is an uncommon behaviour to see in society (Acker, 2009).

*“...like me and Jay, my boyfriend walked past someone breastfeeding and it was like (pulls funny look)...you never really see people doing it, I think the last time I saw it was when my mum's friend came round and she had a little baby and I was dead little then that's going back a long way.” (Kath)*

*“I mean I'm not against it, but I don't necessarily see why there is a need to go out your way to think oh I'm going to breastfeed here and now, I mean when you can just do it at home but if you've got to do it then do it, but like I don't know” (Kelly)*

## **Theme 2 – Breastfeeding is generally accepted in public places of work by employees, their opinions seem unrelated to facilities that the place of work provides.**

Most participants had encountered women breastfeeding in their workplace and most had no problem with this.

*“She's allowed to breastfeed, and I'm not going to stop them!” (Tim)*

None had ever received a complaint, although many had seen evidence of public disapproval. Should a complaint arise, most said that they would either defend the breastfeeding mother or refer it to their manager. Their views did not differ regardless of their workplace being BF or not, although those who would refer the complaint to their manager were from places who were not BF and so did not have a breastfeeding policy to refer to.

*“I'm not finding it offensive, no-one else has complained, and if it's their personal dislike they'd have to leave or not look at it, I wouldn't go up to the woman breastfeeding and go sorry someone's complained you can't do it.” (Lisa)*

**Theme 3 – Breastfeeding facilities should be more widely provided and should be available with a breastfeeding welcoming environment, offering women a choice of where to feed.**

Participants thought that the availability of more private facilities would encourage breastfeeding.

*“I think just making facilities available, because I think some mothers, I know I would if I was a mother and my baby was hungry in a restaurant... I would feel uncomfortable doing it in front of everyone so I think maybe facilities available would promote it more.” (Danielle)*

*“I know some places offer a breastfeeding room, which is generally in larger department stores and places like that, which comes in handy, because train stations and stuff like that when we had the little one, my girlfriend used to have to go into a toilet cubicle to breastfeed, because there was the occasional seating but nowhere you could relax to breastfeed.” (Tim)*

However participants were quick to point out that designated breastfeeding areas should only be for those that *choose* to feed in private, but women should be able to feed wherever they choose.

*“...I think it is probably good, I mean it’s good that they have it because there are obviously some people that feel uncomfortable breastfeeding in public, but then I don’t think that should be exclusive, I mean if you’re sitting somewhere and you want to feed your baby there then you should still be alright to do that, even if they have facilities you shouldn’t have to move.” (Laura)*

*“...if there is a separate place they want to use they should have the choice to use it but they shouldn’t have to use it if they don’t want to, it’s just a service. It’s like anything else isn’t it, it’s there to use if you need to but otherwise you shouldn’t have to.” (Matt)*

**Theme 4 – Some breastfeeding mothers are aware of negative reactions of others but do not let it affect them feeding in public.**

The participants who were mothers both described their experiences of breastfeeding in public, such as feeling self-conscious at times and being aware of the public's reactions, however this was not a deterrent.

*"A lot of people don't seem to mind, but then there does seem to be people who find it offensive, although I'm not sure why. It seems to me really weird...You have a couple of people looking at you a bit funny but it's not really that bad you know."  
(Laura)*

*"Yeah I suppose if I'm honest with you I did feel a bit self-conscious sometimes if I was out and about and the baby was screaming and I was thinking oh god where can I breastfeed, but I'd still do it, yeah, you just get on with it, you've got to when you've got a screaming baby!" (Suzie)*

## **Theme 5 – Breastfeeding education in schools would help to normalise breastfeeding in society.**

Participants were aware that breastfeeding was not viewed as the 'norm' in UK society and felt that influencing young people via education may help to address this issue.

*"... maybe education and stuff in schools, you know when they have reproductive and everything they could maybe go yeah and obviously breastfeeding and stuff and just making people aware that it's the natural thing to do." (Laura)*

*"I think they should be aware about it, you know what I mean, especially when you know, teenagers 14, 15, 16, yeah they should you know what I mean, I mean I dare say they get taught about sex education and stuff so why not, I can't understand why they don't approach the subject and say you know, this is why women do it and just so they are aware of it so to speak. You know it's not a bad thing it's a good thing to make people aware of it." (Suzie)*

## **Discussion**

It is not surprising that breastfeeding is viewed as 'good' and 'natural', as most people know that breastfeeding is better than bottle feeding (Brown *et al.*, 2009; Guttman & Zimmerman, 2000; Sheehan *et al.*, 2010), however it still makes some people feel uncomfortable when

seen in public. The findings of this study reflect the findings of Acker (2009), where those who were older and those with children were more accepting of breastfeeding in public. They are more likely to have had exposure and experience of breastfeeding. Other studies have shown that exposure and embodied knowledge contribute to positive feelings towards breastfeeding, resulting in increased breastfeeding rates and higher levels of self-efficacy (Blyth *et al*, 2002; Condon, *et al*, 2010; Giles *et al*, 2010; McQueen *et al*, 2011; Nichols *et al*, 2009). Younger women are more likely to be uncomfortable about breastfeeding, however, once they have had their own children this embarrassment often disappears (Scott *et al*, 1997).

