

# **Supports and Barriers: Experiences of Irish Breastfeeding Mothers**

Yvonne McWeeney

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Supervisor: Dr. Annette Jorgensen

Head of Department: Dr. Bernadette Quinn

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Department of Social Science

DBS School of Arts

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# TABLE OF CONTENTS

|  |    |
|--|----|
| Table of Contents.....                 | 2  |
| Abstract.....                          | 5  |
| CHAPTER ONE: LITERATURE REVIEW.....    | 6  |
| Introduction.....                      | 6  |
| Social Theory.....                     | 7  |
| Influence and Supports.....            | 9  |
| Health Professional Supports.....      | 12 |
| Conclusion.....                        | 14 |
| CHAPTER TWO: RESEARCH METHODOLOGY..... | 15 |
| Research Strategy.....                 | 15 |
| Research Question.....                 | 15 |
| Research Design.....                   | 16 |
| Research Sample.....                   | 16 |
| Research Process.....                  | 17 |
| Data recording and Transcription.....  | 17 |
| Data analysis.....                     | 17 |

|  |    |
|--|----|
| Ethical Considerations.....  | 18 |
| CHAPTER THREE: RESULTS.....  | 19 |
| Giving it a Go.....  | 19 |
| Bottle Feeding as the Norm.....  | 22 |
| Societal Attitudes towards Breastfeeding.....                                      | 25 |
| Dads Supporting Breastfeeding.....   | 27 |
| Sources of Information.....  | 28 |
| Formula: A Conspiracy? .....   | 30 |
| Conclusion.....  | 32 |
| CHAPTER FOUR: DISCUSSION.....  | 33 |
| Introduction.....  | 33 |
| Giving it a Go: Initial Experiences and Influences of the Mothers.....             | 33 |
| Bottle Feeding as the Norm: Breastfeeding in a Bottle Feeding Culture.....         | 35 |
| Societal Attitudes towards Breastfeeding in Public.....                            | 36 |
| Dads supporting Breastfeeding: A Role of Advocacy and Support.....                 | 37 |
| Sources of Information Available to Mothers.....                                   | 38 |
| Formula Companies: The Relationship between Government, Formula and Hospitals..... | 39 |
| Limitations and Recommendations.....   | 40 |
| CHAPTER FIVE: REFERENCES.....  | 43 |

|                  |    |
|------------------|----|
| Books.....       | 43 |
| Journals.....    | 43 |
| Websites.....    | 44 |
| Appendix I.....  | 46 |
| Appendix II..... | 47 |

## **ABSTRACT**

The World Health Organisation and UNICEF emphasise the importance of breast feeding children up to two years of age and beyond. Despite this Ireland has one of the lowest breast feeding rates in Europe. This study set out to examine factors which explain why this is so in Irish society. Provided is a brief review of literature which encompassed a broad selection on barriers to breast feeding and some proposed supports. Drawing on the data retrieved from this study of five breast feeding mothers, the study has highlighted various obstacles in the initiation and continuation of nursing an infant in Irish society. The results showed that formula was considered the normal option and opting to breast feed carried no societal pressure to succeed or to continue. The attitude of Irish society was generally acceptant of nursing in public; however, this was seen to be tolerated with infants only as there were conflicting issues with breast feeding older children. Fathers were considered figures of advocacy and support to the mothers. Health supports, on the other hand, were seen as lacking or as non-effective. Formula companies and their relationship with hospitals and government were seen to be instrumentally detrimental to breast feeding rates in Ireland. The conclusion was found that low breastfeeding rates in Ireland was the result of poor health service supports and a lack of societal awareness viewing breast feeding as normal.

## CHAPTER ONE: LITERATURE REVIEW

### Introduction

This study sets out to explore the experiences of breastfeeding women in Irish society in relation to the barriers and supports that they have encountered. The World Health Organisation (WHO) and UNICEF emphasise the importance of breastfeeding infants up to two years and beyond and is promoted through the Global Strategy of Infant and Young Child Feeding (WHO-UNICEF 2003). This strategy runs concurrently with the Baby Friendly Hospital Initiative, a program which aims to promote and support breast feeding globally (WHO, 2012). Ireland's Rotunda hospital was the first of its kind to receive the award in 2006 (Rotunda Maternity Hospital, 2012). Despite this, Ireland has one of the lowest breastfeeding rates in Europe: 55% of mothers initiate breastfeeding, compared to 76% in the UK and 99% in Norway (Royal College Physicians Ireland, 2012). In an Irish Times article, author Jones poses the question whether Irish women have dysfunctional breasts, referring to Ireland's very low breastfeeding rates. She argues that a culture of breastfeeding simply does not exist in Ireland (Jones, 2011). Throughout the review process, the researcher failed to find sufficient literature highlighting the barriers that exist to mothers in Ireland to initiate and continue a successful breastfeeding relationship with their child. This research intends to highlight some of the areas where Ireland falls short of the recommendations set by WHO and UNICEF. The following section provides a summary of a wide selection of literature which is related to this research question.

## **Social Theory**

In *Social Theory and Infant Feeding*, Amir (2011) looks at the choices people make in regard to the food they eat by drawing on the experiences and meanings which influence them in their own social environment. This framework is based on the work of Pierre Bourdieu. The drawing of information from individuals' meanings is called 'lay knowledge'. By exploring food in this way, it proves a more beneficial concept than drawing on attitudes or beliefs as it acknowledges that individuals exist within different social environments. This extends to infant feeding whereby depending on the particular social class; the approach to feeding may be very different (Amir, 2011, p1).

Bourdieu's study of French culture, "In Distinction: a Social Critique of the Judgement and Taste", argues that the concept of food and eating goes beyond simple nourishment and describes it as, 'an elaborate performance of gender, social class and identity.' This study of different social groups can help us to understand how breastfeeding rates can be low among lower income families rather than higher income families. Amir (2011) found that if formula feeding is considered 'normal' or even 'natural' in a mother's community, then breast feeding could be seen as unnatural or controversial despite the acknowledged health benefits. This idea was demonstrated through the Adelaide Families and Food Study (Amir, 2011). In this qualitative study, it showed that lower income/ lower tertiary educated families regarded food as an immediate source of fuel, as sustenance for the body to operate. Whereas it was shown those families with lower levels of income or where third level education was less prevalent, they showed a more abstract view of food. They viewed it as a source of nutrients, and were concerned with its role with health and disease. (Amir, 2011, p.1) Amir recommends that more researchers should follow Bourdieu's framework and to test his theories through qualitative research (Amir, 2011, p.3).

Acknowledging that low income women have a predictably lower level of breastfeeding, Entwistle *et al* (2009), applies *the self-efficacy theory* of Bandura. This theory looks at how individuals understand their ability to make actions happen combined with their own confidence of mastering that particular skill. Applying the theory to breastfeeding, Entwistle *et al* (2009) examines how lower income women may be less likely to breastfeed. If a mother who expects to breastfeed successfully and is successful, the feeding experience is more likely to be mastered. Likewise, a negative perception of success, the probability of a successful breastfeeding relationship will be less likely (Entwistle *et al*, 2009, p. 230). This lack of self-efficacy is often as a result of environmental factors and health and peer supports. A lower sense of self-efficacy is not necessarily a result of lack of supports, argues Entwistle *et al* (2009). Mothers from lower socioeconomic groups may not access the supports even if available, because of confidence barriers. A lack of self-belief, embarrassment and fear of failure also play a part in decisions to breastfeed (Entwistle *et al*, 2009, p.238). The theoretical framework of self-efficacy places little emphasis on verbal encouragement from health workers and places more importance on active support within the mother's social environment (Entwistle *et al*, 2009, p.230). This contrasts with other research which sees language of midwives and health workers as integral to the initiation of breastfeeding.

