

**‘It’s quite a taboo subject’: An investigation of mother’s experiences of breastfeeding
beyond infancy and the challenges they face**

Abstract

Current recommendations state that women should breastfeed their child up to 2 years and beyond. However, the UK has one of the lowest breastfeeding rates in the world. This could in part be explained by the stigma mothers face when breastfeeding an older child. This research aimed to provide a detailed understanding of what motivates women to continue breastfeeding beyond infancy and the barriers they face to (i) add to existing research literature which has examined this area and (ii) support and normalise this practice. Semi-structured interviews were conducted between April and June 2018 with 24 women who had breastfed at least one child past 12 months. A theory driven thematic analysis identified themes that ran through the interviews centring on the benefits of continued breastfeeding, the stigma mothers faced when breastfeeding past infancy and the challenges of returning to work. The women felt that continued breastfeeding enabled them to play a central role in their child’s health and develop an attachment led parental style but faced social and cultural stigma due to a lack of public awareness of current breastfeeding recommendations. Interventions which raise awareness of breastfeeding beyond infancy are needed to normalise this practice in the UK.

Keywords: Breastfeeding beyond infancy, natural term breastfeeding, child and family health, public health, nursing, qualitative methods

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Introduction

There is a strong consensus that breastfeeding offers numerous health benefits for both mother and infant (Victoria et al., 2016). This knowledge has made breastfeeding a long-standing public health priority (Public Health England PHE, 2018). However, there are stark differences globally in breastfeeding prevalence with high income countries having the shortest duration (Victoria *et al* 2016). The UK is thought to have that fewer than 1% of children exclusively breastfed at six months (McAndrew et al., 2012). This means that most women do not meet recommendations set out by the Department of Health DH (2019) and the World Health Organisation WHO (2019) to breastfeed for two years and beyond. Breastfeeding at this age has previously been described as extended which signifies, that despite it being the biological norm, it is not the cultural norm (Faircloth, 2017). In this study we describe beyond infancy as breastfeeding beyond the age of one year and natural term as breastfeeding sustained until the relationship organically comes to an end.

Research which aims to understand breastfeeding initiation and prevalence has identified factors specific to the woman, such as maternal age, ethnic origin, educational attainment, and socioeconomic status, to identify groups that are in particular need of intervention (Pattison et al., 2019, Dagher et al., 2016, Godbout et al., 2016, Santorelli et al., 2013, Dyson et al., 2010). Further research has explored the support women receive from their partner and wider family (Negin et al., 2016, Rempel et al., 2017). In addition to this, societal issues relating to the sexualisation of breastfeeding (Hurst, 2013) and negative perceptions of breastfeeding in public (Boyer, 2018) have been addressed. This research is valuable, but it is limited in its focus on women who breastfeed a child in infancy.

A small number of studies have examined the experiences of mothers who breastfeed a child over the age of 12 months. Key findings report that these mothers sit outside an

accepted social parameter of breastfeeding (Dowling and Brown, 2013, Dowling and Pontin, 2017, Dowling, 2018) and belong to a stigmatised minority who experience negative comments from strangers and family (Newman and Williamson, 2018). For some mothers this leads to feelings of shame, isolation and the mother questioning if she could continue feeding or if it is right to enjoy feeding her child (Tomori et al., 2016). However, other mothers typically those who are older, married and secure in their career, address stigmatisation surrounding breastfeeding with positive deviance and openly breastfeed an older child in public to challenge negative attitudes (Dana and Dillard, 2015).

The research reviewed so far builds up a complex picture for women who breastfeed beyond infancy. More understanding is needed regarding what enables and motivates a woman to continue to breastfeed despite the barriers. With this knowledge, more can be undertaken to foster and normalise breastfeeding beyond infancy in the wider population. Consequently, this research adopts a qualitative approach to examine the motivations and experiences of British women who breastfeed past infancy. It contributes to the growing body of evidence by examining how the experience is shaped by the wider contexts and relationships it is situated within.