Public breastfeeding is generally accepted by employees and their opinions seem unrelated to facilities provided by their work place. Their view was not influenced by the Government's Equality Bill (HMSO, 2010) either as none of them had heard of this legislation. McIntyre *et al* (1999) believes that if people were more aware of this law, then perhaps they would be more supportive of public breastfeeding. The literature shows that a supportive and accepting environment for breastfeeding mothers is influential and promotes breastfeeding (Guttman & Zimmerman, 2000; Li *et al*, 2002). Encouragingly, most participants would defend breastfeeding mothers should a complaint be made by other customers. Public places like shops, restaurants and cafes are encouraged to show their support for breastfeeding by displaying a sticker or sign in the window and the National Health Service (NHS) lists BF premises on their breastfeeding website (NHS 2009). However, critics argue that this system is not well used and that the website is often out-of-date.

Participants thought that breastfeeding facilities should be more widely available, offering a welcoming environment and a choice of where to feed. Li *et al* (2004) found that providing lactation rooms in the USA helped to remove some of the barriers to breastfeeding in public. Scott *et al* (1997) found that UK mothers often preferred designated breastfeeding rooms. Although many places in the UK offer designated rooms, it could be argued that these facilities encourage the misconception that woman should not breastfeed in public places and should hide away. Providing a separate area for women to breastfeed does not support the view of Acker (2009) and Brown *et al* (2009), who argue that increased exposure of public breastfeeding would make it more of a cultural norm and increase positive attitudes towards breastfeeding.

Mothers in this study recognised that others had negative reactions to them breastfeeding in public, reflecting the findings of Brown *et al* (2009) but they did not allow this to dissuade them. However, Guttman & Zimmerman (2000) found that low-income mothers were

influenced by others, often choosing bottle feeding as they felt uncomfortable about public breastfeeding. A supportive environment for breastfeeding mothers, where breastfeeding is viewed as natural and normal can lead to a longer duration of breastfeeding (Brown *et al*, 2009).

Participants thought that breastfeeding education in schools would help to normalise breastfeeding in society. Bottaro & Giugliani (2009); Giles *et al* (2010); Swanson *et al* (2005) and Dykes & Griffiths (1998) also believe that the sooner the importance of breastfeeding is understood by individuals the more likely they are to view it favourably. Acker (2009) and Li *et al* (2002) state that breastfeeding education should be targeted to society as a whole rather than specific groups, as this would encourage public acceptance of breastfeeding. A study by Bottaro & Giugliani (2009) in Brazil, found that school-based education resulted in increased numbers of children supporting public breastfeeding.

### **Limitations of the study**

The number of participants in this study was small, so may not be representative of the opinions of employees in general. Also the interviewer may have influenced the results by 'interviewer effect', although the use of open questions and unbiased responses should minimise this effect. Participants may have been influenced by other factors: Kraus (1995) found that participants responded positively when asked about public breastfeeding, but behaved differently when faced with the actual situation. Furthermore, only participants with an interest in breastfeeding may have responded to the invitation to take part, other business were contacted but failed to respond.

### **Conclusion**

Most people view public breastfeeding positively, believing it to be normal and natural. However, there is still a perception that breastfeeding women may feel uncomfortable breastfeeding in public and private facilities may help to alleviate their anxieties. Only when breastfeeding is considered a societal norm, will all women have the self-efficacy and confidence to breastfeed when and where they choose.

## **Glossary**

Baby Friendly	For the purpose of this study, places that welcome breastfeeding mothers or have breastfeeding facilities e.g. a separate room or section. Also referred to as 'breastfeeding friendly'.
Exclusive breastfeeding	The infant has received only breast milk and no other liquids or solids (Dyson et al, 2006).
Formula milk	Modified cow or soy milk used in replacement of breast milk in infant feeding. Also referred to as 'bottle feeding' (Dyson et al, 2006).
Initiation of breastfeeding	If within 48 hours of birth the baby has been put to the breast or the baby is given the mothers breast milk (DOH, 2005)
Negligible	Very small or insignificant.

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