The continuous emphasis on breastfeeding as 'best' has been identified as a major factor in the modern phenomenon of, in what another study describes as, '*The Age of Intensive Motherhood*' (Lee 2007), separating the 'good' mother from the 'bad' mother. Lee's research highlights *the psychosocial division* between breastfeeding and bottle-feeding mothers. The method in which a mother feeds her infant can be considered a measure of motherhood and their capacity as a good parent. In her study, Lee explores how a mother identifies with herself in terms of breastfeeding. Intensive motherhood explains Lee, is one that is child-

centred, where the child is considered as vulnerable and the mother is seen as a 'god-like' parent. This mother-child dyad is constructed around the idea of a risk society from which the child must be protected. Breastfeeding infants is one way of guarding them from potential risks that formula feeding is associated with, i.e. health and bonding implications for the mother and the child. A characteristic of this intensive mothering, Lee suggests, is that every aspect of child rearing must be validated by expert knowledge (Lee, 2007, p.469), i.e. justified and directed by parental 'experts'. This powerful message from various social actors: health policies; support groups; parenting experts, etc., that babies are 'born to breastfeed', puts non-breastfeeding mothers in 'moral jeopardy' (Lee, 2007, p.471). In her study, Lee has identified non-breastfeeding mothers who view their mothering capabilities in a negative way (Lee, 2007, p.471). Confident non-breastfeeding mothers reacted in a defensive manner. They considered themselves as capable mothers, although generally admitted acting in isolation of others (Lee, 2007, p.474). The research is UK based and centres on the theme of identity. It highlights the pro-breastfeeding psyche among mothers privy to education and supports; however, it omits other social barriers that may influence a mother's choice of infant feeding method such as cultural and familial influences.

### **Influence and Supports**

Confirming the comments made by Jones discussed in the introduction, that Ireland does not have a breastfeeding culture, the National Infant Survey (2008), states that this is a consequence of social and experiential factors. In the absence of a promotion and exposure of breastfeeding, formula feeding is normalised. Positive role models and supports are required to dispel negativities perceived by bottle feeding mothers (National Infant Feeding Survey, 2008, p.162).

The family of the mother has been identified in much research as one of the more influential factors in her decision to breastfeed or bottle-feed. In her study 'Breastfeeding and WIC Participants', Stolzer (2010) identified a significant number of participants which indicated their mothers as the primary influence in their decision to formula-feed. Stolzer (2010) argues that the art of breastfeeding has been lost in Western society since the rise of formula feeding since the 1940's. As a result valuable expert knowledge and support for breastfeeding from mother to daughter is absent as formula feeding is often the accepted method of feeding and nurturing children within the family unit. This lack of exposure to breastfeeding normalises artificial feeding and creates an environment whereby maternal support of breastfeeding is negatively affected (Stolzer, 2010, p.433-434). However, Stolzer (2010) states that the presence of supportive and knowledgeable breastfeeding role models such as the parent's mother can actively affect the initiation and duration of breastfeeding (Stolzer, 2010, p.436). Another study by Schulze and Carlisle (2008) supports this trend. In their study, they found as much as 41% cited family and friends as the main influence on their method of infant-feeding and that women who had been breastfed were more likely to breastfeed their own infants (Schulze & Carlisle, 2008, p.709). Schulze and Carlisle (2008) also found that the importance of the father's influence is often overlooked. In reviewing literature on breastfeeding benefits and promotion, they found that a strong correlation existed between the mother's partner's idea towards breastfeeding and the mother's intention to breastfeed (Schulze & Carlisle, 2008, p.710).

Schulze and Carlisle (2008) also found a father's positive attitude to breastfeeding was the most influential factor when deciding on the method of feeding. Tohotoa *et al* (2009) examines the particular role of the father as a breastfeeding support in an Australian study. Although Australia had at the time of the study, high breastfeeding rates of 83%, it still fell short of UNICEF and WHO guidelines as only 23% were breast feeding by 12 months

postpartum. In this, Tohotoa *et al* (2009) states that a father's attitude can act as support to breastfeeding or, as a deterrent to the initiation of the feeding method (Tohotoa *et al*, 2009, p.2). The function of the study was to investigate the nature of the father's role of support. Through a pre-research review, Tohotoa *et al* (2009) identified significant discrepancies of breastfeeding rates between those of differing socioeconomic status and sought to research fathers and mothers from these different group settings. A consistent theme emerged from the mothers that 'Dads do make a difference' (Tohotoa *et al*, 2009, p.7), where the father's role was that of support and advocacy. Both the mothers and fathers participating in the study regarded the breastfeeding process as a team effort (Tohotoa *et al*, 2009, p.7). However, fathers tended not to acknowledge the importance of their role. They also identified a lack of information of breastfeeding and tended not to be as involved in the antenatal education process as the mothers (Tohotoa *et al*, 2009, p.7). This study highlights the importance of the father's role in the initiation and continuation of breastfeeding with mother and baby. However, an element of the study aimed to retrieve information based on mothers and fathers of different socioeconomic backgrounds and the factors to this specific problem were not identified in the results.

In Ireland, paternal support to breastfeeding is significant. In the National Infant Feeding Survey (2008), the mother's partner was cited by 31% of the women participants as one of the factors assisting and influencing the mother to breastfeed. This figure was higher than that of the influence of health professionals/midwives which were reported by 22.3% of the participants. However, the survey also showed that when the participants were asked what/who influenced them to stop breastfeeding, 13.4% of the women cited their partners as the main influence (National Infant Survey, 2008, p.147). In a series of interviews with formula feeding mothers, participants saw bottle feeding as a way of allowing fathers to bond with their children and viewed breastfeeding as a barrier to the bonding process (National

Infant Feeding Survey, 2008, p.159) This indicates the need for an emphasis of the father's role and inclusion in the breastfeeding process to encourage continuity of support.

