

## RESPONSES TO THE CONSULTATION ON THE CHILD HEALTH AND BREASTFEEDING (SCOTLAND) BILL

MURRAY EARLE AND KATHLEEN ROBSON

The [Child Health and Breastfeeding \(Scotland\) Bill](#), sponsored by Elaine Smith MSP, was lodged on 19 June 2003. This Briefing contains a summary and analysis of the responses received to the consultation on Breastfeeding (Scotland) Bill. The Bill [proposes](#) *to promote child health by making it an offence to prevent a child, who is permitted to be in a public place or licensed premises from being fed milk in that place or on those premises, and to impose certain duties on Scottish Ministers to encourage, support and promote breastfeeding.* The consultation on the Bill ran from 19 August to 20 September 2002. The Bill itself was introduced on 16 December 2003.

This analysis was completed on 13 March 2003. The main body of the Report sets out the questions asked and analyses the answers given, while the annexes to the report set out the responses broken down by those responding. Although the analysis was done by SPICe researchers, the questions were compiled by the Bill sponsor.

The [Bill](#) as introduced, as well as the [Financial Memorandum](#) and [Policy Memorandum](#) are available on the Scottish parliament web site.

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# REPORT ON ALL RESPONSES TO THE PROPOSED BREASTFEEDING (SCOTLAND) BILL

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## RESPONSES AND ANALYSIS

The total number of responses received to the consultation was 189. Although numerically, individual responses made up more than half of this number, it is important to bear in mind that Health Board responses, for example, represent collective views. The same is true of Trade Unions, Associations and Local Authorities. The numbers can be broken down as follows:

**Table 1: Number and Classification of Respondents to the Consultation**

Respondent	Number
Health Boards / Authorities	24
Local Authorities	12
Trade Unions, Associations & Organisations	23
Elected Representatives <sup>1</sup>	4
Individual Responses	126

These groupings have been retained and separate analyses carried out for each, these can be found in Annexes A through E. A list of all those who were consulted can be found in Annex F and a list of all those who responded can be found in Annex G.

Some responses included answers to the questions put in the consultation, while others did not. Fewer than half of those responding to the consultation (43%) answered the survey questions directly. A proportion of these came from Health Authorities, Local Authorities and Elected Representatives. However, as they generally contained information that indirectly answered the questions in the consultation, their answers were incorporated into the analysis of questions 5-8, although it was not possible to reflect the opinions in questions 1-4 and 9-10 as these required yes/no answers

The largest proportion of unstructured responses came from members of the public, Trade Unions and other associations. Unlike the structured questions of the consultation, these responses were more likely to address the question of whether or not the bill was desirable. It was therefore felt that it would be useful to analyse these separately, outlining the common themes that emerged in support of and against the bill. This analysis can be found on Page 9.

The questionnaire did not ask outright whether the respondent agreed with the bill or not. Where possible, this was inferred from answers to the questionnaire in general and any additional comments provided. Unstructured responses were much more unequivocal in this respect.

To summarise, 126 (67%<sup>3</sup>) responses exhibited support for the principle of the proposed bill while 19 (10%) expressed comments against it. The remaining responses (n= 44, 23%) did not make their opinion clear. If those who did not express their opinion are excluded from the analysis this reveals support of 87% and opposition of 13%.