Materials and methods

Design

Given the need to collect rich data relating to personal experience a qualitative approach was adopted (Willig, 2013). More specifically, use of semi-structured interviews enabled the participants to address issues of importance to them (Smith, 2015).

Participants

The twenty-four mothers (aged between 27-39 years) who participated in the study were recruited from advertisement in online breastfeeding groups. As detailed in table one the

study required participants to be aged 18 or over, be currently breastfeeding and have experience of breastfeeding at least one child over the age of 12 months. The majority of the participants had demographics similar to those studies with report that white British mothers with a higher maternal age and level of education who are more likely to breastfeed for longer (Pattison et al., 2019). Two mothers were tandem feeding at the time of interview.

Age (average years)	35.5
Ethnic group: <i>n</i> (%)	
White British	23 (92)
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Educational Level: <i>n</i> (%)	
GCSE	1 (4)
College	4 (17)
Undergraduate degree	14 (58)
Postgraduate degree	5 (21)
No. of children (%)	
one	8 (33)
two	12 (50)
three	4 (17)
Average duration of breastfeeding (months)	
1 st child	20
2 nd child	16
3 rd child	4

Table one: Participant information

Procedure

The research was approved by the University's ethics committee. Each mother was given an information sheet which outlined key details about what participation involved, how their data would be stored and how to withdraw. Women who were happy to participate signed a consent form before taking part. The semi-structured interview was designed to explore the experiences the breastfeeding women specifically as their child grew beyond infancy. The interview schedule included prompts to illicit women's experiences of their practice and responses from partners, wider family, friends, healthcare professionals and their wider community which acted as motivations or barriers.

All interviews were facilitated by the first author, took place between April and June 2018 and lasted between 27 and 52 minutes. The majority were conducted face to face, on university premises or in the mother's home. Five interviews were conducted on the telephone. All women were given the option to bring their child to the interview, however, nine participants were interviewed alone. Each interview was transcribed verbatim and data collection stopped when no new narratives emerged from the interviews as it was deemed that the point of data saturation had been reached (Fusch & Ness, 2015).

Data analysis

The transcribed interviews were collated to form a data corpus which was analysed using a theory driven, realist thematic analysis (Braun & Clarke, 2006). This analytic approach was selected because it enabled a focused reading of the data with identified patterned responses relating to the specific research focus (Boyatzis, 1998). Both authors independently identified themes using the six stages of thematic analysis outlined by Braun and Clarke (2006). The analytic process was informed by a theoretical approach which involved reading the data corpus with a specific focus on understanding the transitions that the women experienced on their breastfeeding journey and the roles that relationships with family, friends and health professionals shaped these transitions. NVivo was used to collate extracts from the interviews into codes relating to these areas of interest, establish the validity of the codes and group codes into themes. Consequently, the themes captured the full range of experiences, relevant to the research aim, shared by the women. The authors met to discuss the themes identified, and it was noted that they were largely in agreement. This gave confidence in the thematic structure and extracts which best represented themes were selected for analysis using a realist framework. This approach was chosen because assumes that language reflects meaning (Braun and Clarke, 2006) and it therefore focused analytic attention on the women's experiences.

Results

Analysis focuses on exploring the experiences of mothers who breastfeed past infancy, its main importance to them and the barriers they encountered. The role of healthcare providers and alternative services were also identified as significant issues. These are addressed elsewhere (Authors, 2019; Authors, 2020)

Importance of Breastfeeding beyond Infancy

Although the mothers recognised that breastfeeding was a preferred natural choice in pregnancy they did not consciously choose to breastfeed beyond infancy. At the start of their breastfeeding journey the mothers overcame many challenges to initiate breastfeeding and as their child grew their breastfeeding practices intertwined with their family life.

The mothers spoke passionately about breastfeeding beyond infancy. It was clear that the mothers were well educated about the health benefits of breastfeeding.