### **Health Professional Supports**

Another consistent theme that arises in the research into breastfeeding rates is the importance of health supports to mothers. Stolzer (2010) states, that physicians influence is identified as one of the barriers to the initiation and duration of breastfeeding. Physicians in the U.S, like Ireland, are also known to routinely offer samples of formula. They were also found to have a lack of knowledge of breastfeeding or the practice of UNICEF and WHO 10 step guide to infant feeding (Stolzer, 2010). To demonstrate the impact of a breastfeeding support from health professionals to mothers, we can look at Backstrom *et al* (2010), a Swedish study, '*two sides of breastfeeding support: experiences of women and midwives*'. The aim of the study was to indicate problematic areas of the hospital supports that could prevent a drop in breastfeeding rates. Backstrom *et al* (2010) examined the experiences of both sides of breastfeeding support, both the women and the midwives. The results of the research did not suggest that midwives act as a single group but instead looked at how each midwife viewed the relationship between mother and child and how this viewpoint affected the breastfeeding process (Backstrom *et al*, 2010). By the midwives responding to the individual needs of the mother, the mother participants felt that this created a sense of positivity around the breastfeeding experience, as they were regarded as unique individuals (Backstrom *et al*, 2010). This confirmation of their breastfeeding competence was essential to the mother's self-confidence. By tailoring support to each individual mother, midwives and mothers alike engaged in the support service together (Backstrom *et al*, 2010). Individual needs varied in the study. Women with no previous breastfeeding experience required

different supports than those who had breastfed before. Other women who wished to breastfeed felt inadequate when health professionals did not confirm their ability to do so. Other mothers also felt a sense of failure when their individual situations were not acknowledged and midwives focused their support on the mother's capability to breastfeed rather than on the mothers themselves (Backstrom *et al*, 2010). There was a conflict of responses from the midwives and the mothers regarding the active support. Midwives generally favoured an observational approach, standing back and allowing the mother to ask for advice when she felt she needed it. The mothers, however, valued practical and physical support with an emphasis on competency (Backstrom *et al*, 2010). The continuity of breastfeeding support was regarded as essential to the mother participants, however, the mothers also considered it as important to have the on-going support with the one health professional. Contact with several changing health professionals created insecurity as relationships were formed and broken as new support workers were introduced (Backstrom *et al*, 2010). Zwedberg and Naeslund (2011) also agreed that the breastfeeding outcome depends somewhat on the approach of the midwife to the 'mother-child dyad'. When mothers experienced difficulties while breast feeding, the outcomes of the consultations varied on which way the midwife viewed the relationship. The promotion and assisting of breast feeding of the midwife should view mother and baby as an integrated unit (Zwedberg & Naeslund, 2011). This highlights again the importance of the health professional's role in helping establish a secure and confident breast feeding relationship.

In Ireland, there seems to be a negative attitude towards health professional breastfeeding supports. According to the Infant Feeding Survey (2008), 73.3% of women dissatisfied with health care supports, chose to go it alone. Also, health professionals were the second most influential factor in the discontinuation of breastfeeding at 13.4% (National Infant feeding Survey, 2008, p.148-149). In the qualitative part of the study, formula feeding mothers had

conflicting views of the attitudes of health professionals. Some women considered midwives to be 'pushy', putting pressure on mothers to breastfeed. Others felt confusion as the midwives and nurses encouraged breastfeeding but seemed satisfied with formula feeding also. Breastfeeding was not encouraged at all by some midwives, according to some mothers (National Infant Survey, 2008).

## **Conclusion**

The purpose of this literature review was to identify problematic areas which related to low breastfeeding rates in various societies. By a culture 'normalising' formula feeding with a view that it is the natural thing to do consequently may see breastfeeding as an unnatural or unnecessary requirement for infants. In Ireland, this replication of normalising bottle feeding was also highlighted by the National Infant Feeding Survey 2008. How the mother perceives herself, as successful (self-efficacy theory) or, as the 'good mother' (Age of Intensive Motherhood), pose as cultural barriers to mothers of lower socio economic status and to mothers with less access to supports. Emerging also was the notion of the knowledge of the 'art of breastfeeding' being lost as mothers who were themselves bottle fed cannot pass on the breastfeeding experiences to their daughters. On the other hand, fathers were seen to have a significant role to play in the initiation and continuation of breastfeeding. Relationships between health professionals and breastfeeding mothers differed in the literature reviewed depending on society. The Swedish study by Backstrom *et al* (2010), examines how the relationship between mothers and health professionals impacted the breastfeeding rates. The Irish study found that health professionals routinely offer mothers formula and display a lack of knowledge of breastfeeding thus often creating a negative experience.

## CHAPTER TWO: RESEARCH METHODOLOGY

### Research Strategy

This study takes an explorative approach, which attempts to extract data from individuals' experiences using qualitative methods. This method of research was chosen as the researcher considered the subject of breastfeeding mothers to be that of a personal experience and could be analysed more effectively using subjective data. Qualitative research is of specific relevance to the study of social relations as examining a topic subjectively allows a demonstration of the 'pluralisation of life worlds' (Flick, 2009). This term centres on the idea that there are many dimensions of view, determined by each individual, depending on their own life experiences. Qualitative research focuses on the recognition and analysis of each individual's differing perspective on a particular topic (Flick, 2009). Therefore, qualitative does not aim to provide definitive answers to a topic, but rather demonstrate individual perspectives as essential data.

### Research Question

Within the study the researcher posed the question, "*Which barriers exist to Irish breastfeeding mothers and which supports are effective to the relationship?*" This question was drawn from barriers discussed in the literature review: Amir (2011) highlighted how the 'normalisation' of formula could portray breastfeeding as 'abnormal'; the self-efficacy theory of Bandura suggested that a predetermined notion of failure could affect a successful breastfeeding relationship (Entwhistle et al, 2009); a lack of familial and health supports also influenced rates in a negative way. Familial supports were considered effective, particularly the fathers of the infant as explored in *Dads do make a difference*, (Tohotoa et al, 2009).

Breastfeeding mothers were interviewed by the researcher as the aim of the research was to investigate two things: what supports are available to breastfeeding mothers in Ireland, and, considering Ireland's exceptionally low breast feeding rates, what barriers exist both to potential breastfeeding mothers and to the continuation of a healthy breastfeeding relationship.

### **Research Design**

The interview format was semi-structured in design and the interviewees were asked eleven open-ended questions on their experiences of breastfeeding to encourage depth and quality of data. These face-to-face interviews using a digital voice recorder, lasted approx. 40-45mins each, and occasionally prompts were used to expand on certain responses.

### **Research Sample**

The original participant sample for the study was six mothers. The participants were accessed through convenience sampling, which refers to the selection that is easiest to access by the researcher (Flick, 2009, p.122). An advertisement was placed on the parenting website, rollercoaster.ie, calling for volunteers to participate in the research. A response from twenty-seven breastfeeding mothers was received and from these six volunteers were selected based on locality convenient to the researcher. One of the interviews was discarded as there was poor quality sound from the digital voice recorder. Originally, the researcher had aimed to gain access to mothers who had breast fed and mothers who had formula fed. However, the response from rollercoaster was from breastfeeding mothers and these were the used as the sole participants in the study. All of the mothers were breastfeeding at the time of the study; they ranged in ages from twenty-eight to forty three and were living in South County Dublin.

## **Research Process**

Chosen volunteers were contacted by email in which the nature of the research was disclosed to them to ensure that participants were fully informed in order to take part. Interviews were then conducted in the homes of the participants on appointed days. Prior to each interview the nature of the study was explained again and full confidentiality was ensured in line with ethical considerations. A consent form outlining the voluntary and confidentiality nature was signed by each participant.

## **Data Recording and Transcription**

All the interviews were recorded with a digital voice recorder; model Olympus VN-750. The recordings were then transcribed. Following this, the transcriptions were read and re-read, to allow complete absorption of the data to the researcher. The transcriptions were then imported onto NVivo 9 software to begin the process of data analysis.