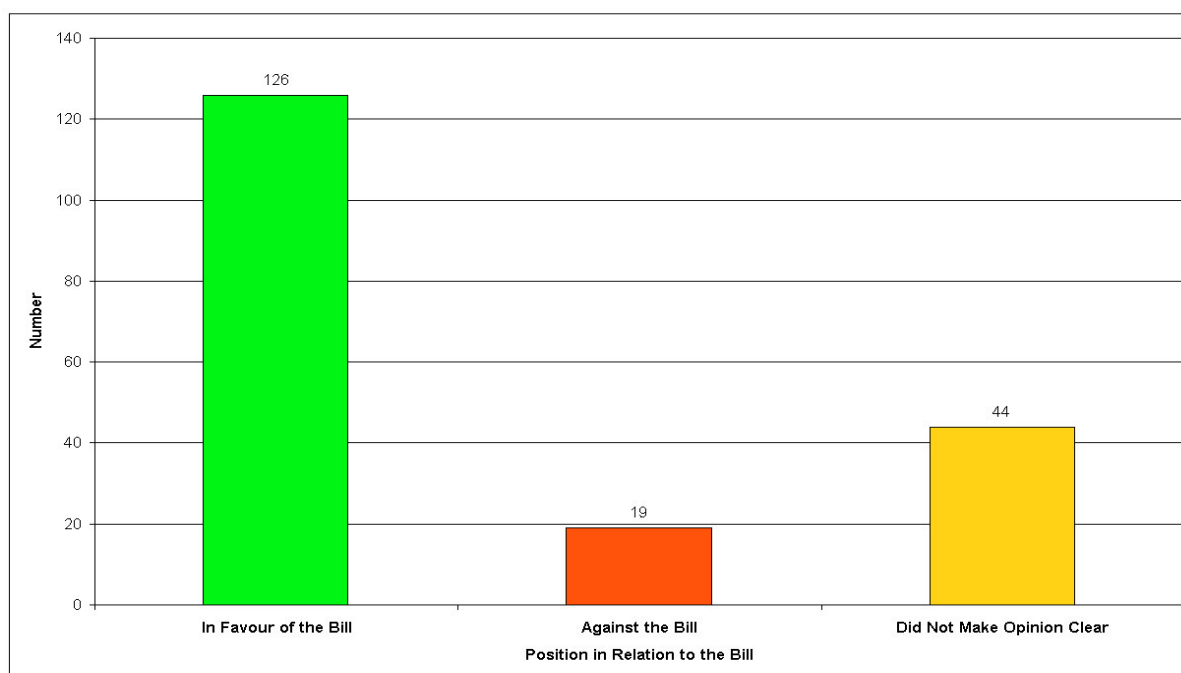
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<sup>1</sup> One MEP, one MSP, and two councillors.

<sup>2</sup> Including members of support groups in Wishaw & Shotts.

<sup>3</sup> Please note that throughout the report percentages have been rounded to the nearest whole number and therefore may not always add up to 100%

**Figure 1: Analysis of Support For/Against the Bill**



## **ANALYSIS OF QUESTIONS FROM STRUCTURED RESPONSES**

Broken down according to the questions in the consultation, the following analysis of structured questionnaire responses outlines overall support, the number in favour or against a proposition and, where given, reasons for the answers.

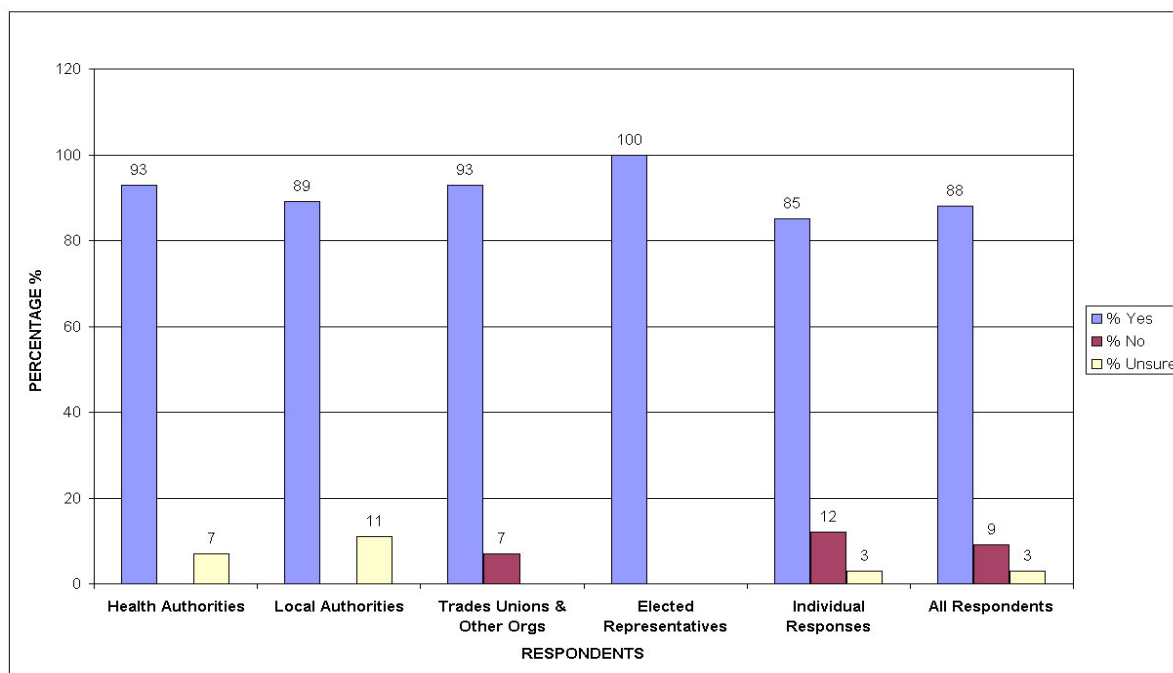
*Question 1: Do you believe that it is a child's right to be breastfed by his/her mother?*