It's his milk, it's there for him and my body's still producing it for him, he's still entitled to have it, in my opinion. The fact that I know it's still full of goodness, it's still got those vitamins and the fact that my children have never needed antibiotics for anything.
(Laura)

There was a strong sense that children had a *right* to breastmilk and the fact that breastmilk continued to be produced was used to present breastfeeding beyond infancy as a natural thing to do. Furthermore, breastfed children were presented as being physically stronger and more resilient to disease. This was a common view expressed in the interviews as the mothers compared their children to non-breastfed children to highlight the health benefits that they were passing on. This was a source of great pride for the mothers.

It was a sense of achievement, yeah definitely and you could see her thriving.
(Catherine)

Breastfeeding beyond infancy enabled the mothers to feel as though they were playing a central role in offering enhanced levels of protection to their child(ren). Consequently, this was viewed as an essential part of fulfilling their role as mother. For the mothers interviewed breastfeeding also played a central role in allowing a close bond to be maintained with their child(ren) once maternity leave had finished. Typically, the move back to work was difficult with many of the mothers missing their child(ren). However, breastfeeding offered a central form of support during this time.

It's been really nice with both because I have gone back to work after maternity leave both times although things have got a little complicated recently and it has been a really wonderful way of reconnecting and resting. (Amy)

Breastfeeding gave Amy and her child(ren) a much-needed space to reconnect emotionally and physically during a complicated transition back to work and offered a protected time which positively impacted upon well-being. This was developed further as the role breastfeeding had in nurturing emotional development was explored by the mothers.

The main purpose now is a comfort thing and I think that that is really important and for their emotional development more than meeting their nutritional needs. (Gina)

Gina highlights a significant transition made during her breastfeeding journey as emphasis shifts from nutrition towards *emotional development* and *comfort*. Indeed, the mothers presented breastfeeding as vital in meeting the wider needs of their child(ren).

Just that extra liquid love, isn't it, that you've given them and you know that if nothing else my children I know I can offer them my breast and they will instantly calm down. (Laura)

For Laura breastfeeding is a powerful way to show *love* and an integral part of her parental style. It provides a convenient and loving way to support her child(ren) though

troubling emotions by quickly re-establishing a positive emotional state. Hazel expanded on this when discussing the role that breastfeeding plays in the bedtime routine.

I think it really helps her to settle in the night, at bedtime, which helps everybody in the house, sort of have a peaceful evening. (Hazel)

Typically, bedtime presents challenges to parents and can result in a fraught atmosphere which places the family under strain. Breastfeeding is presented as a way to tackle this and create a *peaceful* environment which promotes harmony within the family.

This theme has explored what is important about breastfeeding beyond infancy for these mothers. The next section explores the challenges that mothers faced when continuing breastfeeding.

Stigma surrounding breastfeeding beyond infancy

There was a strong consensus that breastfeeding beyond infancy was not socially acceptable and the mothers encountered a range of challenging situations. Breastfeeding an older child in public was spoken about in terms of judgement being passed, often from strangers. In some cases, there was a sense of implied judgement captured in *glances* from others.

It's the glances, it's the looks and I think that, I am not a person who is bothered about stuff really but for someone who is then they start going 'oh god am I a freak doing this?' (Jessica)

Although disapproving looks from others did not present a direct challenge to the mother, they created a sense of vulnerability which needed to be met with resilience. In some instances, the mothers were subjected to more intrusive judgment in the form of public ridicule.

I did sit in the doctor surgery a few weeks ago and noticed a couple next to me kind of pointing and laughing and whispering (Amy)

When discussing these negative reactions, the mothers made close links to public expectations that breastfeeding was only for babies.

Nobody bats an eyelid, then you get over the six months up to the year and people start to say 'oh, you know, when you are going to start weaning them?' and everyone has an opinion. (Sharon)

Sharon's suggestion that *everyone has an opinion* illustrates that a range of people are willing to express their view on breastfeeding and directly challenge the mother. For some mothers this unwanted attention led to a reluctance to feed in public.