## **Data Analysis**

The research was examined through thematic analysis. This form of analysis emphasises the context of the data on 'what' was said rather than on 'how' it was said (Jupp, 2006, p.186) and from the analysis, themes become apparent. The main themes that emerged from the data were: 1) Giving it a Go; 2) Bottle As the Norm; 3) Societal Attitudes Towards Breastfeeding; 4) Dads Supporting Breastfeeding; 5) Sources of Information and; 6) Formula: A Conspiracy? These will be discussed in detail in the following chapter.

## **Ethical Considerations**

Any research conducted using human participants should be subject to ethical review. A code of ethics should be in place to regulate the relations between the researcher and the participants in the chosen field of study (Flick, 2009, p.36). By identifying the possible ethical issues that arise before the research starts, the participants are protected and will ensure ethical validity for the research. The topic of the project was first approved by the ethics committee of Dublin Business School before commencement of the research. There have been four main ethical issues that the researcher has identified:

- 1) Participants were informed fully of the purpose of the study and the identity of the researcher was made known to them.
- 2) Participants were offered full confidentiality throughout the study. Participants' names and names which were mentioned during the interviews were changed and the group, to which they belong, were not identified.
- 3) The power relations between the researcher and the participant were considered also. The participant may have felt more vulnerable if the researcher appeared more authoritative and in control. This was discussed before the interview to put participant at ease. Also, the participants were informed that, if, during the interview, the participant became upset or emotional, it would be the responsibility of the researcher to immediately stop the interview.
- 4) Interviewing mothers who had never breastfed or who had problems continuing breastfeeding may have had existing feelings of guilt. Other studies have counteracted this problem by offering information on support groups or a member of health service as an extra support. This was also discussed before the interview with each participant.

## CHAPTER THREE: RESULTS

It may be noted that the findings of this particular study is supplementary to the overall subject area of barriers to breastfeeding, it does not aim to definitively answer any problematic areas. All participants offered up their own personal and anecdotal experiences in an honest and open way as qualitative research and design allows.

### **Giving It a Go**

The interviews opened up with a general question on initial experiences and expectations of the breastfeeding experience. It emerged that all of the five participants had been brought up in a bottle feeding culture, although two participants had been breastfed themselves for a short time. The theme, ‘Giving It a Go’ recurred throughout the interviews as most mothers described what spurred them on to breastfeed, what their expectations would be initially, how they internalised other mothers’ experiences and what barriers stood in the way of the continuation of breastfeeding:

Ann had a negative perception of breastfeeding with possible expectations of failure,

*“I just decided, “Yeah, I’ll give it a go”. But I didn’t think I would succeed at it ‘cause anyone I knew who had tried breastfeeding had said it was really really difficult...”*

Ann also felt that there were no expectations of her or pressure to succeed,

*“I think it’s; people don’t expect you to breastfeed, and if you do, “Aw, you’re great”, giving that you try, it’s like this extra thing you do.”*

Doris likewise, had an expectation of breastfeeding to be a negative experience,

*“With (1st daughter), I didn’t really know anything. I knew to breastfeed because I saw it as the normal, human thing to do like using your legs instead of a wheelchair. It’s just what it’s there for. I had, em, everything I had heard about breastfeeding was very negative so I didn’t expect it to be so great”.*

Despite negative stories, she felt influenced by her breastfeeding background,

*“But I thought sure I’ll try it and see how we get on. But in my own family, it would be mostly breastfeeding. Not for very long, but my aunt, my mother had breastfed, my grandmother as well.”*

Two of the mothers had faith in their ability from the start. Betty says,

*“I just said “this baby will be mine. I’m going to know. I’m going to use my instincts and I’m going to know.”*

Elaine’s decision was also unaffected by experiences of other women,

*“...but I didn’t think too much about breastfeeding before the boys were born. I knew I was going to breastfeed and it never really occurred to me that it might be difficult or a problem. I just said to myself, “I am going to breastfeed.” That was it. It wasn’t even a case of “Will I bottle feed or will I breastfeed?” It was, I was going to breastfeed, I can and I will...”*

The mothers also offered up anecdotal experiences of other women who ‘gave it a go’ and did not continue. Betty acknowledges that women have different experiences that can lead to discontinuation,

*“For some people it means absolutely nothing to breastfeed but for others it can be absolute misery for other people, shred your nipple, weight gain issues for baby...”*

Elaine suggests that discontinuation is due to a lack of self-belief,

*“But I know from talking to a lot of those women, you know, especially first-time mums that say things like, “Oh well I’ll give it a go”, but they just don’t fully believe that they are able to breastfeed”*

Also suggested by Elaine is that a lack of self-belief is coupled with a lack of support,

*“And then there’s a lot of women who do it for a couple of weeks and give up because they don’t have enough support, or who aren’t aware of the support that’s available to them, who don’t know that if they had a problem, there’s some kind of a solution.”*

An assumption that breastfeeding alone is not sufficient for the child is also proposed as a factor for mothers who give up, says Carol,

*“...my friends, they do the same, they only lasted till about three months and then they went onto formula and food cause they said that the baby was too hungry...”*

Initial experiences of breastfeeding differed among the mothers. Ann felt her first few weeks were difficult,

*“...when you’re weighing up breast versus bottle, definitely the breastfeeding is so much harder at the start, but then if you can get over the hump it’s so much easier.”*

She went on to say that,

*“...the first month was really really tough, just because you’re the only one that can feed them and everybody is dying to take them off you, but there’s nobody else but you...”*

Betty describes her initiation as positive,

*“Because it had started off so nicely and the hormonal flow had me on cloud nine why would I go to bottle?”*

Elaine felt empowered by the experience,

*“It’s very empowering as a woman. To be that comfortable with your own body and to be that confident about your body it’s really really rewarding.”*

### **Bottle Feeding As the Norm**

Another broad theme that arose from the data was the dominating aspect that Ireland was predominantly a bottle feeding nation. The culture of bottle feeding as ‘the norm’ to breastfeeding mothers presented conflicts experienced by doing it differently from the greater society and the previous generation i.e. the mother. Some of the participants offered their view on why bottle feeding was ‘the norm’, peer pressure to stop and, discussed women who were less likely to breastfeed.

Betty is critical of the language promoting breastfeeding suggesting that it is crucial to the ‘normalisation’ of formula,

*“Breast is best. No, normal! If breast is great, then formula is fine too.”*

As a formula fed child herself, Ann can see both sides to the debate,

*“...of all the babies I know you couldn’t pick out the ones that were breast or bottle fed really going by their health and I never had a drop of breast milk and I’m very healthy and I do see that argument....”*

In a bottle feeding culture, breastfeeding in public is not as common as formula feeding, Ann discusses this point,

*I suppose breastfeeding is kind of an invisible thing, you know when you see a baby you expect them to be more bottle fed than not so you kind of think that's what you do."*

Some of the participants highlighted the peer pressure that they were under to stop. They felt breastfeeding was acceptable by their peers in the early days, however they were often asked about the introduction of formula. Carol talks of her experiences,

*"I was surprised at how many people are surprised when you continue breastfeeding after you know, the early days. And they say, "Are you still feeding and are you not even giving him a bottle at night-time?"*

Elaine had similar experiences which lead, she believed, to the discontinuation prematurely,

*"I worried that as he got a little bit older, maybe past six months, people were much more inclined to ask when I was giving up. And I did sometimes feel the pressure to you know, like, "God, should I be breastfeeding or should I be weaning?", and I think when I eventually did wean, I did it more because I felt I should rather than because I wanted to..."*