Overall, respondents agreed overwhelmingly (88%) that a child has the right to be breastfed. However, this statistic should be viewed with caution, because it conflates the responses of organisations representing many people, with those of individuals. For this reason, results have been broken down in this analysis, and provided separately in the annexes to this report.

93% of Health Authorities (n=15) and 89% of Local Authorities (n=8) answering the question believed it to be the child's right to be breastfed. Disagreement was registered from the point of view of balancing this right against the mother's right. Indeed, even among those agreeing that it is the child's right to be breastfed, one fifth of Health Authorities (n=3) drew attention to this balancing of rights.

A similar position was taken by Local Authorities, with 93% agreeing (n=14), and disagreement expressed by the rest in terms of the mother's right to choose. Among individuals responding, 85% (n=51) agreed that it is the child's right to be breastfed. Of those who disagreed, the reason given was that this would impose a duty on mothers who already face enough pressure, and therefore women should be allowed to choose. Again, despite agreeing that it was a child's right, this point was reiterated by many of those who answered 'yes'.

**Figure 2: Do you believe that it is a child's right to be breastfed by his/her mother?**



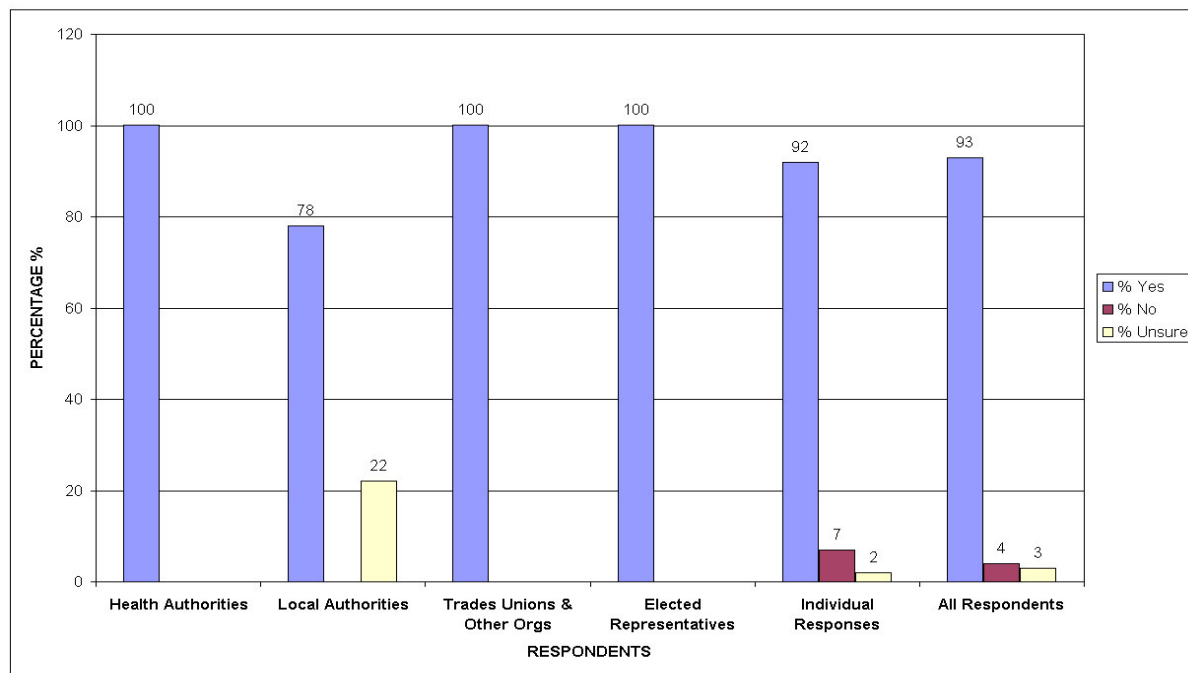
*Question 2: Do you think it is acceptable to breastfeed in public?*