I needed to feed her cos I could feel it and people because I had this sort of dress on that wasn't breast, I had to kind of go into a room and feed her and I know people knew I was feeding her and then I felt a bit awkward. (Jessica)

A sense of public disapproval directly informed Jessica's decision to feed her daughter in a private room. However, it did not prevent feelings of shame as a sense of judgement is still present.

Disapproval from family

The mothers initially emphasized the supportive role their partners and wider family provided in the early days of breastfeeding. However, as the child grew so too did the negative attitudes expressed towards their breastfeeding. Many mothers spoke about feeling awkward when they visited family, and this often resulted in them feeding out of view. The mothers also reported that a comedy show was often used to make a joke out of their breastfeeding.

My younger sister occasionally takes the piss out of me and will say things like the “bitty remark” from Little Britain which is derogatory and I have had to explain to her why is derogatory. (Gail)

Gail recounts a time when her sister attempted to belittle her with reference to a well-known comedy sketch. However, Gail had the confidence to meet this challenge head on and refused to be ridiculed. Some mothers also faced challenges from their husbands. There seemed to be a point at which husbands started to resent breastfeeding because it impacted upon their social life and limited opportunities to go out. There was also evidence that some husbands viewed breastfeeding beyond infancy as being *weird*.

It’s still positive at the moment. I do feel like if I carry on that much longer, in his eyes it’s going to start getting a bit weird. We were talking about natural term feeding the other day, and I said for the average age that a child self-weans is between 4 and 7 and he was like, ‘well you can’t be feeding a 7 year old, that’s just ridiculous.’ (Laura)

Laura describes reaching a crossroads in her breastfeeding journey due to her husband’s restricted support. Non-acceptance of *natural term feeding* creates a situation where Laura will need to start weaning, even though she does not want to, or lose the support of her husband which could place strain on their relationship. This type of pressure presents a very specific issue. To a certain extent it is easier to challenge strangers or even close family members about their views on breastfeeding. However, Laura’s husband co-parents their child and so a lack of support from him is harder to dismiss. This supports previous research which has also highlighted gender differences in their attitudes towards breastfeeding beyond infancy and strengthens the recommendation for breastfeeding interventions to include fathers/partners (Hounscome and Dowling 2018, Abbass-Dick *et al* 2019).

The challenge of returning to work

Despite being well informed of their rights the women found it difficult to ask for the time needed to express in the workplace, especially in male dominated environments.

Yes, it's quite a taboo subject, you know, when I first went back, I was ... there was a complete change of role and I'm having to speak to male staff, just to say "Look, can I just go to my room and express please?" There was sort of a tut and a general air of "Oh ..." (Dianne)

The women also spoke about a lack of facilities for expressing in the workplace with many being asked to express in toilets. Within the interviews there was one case of an employer making a real effort to support the mother. However, there was still a lack of understanding about the appropriate levels of privacy and comfort needed.

They said, oh you can use the Director's office and, bless the secretary, every day when I went in, she used to get paper and stick it over the window and I'd sit there and it was literally, I used to get a drip, I was, 'cos I was so stressed that somebody was going to walk in, I was just like, can you imagine if he comes back to his office (Mary)

Stress caused by the male gaze was central to limiting the mother's ability to express whilst at work. This indicates that the sexualisation of breasts presented a major obstacle for the women.

Discussion

The analysis has raised several issues that women faced when breastfeeding beyond infancy. Although the findings from this small-scale study cannot be generalised insights from the analysis can be used to help support the practice of breastfeeding beyond infancy.