Elaine discusses her views of a breastfeeding knowledge that is lost as a result of generations which have bottle fed. This knowledge, according to her, is traditionally passed from mother to daughter and is essential to the culture of breastfeeding,

*"... we to some extent lost breastfeeding and all that knowledge that went with it, em, you know, for a woman maybe having a baby for the first time, she may not have women around her who have breastfed and who know that she can breastfeed and needs support..."*

Two of the mothers thought that the Catholic Church had perhaps a role to play in the culture of bottle feeding in Ireland. Ann talks of Catholic repression as a possible factor,

*“...we tend to more keep it, you know, do what your family did. I don’t know if it’s a religious thing as well, I don’t know the Catholic thing or repressed a bit about getting your boobs out...”*

Doris’s views are similar,

*“...there is a connection with the Catholic past and everything that is still there especially with breastfeeding in public, that the breast is considered sexual now and has lost its proper goal, aim, purpose...”*

Three of the participants were never breastfed and through their own decision to breastfeed created issues concerning their mother. Ann thought how choosing to breastfeed her children could offend her mother,

*“I see my mother every day. If I do something radically different to how she did it, she’ll take that as a criticism of her way, and I think that we just tend to be slower to change.”*

Elaine on the other hand, thought her mother may have liked to breastfeed, given the opportunity,

*“...she might feel a little bit of grief about the fact that she didn’t breastfeed. I mean it’s too late for her to go back now but in a way the choice wasn’t even there for her...”*

Several of the mothers agreed that although Ireland was predominantly a bottle feeding country, there were predictable areas of Irish society that were less likely to breastfeed.

Elaine described it as a *“...middle-class, kind of choice, you know yummy mummies opt for.”*

Carol views mothers from less affluent areas with less access to information are less likely to breastfeed as they *“don’t know what the benefits are”*.

## **Societal Attitudes towards Breastfeeding**

Attitudes towards breastfeeding were a constant theme throughout the research. All participants breast fed openly in public with varying degrees of attitudes, from very positive to very negative. Although it seemed from the interviews negative societal attitudes were dismissed once the mother was confident and secure about breastfeeding in public, some participants were affected by society's view of breastfeeding an older child. Also, a recent Facebook ban on pictures of breastfeeding mothers brought societal prejudices 'out of the woodwork'. On the debate of whether it is acceptable to breastfeed in public, Doris says,

*"I think you should breastfeed wherever you want and whenever your child wants at any age and it's nobody's business to tell you anything and the law is protecting you and the women who breastfeed should know that and should be told that in the hospital."*

Carol felt the negative attitudes first hand when her family went out for a meal after her son was born. The reaction of the staff and the policy of the restaurant were unaccommodating, almost discriminatory, Carol explained that,

*"...they have couches by the back wall which is where I wanted to go and they said no, that that was for people who don't have babies, so like, and em, don't like babies and children so they had to keep part of the restaurant baby and child free ..."*

Based on anecdotal negative experiences, Elaine, despite having a very positive experience breastfeeding 'out and about', she suggests that some of the negativity is perceived by the mothers themselves,

*"...whereas if you are feeling insecure, you may perceive that as somebody is looking at you because you are breastfeeding, it might make you uncomfortable.... So much of it is how about how solid you are in yourself, I think."*

There is a contradiction at this point in Elaine's views. Although she sees herself as 'out there' breastfeeding, she does have a reserved attitude towards feeding her eighteen month old in public,

*"...a lot more reluctant to feed in public anyway because I would be aware that people would double-take, it's not what people would expect to see and it might make people uncomfortable. I don't hide the fact that I breastfeed him, like if someone asks, but I don't make a big deal about it, I don't bring it up in conversation."*

Ann also acknowledges society's attitude towards breastfeeding an older child,

*"Your breasts are sexual as well as for feeding and if you are feeding an older baby that is somehow going into sexual territory. I think feeding a baby is a sensual thing not a sexual thing."*

Emerging from the data was another attitude found among breastfeeding mothers. This subtheme was breastfeeding 'undercover' as some of the participants felt that there was a tendency for mothers to rely on breastfeeding rooms in shopping centres to feed their child, and marketed products such as feeding covers were becoming increasingly popular. Ann talks of her circle of friends,

*"...there seems to be more and more culture of, I think maybe it's an American thing, of these feeding rooms and breast feeding covers... I'm feeling like everyone would prefer if I had one too..."*

Doris was not aware of the prejudice of breastfeeding until the Facebook ban of breastfeeding pictures,

*"...loads of people came out of the woodwork over that thing that it shouldn't be done in public..."*

## **Dads Supporting Breastfeeding**

The participants were asked about the father's role in the breastfeeding process. Fathers were considered to have an important part to play in terms of support and advocacy, so vital to some mothers that it was considered 'underestimated'. Fathers like the mothers were from a bottle feeding culture themselves and were considered to have 'come such a long way' evolving from this. For one of the mothers, Betty, her husband was very supportive of the breastfeeding of their two children, however, felt uncomfortable with the continuation of this feeding method after one year. The following are some of the findings on this theme.

Carol viewed her husband as encouraging her through the rocky moments. When she was losing faith in her ability, her husband urged her not to give up,

*"But if it wasn't for him kind of saying, just wait until tomorrow maybe, then I don't know what would have happened."*

Carol's husband was also very engaged in the feeding process, waking up and bringing the child to her,

*"...he'd take him into me and then he'd bring him back out so I'd still get some rest so it was nearly the same thing as feeding him..."*

Elaine's husband was proud of the fact that his sons were breastfed and was a constant source of advocacy and support,

*"It mattered (breastfeeding) to him as well and he, he'd always stand up for me."*

Although very supportive of breastfeeding from the beginning with both their daughters, Betty found that her husband viewed breastfeeding as an issue, even disgust, after the girls got older,

*“Between the first and second year he raised concerns and he felt that she should be weaned...that’s when I seen from the bottom of his toes to the top of his head this disgusted him. This was wrong in his head, just repulsed him.”*

Despite this, Betty felt that her husband had evolved and changed so much in terms of breastfeeding, that she must respect his concerns,

*“However I have to support him because he has come such a really long distance with this because you know none of his family are breastfed and children are not breastfed longer than six weeks here anyway.”*

### **Sources of Information**

This broad theme encompasses a lot from varying sources of information available to the participants on breast feeding initially. The finding suggest that the paid official sources of information, i.e. midwives, public health nurses and G.P.s, were found to be less useful than unofficial sources such as breast feeding support groups. The support groups used by the mothers in this study were the international breastfeeding support group, *Le Leche League* and the Irish regional support group, *Cuidiu*. All participants admitted using the internet regularly to find answers to various problems. The general perception of paid health workers was although they meant the best; their training was ‘steeped in formula’ culture and they were considered to be overworked and too busy to find solutions for breast feeding problems. Some of the participants found these workers very quick ‘to offer the bottle’, which the mothers found undermining of their ability.