Most respondents (92%) believed it is acceptable to breastfeed in public. All Health Boards (n=15) answering the question believed that it is acceptable, as did 78% of Local Authorities (n=7) and all of the Trade Unions and Associations (n=15) who responded. 92% (n=55) of individuals believed that it is acceptable, while 7% (n=4) disagreed and 2% (n=1) remained unsure. Among individuals who disagreed no reasons were given as to why it is in their view unacceptable.

Substantiating comments in favour of public breastfeeding included that it is one of the most natural functions in the world, that eating in public is itself acceptable and that breastfeeding is a skill best learned by observing others. In addition, it was argued by some that if mothers and babies are allowed in a place, then it should follow that they should be allowed to administer care to their children and be afforded the same courtesy as bottle feeding mothers. Some also added a proviso that it was acceptable only if done discreetly, while others countered that most women are very discreet anyway.

Reasons given by those who were uncertain were that it is not actually acceptable at present, but the hope was expressed that this position would change and that it should be up to individual choice.

**Figure 3: Do you think it is acceptable to breastfeed in public?**

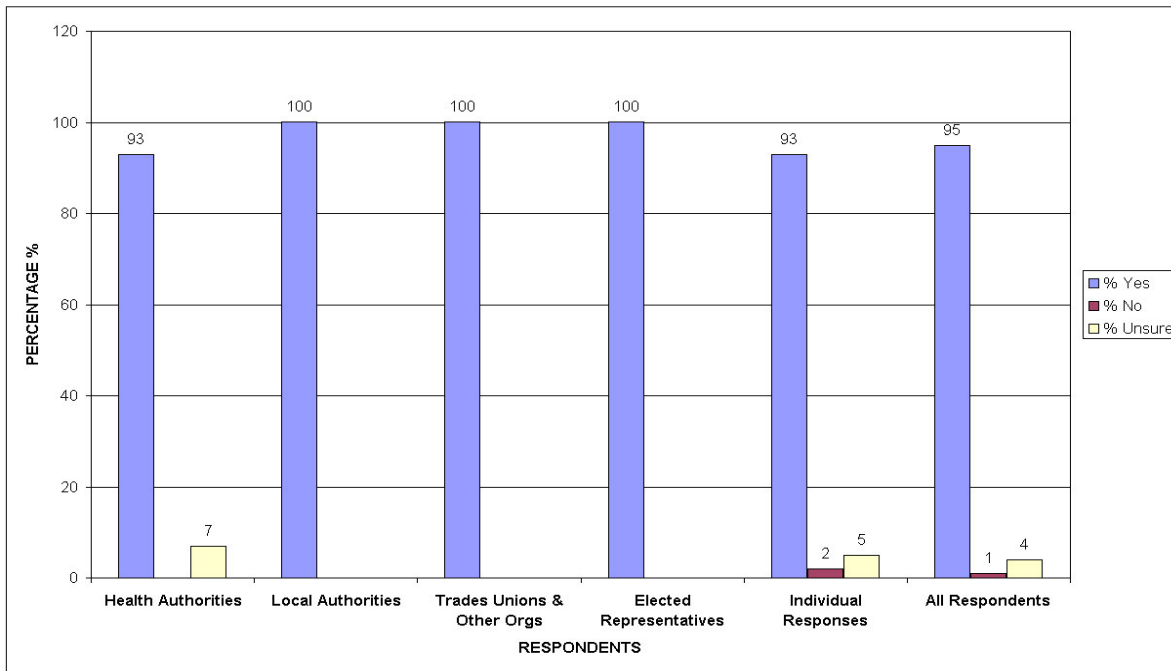


*Question 3: Do you think it is acceptable to bottle feed in public?*

An overwhelming majority of those who responded felt it acceptable to bottle feed in public, with some respondents undecided on the ground that bottle feeding should not be promoted as the norm.

93% (n=14) of Health Boards agreed that public bottle-feeding is acceptable as did all Local Authorities (n=8) and Trade Unions and Associations answering the question. Among individuals, 93% (n=56) agreed that it was acceptable to bottle feed children in public, although some of those who answered 'yes' also tempered their answer with comments that it creates a social norm. The one member of the public disagreeing that it is acceptable gave no reason for their position. Three people were unsure, also proffering comments that it increases the acceptability of bottle-feeding and makes it the social norm.

**Figure 4: Do you think it is acceptable to bottle feed in public?**

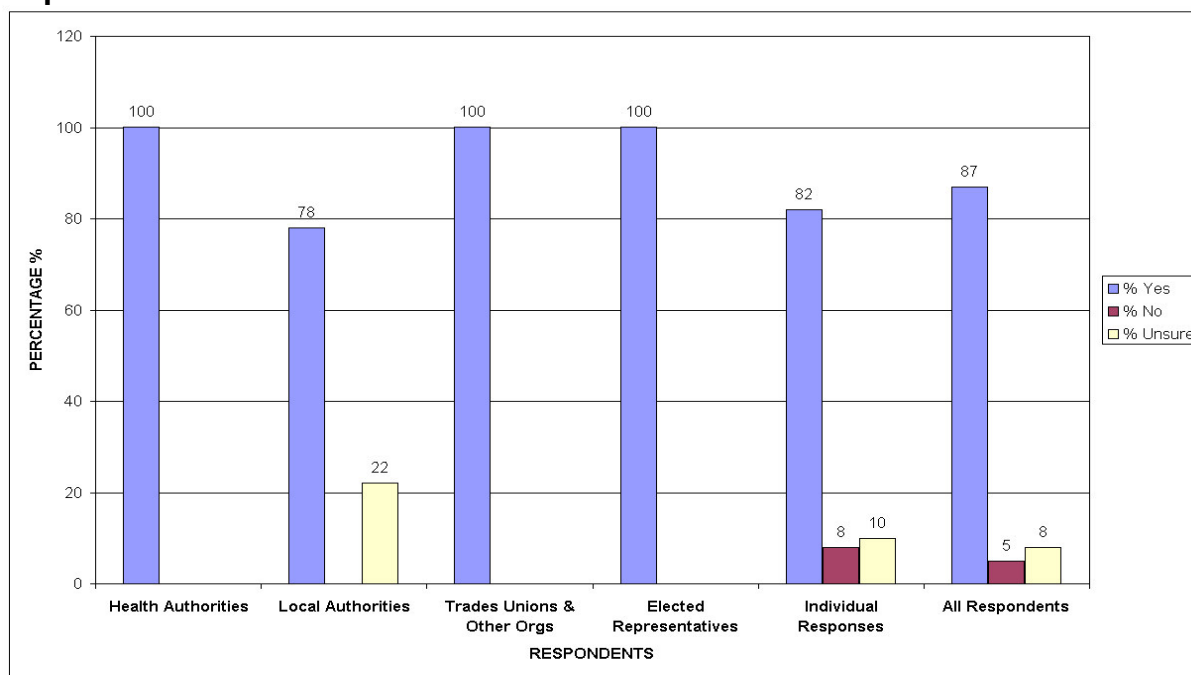


*Question 4: Should children have a right to be breastfed whenever and wherever it is required?*