First, the analysis highlighted the need to raise awareness of the role that breastfeeding plays for parents of toddlers. During the initiation of breastfeeding the women were well informed about the health benefits to both mother and child. This informed their choice to start breastfeeding and encouraged them to continue as they saw their child(ren) thrive. As breastfeeding continued its function changed from initially only providing nutrients, antibodies and calories to being used as a tool to manage typical toddler behaviours in a loving way. Breastfeeding became a central part of the mother's parental style and a way of maintaining a strong, loving connection with their child(ren). The importance of attachment for child development has long been theorised (Bowlby, 1997) and recent research has shown strong, secure attachments build brain development for social, cognitive and emotional functioning (Leblanc et al., 2017). In a country where there is an increase in child and adult mental health difficulties this cannot be ignored.

The analysis also highlighted the importance that education had in empowering women to face challenges to their practice. Significantly, this judgement was informed by wider cultural expectations surrounding the 'need' to wean at 6 months. This a lack of wider understanding of the current recommendations of breastfeeding beyond 2 years resulted in increased stigma for women who breastfeed beyond infancy as the practice was viewed as socially unacceptable. This view was particularly relevant for husbands and family members as it put a time limit on the support they offered the mothers. These findings offer further support for arguments presented by Newman and Williamson (2018), Dowling and Brown (2013), Dowling and Pontin (2017) and Dowling (2018) and extend this body of research by highlighting the importance education has for empowering women. Being well informed and having a strong belief in themselves enabled the mothers to face judgement with resilience and

challenge derogatory comments with confidence. This went some way in protecting the women from the feelings of isolation and self-doubt reported by Tomori et al. (2016).

Finally, the analysis further builds upon Newman and Williamson's (2018) findings by exploring the role that sexualisation of breasts has when women return to work. The male gaze presented a significant obstacle for women who wanted to express milk in their workplace. Additionally, returning to work within the first six months has been shown to be a barrier to the continuation of breastfeeding in other studies (Chuang *et al* 2010, Smith *et al* 2017, Snyder *et al* 2018). Tsai (2013) highlighted, that employers can have a positive impact on continued breastfeeding when they provide the support to do so. This indicates that more awareness is needed of the needs of mothers who return to work, specifically in relation to the 2010 Equality Act (Government Equalities Office, 2013). A woman's breastfeeding needs to be considered as part of a return-to-work plan, offered by company human resource departments or occupational therapy.

Recommendations

Although it is beyond the scope of this study to propose specific interventions designed to empower women in their breastfeeding choices there are several points which could be further explored in relation to bringing about change.

Education was central to the women's positive and negative experiences. The findings suggested that the wealth of information provided to parents during the antenatal and postnatal period which promotes the initiation of breastfeeding (PHE, 2018) could benefit from including the benefits of feeding into toddlerhood. Such information could help raise awareness of this practice and provide women with the information required to make informed choices. This

information could also help give women the confidence required to demonstrate resilience in the face of judgement from others.

At a societal level social media also provides a powerful way of changing public perceptions (Dana and Dillard, 2015). Education about breastfeeding recommendations and positive representations of women breastfeeding through these channels could help prevent judgement from being passed. It would also enable movement away from women displaying *positive deviance* by posting images of themselves feeding towards normalisation. Social media can also be a place of continued support for women who breastfeed beyond infancy. Online breastfeeding support groups offer a supportive space to openly discuss and support the transition to feeding beyond infancy and provide additional educational material (Authors, 2020). As argued by Newman and Williamson (2018) women benefit from hearing directly from other women who have fed past infancy. Furthermore, support in a virtual environment enables women to connect to and access support at any time that need it (Authors, 2020).

Conclusions

The in-depth insights provided in this study illustrated the importance of education to empower women to make informed choices and address stigma surrounding breastfeeding beyond infancy. Whilst a qualitative methodology enabled these insights to be shared the required narrow demographic limits generalisability. More research is needed to explore the experiences of women who are considered less confident in their breastfeeding choices such as younger mothers and mothers from low SES groups. Further research is also required to develop and evaluate interventions designed to support women in their breastfeeding choices.

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Conflict of interest

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Appendix

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