Carol found her initial experiences of the health staff in the hospital holding an assumption that she would bottle feed,

*“...they never asked me whether I wanted to breast feed or formula feed. So they were about to give him a bottle without my approval.”*

Conflicting and bad advice were received from anecdotal experiences of mothers in hospitals says Elaine,

*“...she was told to put Aptimel on her nipples to encourage her baby to latch-on, it's quite undermining.”*

Explaining why this might be the case, Doris suggests that midwives and nurses have not the time to give proper support,

*“...they have too much work, you can't blame them completely, too much work and they're run off their feet in hospitals.”*

With regard to public health nurses role in the continuation of breast feeding, some participants found them to encourage an introduction of formula regardless of an established breast feeding regime. Betty describes health nurses as ‘some of the biggest pushers of formula’ and,

*“...all that does is plant the seeds of doubt in the breast feeding mother's mind,”*

This created trust issues between the mothers and the public health nurses. As a result of an experience like this, Ann says she would always seek a second opinion,

*“I don't actually trust public health nurses on some; I'd always get a second opinion. I think their training can be very variable.”*

Doris suggests that as a result of an over work load, it may be easier for the public health nurses, if mothers were to bottle feed,

*“I think it's easier for them to offer the bottle because they never see the woman again.”*

Four of the participants found the support of local breast feeding support groups as invaluable. Elaine talks of her experience,

*“...I’d go to the Cuidiu support group and it was just invaluable, absolute life saver for me to be around other breast feeding mums every week, and to have access to breast feeding counsellors...”*

All of the participants found the internet to be a valuable source of information on all aspects of the breast feeding process. However, some of the mothers felt that worryingly, mothers were using the internet for basic support, as official supports were lacking. Doris tells of one experience which demonstrated a lack of access or faith in our health staff,

*“I’ve received posts from women in maternity wards in the hospitals...asking advice when they have the midwife on the ward and they think that the advice from someone that they’ve never met is better than the midwives.”*

Carol agrees with this point and she herself has done the same,

*“I go online a bit, but I’ve been more confident asking for advice from strangers on the internet than the GP.”*

### **Formula: a Conspiracy?**

The subject of formula companies and their role in Ireland’s low breastfeeding rates came up consistently in four of the interviews. That theme that formula companies were suggested as a macro force in the implementation of a bottle feeding culture in Ireland was not anticipated by the researcher. The participants viewed the Irish government as having a vested interest in formula as a valuable commodity, an essential addition to dairy sales and as a chief export. Formula companies were seen by the volunteers as aligning themselves with

hospitals and breastfeeding, manipulating language as support and accessing mothers through advertising and marketing. Doris discussed formula as a vested interest,

*“...maybe it’s a conspiracy, but Ireland produces now 15% of infant formula for the world and relies a lot on formula sales and dairy sales. It will now be 20% since the Chinese vice president came to Ireland.”*

Carol talks of her experience of the promotion and advertising of formula products,

*“...even SMA and Cow&Gate are even aiming now at young pregnant mothers and offering them breastfeeding advice... People may not realise, but this image of formula logos and everything being everywhere is playing a lot on people’s mind, I think.”*

The language used by the formula companies is paramount, suggests Betty. While portraying themselves as ‘truly ardent supporters of breastfeeding’ they use language in a subtle way, to promote formula and highlight negative aspects of breastfeeding,

*“When you look at it first, it looks like it is really supportive but when you look at the language, they have been very careful to construct that site in a very negative undertone.”*

Hospitals were seen to be aligned with formula in a big way among the participants. Formula is offered routinely on all the hospital wards says Doris,

*“In Ireland, formula is readily available in the hospital, just ask for it and it is there, you don’t have to pay for it. It’s something that doesn’t entice women to breastfeed.”*

Elaine saw hospitals as aligning themselves further with one formula company in particular,

*“I just looked this up recently on the care of premature babies, from Holiers St, Unit 8 in Holiers St produced it and Cow&Gate were involved. So really what that is saying, or what it looks like it is saying is that Holiers St endorses Cow&Gate products.”*

## **Conclusion**

All of the interviewees described their experiences of barriers which existed while breastfeeding their children. They regard Ireland as having a culture which is ‘steeped in formula’ and saw Irish perception as seeing the bottle as the norm. From some of the participants’ accounts, their own mothers posed as a conflict of a bottle feeding culture and their own decision to breastfeed. Breastfeeding children, particularly older children seemed at times, contrary to societal attitudes of infant feeding, highlighted recently through the Facebook ban of breastfeeding pictures in Canada. Fathers on the other hand proved to a pillar of support to all of the participants and were often instrumentally effective in the continuation of the process. Health supports were viewed with varying degrees of worth. The volunteers had differing experiences of health workers; however, all participants had trust issues about health workers’ level of training, knowledge and support. The participants found alternative supports more effective including the internet as a valuable source of information and breastfeeding support groups such as Cuidiu and Le Leche League. Formula companies were considered to have a huge impact on Irish bottle feeding culture. Formula being routinely offered in all maternity hospitals and the hospitals themselves aligning with the endorsement of formula products were seen to be contributory to a promotion of formula as an export. The following section will analyse the findings while referencing the literature review by the researcher on this topic.

## **CHAPTER FOUR: DISCUSSION**

### **Introduction**

This study set out to explore the determinants of breast feeding that exist in Ireland today in a group of five breast feeding mothers to establish which problems existed for them in Irish society and which supports they felt assisted the continuation of their breast feeding relationship with their children. In this section, the researcher will analyse the findings and correlate it with previous literature researched.

### **‘Giving it a Go’: Initial Experiences and Influences of the Mothers**

Entwhistle et al (2009) states that should a mother come from an environment where breast feeding was not the norm; she may experience a negative expectation in her ability to breast feed successfully. In this study, all volunteers consider themselves to be living in a bottle feeding culture, and, of these, four participants speak of their decision to breast feed as ‘giving it a go’. There seems to be no societal pressure on them to do so, it was considered by peers a positive that they were going to try to do something extra for their child; however there seemed to be no expectations of success. The participants placed an emphasis on negative anecdotal experiences received. These negative experiences were internalised by some of the women and initiated breast feeding with expectations of failure from the start. There appeared to be an absence of peer influence in their decision to breast feed. Two of the mothers felt that the fact that they were breastfed themselves played a role in their infant feeding choice and as literature suggests, women who had been breast fed were more likely to breast feed their own infants (Schulze & Carlisle, 2008). Breastfeeding is considered ‘the normal, human thing to do’ by some of the mothers and were surprised at their own ease and

positive experiences. The mothers spoke of their initial faith in their instincts and their ability as a mother to breast feed. It was acknowledged that although all the participants had a positive established breast feeding relationship, there were mothers (outside the study) who had a less than positive experience which led them to premature discontinuation. Stolzer (2010) found in the study of low income women in the US that the bottle was viewed as the easier option. This cultural perception was highlighted in this study also; all participants refer to the 'bottle' as being perceived as more convenient, although this view was considered to be held by an Irish bottle feeding culture in general. One of the participants agreed with this point, that in the early stages of nursing, the adjustments to facilitate breast feeding were more difficult, however once breast feeding was established, it became easier. It is suggested that rather than mothers discontinuing because of lactation difficulties, initially the mothers may have had a lack of self-belief in themselves. This, coupled with a lack of support, may lead to a failed experience. The lack of awareness that there were solutions and support to continue breast feeding were also a factor. Entwistle et al (2009) study is based on the self-efficacy (self-belief) concept of Bandura and the theory can be applied in this instance. The self-efficacy belief in one's own confidence to perform a task is central to the topic of a successful breast feeding experience. Therefore if the women discussed by the participants had confidence issues with breastfeeding initially, the likelihood is that bad experiences may reinforce their self-efficacy belief of failure.