Most respondents agreed that children should have the right to be breastfed whenever and wherever required, mostly on the basis that breast milk is produced on a supply and demand basis. While all Health Authorities and Trade Unions & Associations agreed with the proposition, 78% (n=7) of Local Authorities were in agreement. The remaining Local Authorities (n=2) were uncertain on the ground that respondents surveyed came out 70% in favour and 30% against the proposition. Affirmative responses were tempered to varying degrees: it is a question of balance between maternal and child needs and that mothers have a responsibility to ensure it is done in a safe and comfortable environment - indeed that issues of hygiene, safety & cultural norms should be taken into account and that it is not always practical.

Among individuals, 82% (n=49) of respondents agreed that children should have the right to be breastfed whenever and wherever required. Reasons given were the supply and demand argument already cited. Again, affirmative answers were tempered with provisos based on safety and cleanliness. Among those disagreeing, arguments advanced included that mothers should plan to be at home at regular feeding times. 6 people did not answer the question directly or were unsure, with one stating that some places should be exempt in order to protect their premises (e.g. libraries and PC labs) but that wherever bottle-feeding is allowed, breastfeeding should be too.

**Figure 5: Should children have a right to be breastfed whenever and wherever it is required?**



*Question 5. Why do you think some people see breastfeeding in public as such a problem?*

One of the main themes to emerge in response to this question was that society views breasts in a primarily sexual way. Many felt that people have difficulty separating their sexual function from their nourishing function and as a result breast-feeding in public may be seen by some as exhibitionist behaviour. This association leads to embarrassment for either those looking on or for the mother herself who may be uncomfortable exposing normally private parts of her body. Primarily for this reason, respondents believed that many people see it as an act that should take place in private. This idea was borne out by some of the responses received from members of the general public, for example:

*“One thing that distinguishes people from animals is that human beings think natural functions should be carried out in private. What comes next? Sexual intercourse in public?” (Individual Respondent, Edinburgh)*

One other frequently cited reason for the belief that breastfeeding should not take place in public is that many people liken breast milk with other ‘excretory’ bodily fluids as opposed to a food source for infants. Again this theory was substantiated by some of the responses from members of the general public who likened it to defecating or urinating in public and therefore thought that it would put them off their food:

*“Who wants to go to a pub for lunch or a restaurant for a meal and be confronted with a baby being breastfed. A total put off.” (Individual Respondent, Stirling)*

Because of the above two perceptions, it was felt that breastfeeding has been, and still is, regarded as something that should not be conducted in public. A few people mentioned that because in the past, breastfeeding was relegated to behind closed doors, a ‘Catch 22’ situation has arisen whereby people are not used to seeing breastfeeding in public and therefore perceive it is an intimate act, and consequently they believe it should remain behind closed doors.

Some people also felt that such attitudes are supported by a continued belief that babies do not need to be fed on demand and therefore feeds can be timed to coincide with the times when the mother is at home. As a result, breastfeeding in public is seen as unnecessary:

*“Babies only require to be fed 3 or 4 hourly so this can be done at home” (Individual Respondent, Renfrew)*

Some people also thought that seeing other women breastfeeding may raise uncomfortable issues for women who could not do so, or had a bad experience of breastfeeding their own children.

In addition, a large number of respondents also thought that problems with breastfeeding in public are reinforced by the perception that bottle-feeding is the norm; this is seen to be reinforced by images of bottles littered throughout society e.g. greetings cards, baby facilities. This is also felt as being compounded by a general ignorance in society of the benefits of breastfeeding to both mother and child.