Also in Stolzer's (2010) findings is that hormonal releases are found in lactating mothers which intensify the experience, facilitating the bonding process. This also is discussed by four of the mothers under the theme 'giving it a go'. The unexpected 'hormonal high' experienced by the breast feeding mothers ran contrary to their negative anecdotal experiences.

### **Bottle Feeding as ‘The Norm’: Breast Feeding in a Bottle Feeding Culture**

Amir (2011) states, that if a society internalises formula feeding as the norm, breastfeeding can seem abnormal or controversial. This is found to be the case in this study also. The very practice of breastfeeding children in Ireland is described as ‘an invisible thing’; it is not commonplace and the expectation of the mother was to bottle feed. The mothers speak of a culture of privacy, told not ‘to look’ at infants being nursed when practised publicly. The use of language is found to be crucial to the normalisation of formula. The women discuss the ‘breast is best’ slogan advocated by health organisations. If breast is the best thing to do, it could be interpreted that formula feeding was fine and acceptable too. Amir (2011) considers that when health professionals advocate breastfeeding as ‘best for baby’, women can feel disempowered or inadequate. This may create a defensive response from mothers causing them to reject any ‘new’ approaches to infant feeding. In this study three of the five participants were bottle-fed and understand the argument that formula feeding is acceptable; that formula fed babies differed very little from breastfed infants and consider them, well rounded, healthy individuals. Breastfeeding in a bottle feeding culture, the participants found that there was societal pressure for them to introduce formula as a supplement ‘at night’ or to wean their babies onto formula earlier than intended. Stolzer (2010) found that mothers have a significant influence over their daughters infant feeding practices. If mothers are supportive of breastfeeding, the initiation will be more likely. Likewise, if the mother is not supportive, the initiation and duration will be negatively affected. The mothers in this study feel by choosing to breastfeed, it may be construed that it is critical of their mothers’ way. Another factor contributing to Ireland as a bottle feeding culture is offered up by two of the participants. Catholic sexual repression is suggested to contribute to a shyness of having ‘skin on show’ or having conflicting views of the sexualisation of breasts and breast feeding.

## **Societal Attitudes towards Breast Feeding in Public**

Entwhistle et al (2009) found that the experiences of women breast feeding in public differed depending on which environment the mother came from. Women from a bottle feeding environment were less likely to have positive experiences breast feeding in public compared with mothers who had other mothers successfully breast feeding around her. The lack of self-confidence and embarrassment can be a significant barrier to breastfeeding. This statement was true for the mothers who had been breast fed themselves; however, apart from one participant who had negative experiences, the bottle fed mothers generally found the experiences to be rewarding. There did appear to be some contradictory accounts of two of the mothers' accounts of perceptions of breastfeeding in public. On one hand, one of the participants portrays a positive experience and considers herself to be 'out there' breast feeding in public, however, on the subject of nursing her older child, she admits to reserving his feeds at her home and places where she feels comfortable. Schulze and Carlisle (2008) found that some women experience social embarrassment while breastfeeding. In this instance, it seemed to be the breast feeding of the older child that causes the embarrassment, while feeding an infant in public is seen as a positive. One of the mothers sees breastfeeding covers and public feeding rooms as sending mixed messages of public feeding as the very act of 'hiding it away' contributed to the negative perceptions of breast feeding out in the open. One participant offers up that negative experience may be caused a mother's lack of confidence in her ability to do so. Applying the self-efficacy theory of Bandura, it says that self-efficacy beliefs are 'enhanced or decreased by success or failure experiences' (Entwhistle et al, 2009). Therefore a mother's belief in failure from the outset could cause a negative perception of her own self and her experiences will be negatively affected. Schulze and Carlisle (2008) talks about the sexualisation of breasts in the US and how the breasts role as infant feeding has been lost. In this study, some of the participants discuss the

sexualisation of breasts as contributory to the attitudes of breast feeding in Ireland. The breasts primary purpose has been lost, according to two of the mothers, and breast feeding children, particularly the older child, is crossing into sexual territory.

### **Dads Supporting Breastfeeding: A Role of Advocacy and Support**

Tohotoa et al (2009) states, that the father is the most important figure of advocacy and support during breast feeding. This is found to be a significant outcome of the study. All of the participants consider the fathers to be of a pivotal role in the continuation of breast feeding their children. The mothers describe their husbands as ‘coming such a long way’ in evolving and acceptant of nursing as a feeding method, although being from a bottle feeding culture themselves. Schulze & Carlisle (2008) found that by emphasising the father’s role in the breast feeding relationship, initiation and duration rates would be higher. One participant, Carol, felt her husband was a key factor in her continuation of breast feeding, in her moments of doubt of her ability. However, it was also found by another participant the issue of breast feeding a child older than one year became an issue for her husband. His active support of nursing their child was restricted to infancy and his understanding of what was a normal age to breast feed affected the longevity of the nursing period. This was argued by Stolzer (2010) also; that a father of the infants can have a significant impact on the breast feeding relationship. This applies in the negative perspective also. In this instance, the father’s view of breast feeding an older child highlights again the negative societal perception in Ireland and how this can directly affect breast feeding relationships. Overcoming paternal negative attitudes may be resolved by health care professionals to include fathers in the education process in the pre-natal period, to maximise their practical, emotional and physical support, suggests Tohotoa et al (2009).

## **Sources of Information Available to Mothers**

Stolzer (2010) describes health professionals' influence to be a barrier to the initiation and continuation of breast feeding to the new mother. By supplying mothers with samples of formula coupled with a lack of knowledge of WHO and UNICEF guidelines to breast feeding, Stolzer argues (2010) that health workers are not creating an atmosphere of the promotion of breast feeding. Irish maternity hospitals, like this example in the US, are known to routinely offer sample bottles of formula to mothers and babies. Mothers in this study found the engagement of health professionals to be largely unhelpful and sometimes undermining of their breast feeding ability by suggesting formula as a supplement. The mother feeling undermined, was found in Entwistle et al (2009) study to be a barrier to breast feeding mothers. From the health professionals' perspective in the same study, the suggestion of formula as a supplement was to avoid distress of the mother when encountering problems. Considering this, the mothers in this research, talked of health professionals as being over-worked, with very little time for one to one support. The introduction of formula by health workers was suggested by mothers that this may alleviate their work-load, as breast feeding mothers required more support than bottle feeding mothers. Backstrom et al (2010) found that women needed confirmation from midwives that they were breastfeeding properly and emphasised the need to be treated as unique individuals. A feeling of failure was also seen when mothers felt that their situation was not being properly heard by the midwives. Although the mothers in this study did not express any feelings of failure as a result of poor relations with their midwives; they did emphasise trust issues with health supports and advice. Living in an information age, all mothers valued the advantages of the internet as an information source. However, the mothers expressed concerns that the internet was relied upon as a sole source of information as official supports and services were lacking or being delivered incorrectly. In the National Infant Feeding Survey (2008), 73.3% of Irish mothers

chose 'to go it alone' as a result of poor health supports through the breastfeeding process. In the same survey, 13.4% of the breast feeding women considered health professionals as being the main influence for the discontinuation of nursing their child. This perception is mirrored in this study also. Breast feeding their children, the mothers felt generally that health supports were lacking and that the Public Health Nurses and midwives were not equipped with the knowledge and training on breast feeding, leaving mothers to find their own supports from local breastfeeding groups and the internet.

### **Formula Companies: The Relationship between Government, Formula and Hospitals**

One of the unexpected themes to arise from the data was the emphasis on the role of formula companies. Schulze and Carlisle (2008) state that, WHO and UNICEF are focused on promoting breastfeeding worldwide. They require the support of the hospitals, education and policies to engage in this process. However, the hospitals were considered by the mothers in this study to be endorsing formula products rather than the promotion of breastfeeding. This was observed through formula samples being routinely offered to mothers post-birth and formula companies being aligned with studies on research in maternity hospitals. The advertising of formula feeding and the promotion of the image of the bottle feeding mother is said to correlate with lower breast feeding rates (Schulze and Carlisle, 2008). Although advertising of infant formula (birth to six months) is not legal in Europe, the advertising of related products with their company name is (UNICEF, 2012), and according to the participants, this familiarises mothers with brands which are household names. Formula companies are also accused by mothers in this study, of manipulating language and aligning themselves with breast feeding whilst indirectly highlighting the negative aspects of nursing a child. Discussing Ireland as a predominantly bottle-feeding culture, it was suggested by three of the participants that there was a vested interest of the Irish government to actively encourage formula feeding. From this discussion it emerged that Ireland produces 15-16% of

the world's formula, and this is hugely important to its dairy production, sales and as a major export. Highlighting this further was a reference from one of the mothers to a state visit from the Chinese vice-president, in which it was indicated that Ireland's production levels of formula would increase significantly to possibly a fifth of global percentage. Exploring why formula companies have such a strong foothold in hospitals, there may be several reasons why this is so. Perhaps as a result of financial/economic issues discussed earlier is putting a strain on the health services; the mothers in the study alluded to the fact that they considered bottle-feeding less hassle for staff in an over worked atmosphere; and another possible explanation is that hospitals have the money to produce things such as leaflets, booklets and support materials themselves and so are taking whatever help that they can get, even if it means that they are compromising their impartiality or responsibility to the public, therefore, because the government is not providing enough money, the formula companies are filling the gap.

### **Limitations and Recommendations**

This study set out to highlight possible barriers and effective support systems from breast feeding mothers' experiences in Ireland. The literature selected was to gain an in-depth understanding of various factors which contribute to the initiation and continuation of breastfeeding and issues which cause mothers to discontinue prematurely. The design of the study using qualitative methods, set out to collect relevant data from the experiences of five nursing mothers on supports and barriers which exist today in Irish society. This type of analysis encouraged a deeper insight into the topic of breast feeding by allowing mothers to disclose honest and frank accounts of their individual experiences. However, as the sample was small, the research does not claim that the participants used are representative of the Irish breast feeding population and the study does not aim to answer any questions on this topic definitively.

There were several limitations identified by the researcher in this study. The sample of mothers used was accessed through convenience sampling through an Irish parenting website. All of the volunteers were well-educated, middle-class and from the same geographical area of South Dublin. The participants' geographical location and their high education attainments created a bias in the study insofar that experiences could differ greatly depending on social status and location. As a result of these limitations, experiences from mothers from various backgrounds were not taken into consideration within this study. The researcher also felt that the mothers' high level of education affected the study slightly as they had the skills to think objectively to the questions put to them. The participants in this study also had breastfed successfully despite any barriers or lack of supports that they experienced and as a result, the research omits experiences from mothers who had less success at nursing their child, offering instead anecdotal stories from the participants. Also, the researcher had no access to formula feeding mothers, which the researcher felt would have added a beneficial dimension to the study on the subject of breastfeeding.

There are several recommendations for further researcher on this topic. A comparative study which includes formula feeding mothers and mothers who have had non-successful attempts at breastfeeding would provide a broader insight into this subject, producing a more balanced study on the topic. Looking to the findings of this study, several areas arose that highlighted a need for future research. The women in this study showed a significant mistrust for health services and supports as a result of conflicting and misplaced advice. It emerged that some mothers over-use sources such as the internet in place of such official supports. A study into the delivery of Irish health breastfeeding supports would be beneficial to this topic, aiming to highlight problematic areas in the HSE, the Irish health service. For example Backstrom et al, (2010) findings that a holistic approach consisting of various different strategies between the mother and midwife is what is needed, could be examined closer and applied in health

settings. The role of formula companies in Ireland as a deterrent to breast feeding would be both a beneficial and an interesting study, looking into the claims made by the participants in this study, examining the relationship between the role of the Irish government, the Irish maternity hospitals and the formula corporations.

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## APPENDIX I

### Interview Questions:

Q1. Looking back to the birth of your child (children), tell me of your initial experience of feeding your baby.

Q2. Was it a positive or negative experience, and why?

Q3. Explain which problems that you encountered with feeding initially, if any, and how were they resolved?

Q4. What influenced you most when making your decision of which method to infant feed?

Q5. In your opinion, how important is breastfeeding? What are the main benefits?

Q6. "Ireland has a non-breastfeeding culture", this was a statement made by a health authority in an Irish Times article, referring to Ireland's very low breastfeeding rates. What do you think about this statement? Do you agree and why?

Q7. Looking at the breastfeeding rates in Ireland, the Slán report tells us that 42% or one and four women have tried breastfeeding at least one of their children. This compares to a 96%

initiation in a European country like Sweden. What barriers exist in Ireland to make this the case, do you think?

Q8. Breastfeeding can be the opposite of a natural experience. A lot of mothers need a certain amount of guidance and supports. Where did you get your information from on how to breastfeed? Prompt: Which supports were lacking?

Q9. “Dads make a difference”. What support from your partner did you find helpful during the breastfeeding experience? And what supports would you have liked from your partner?

Q10. What is your experience of the promotion of breastfeeding from health care workers?

Q11. And finally... What is your opinion of breastfeeding in public? What is your perception of other people’s opinion when you are breastfeeding in public?

## APPENDIX II

### **Interview Consent Form:**

(All of the participants read and signed a copy of this before each interview)

#### Barriers and Supports: Experiences of Irish Breastfeeding Mothers

My name is Yvonne McWeeney and I am conducting research that explores supports and barriers in relation to breastfeeding in Ireland.

You are invited to take part in this study and participation involves an interview that will take roughly 40 minutes.

Participation is completely voluntary and so you are not obliged to take part. If you do take part and any of the questions do raise difficult feelings, you do not have to answer that question, and/or continue with the interview.

Participation is confidential. If, after the interview has been completed, you wish to have your interview removed from the study this can be accommodated up until the research study is published.

The interview, and all associated documentation, will be securely stored and stored on a password protected computer.

It is important that you understand that by completing and submitting the interview that you are consenting to participate in the study.

Should you require any further information about the research, please contact

Yvonne McWeeney (1180275@mydbs.ie) or Annette Jorgensen (Supervisor)

(annette.jorgensen@dbs.ie)

Thank you for participating in this study.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_