*Question 6. What action would you suggest to effect a change in public attitudes to breastfeeding?*

#### *Challenging the Bottle-feeding Norm*

Most of the suggestions given related to challenging the societal norm of bottle-feeding and encouraging a breast-feeding culture. Many people mentioned the role of the media, with suggestions including public education campaigns on the benefits of breastfeeding as well as the drawbacks of formula milk. In a similar vein others wanted a more positive portrayal of breastfeeding in the media, especially in soap operas, as it was felt that most characters are seen bottle-feeding while breast-feeding is portrayed as problematic and extraordinary. Other suggestions included educating school children that breast-feeding is a normal part of family life and including the topic on the school curriculum. Some people also suggested that purely by having more women breast-feeding in public would make it become more acceptable.

#### *Legislation, Codes and Resolutions*

Many of the respondents suggested that enactment of the proposed bill would help to effect a change in public attitudes as it would send out a strong message that it is a desirable thing to do and acceptable in public. Other respondents mentioned the implementation of various international declarations or initiatives such as the Innocenti Declaration of 1990 and the UNICEF/WHO Baby Friendly Initiative. Also, some people mentioned fuller implementation of the International Code of Marketing of Breastmilk Substitutes, which would require a tightening of the law in relation to the advertising and promotion of formula milk.

Other forms of legislation mentioned related to strengthening the rights of employees, specifically, longer paid maternity leave and a requirement for employers to provide appropriate facilities for breastfeeding mothers to express and store milk while at work. Finally, some people suggested that there should be a statutory requirement for restaurants to provide proper [private] facilities.

#### *Health Service Activity*

One other theme to emerge from responses related to the activity of the National Health Service and health professionals. Specific mention was made by some regarding the training of health professionals and their ability to support breastfeeding mothers. Some people wanted improved training of all health professionals likely to come into contact with young families and nursing mothers, and improved links between midwives and health visitors. Continuing from this, suggestions also included extending training and education to fathers and extended family to enable them to be more supportive of breastfeeding mums.

Finally, it was also suggested that formula milk be removed from sale at GP practices and Health Centres. Many pointed out the inequity of giving free formula milk to women on low incomes but nothing for those who breastfeed (e.g. tokens for fruit and vegetables) and asked for changes to the benefits system.

One person thought that no change was needed.

*Question 7. Can you identify barriers which deter mothers from breastfeeding their babies from birth?*

Barriers identified could broadly be divided into internal personal influences and external/societal influences, although it should be noted that the two are not mutually exclusive.

#### *Personal Influences*

These factors related mainly to physical and practical barriers such as pain, mastitis, not being equipped with the correct skills, exhaustion, post-natal depression, the child not taking to it, and other commitments that make bottle-feeding more convenient, such as caring for older children or having to return to work soon after giving birth. Other reasons given related to the beliefs, knowledge and feelings of the mother. Primarily, uncertainty as to whether she can produce enough milk, lack of education and ignorance of the benefits of breast feeding, the belief that formula milk is as good as breastmilk, and either a bad experience, or no previous experience of breastfeeding. Many also mentioned embarrassment as a deterrent, which relates back to the sexualisation of breasts and women not wanting to attract such attention.

#### *External/Societal Influences*

Many factors related to the mother's relationship with other people, including partners, extended family, health professionals and society at large. The most commonly believed barrier was a general lack of support from all of the above people, for example a lack of emotional and practical support from partners and family who may want to share in the feeding duties and so pressurise the mother to use a bottle.

Similarly, it was felt that many mothers fear, or experience, negative reactions and attitudes from family and society (hostility, intolerance, embarrassment, verbal abuse, harassment) which thus makes breastfeeding an impractical and uncomfortable thing to do, both at home and in public.

Some also felt that support from health professionals could be improved - especially in the early days when feeding routines are being established and problems may arise. Others mentioned the general influence of bottle-feeding being seen as the societal norm and the influence of the media on perceptions of bottle and breast-feeding.

*Question 8. What barriers would you identify to explain the drop-off rates at 6 weeks old?*

Many of the answers given to this question were the same as those given for question 7. Namely, a lack of support from partners, family, health professionals and the public. It was suggested that fathers and extended family, eager to play their part, may encourage mothers to switch to bottles claiming that she has 'done enough'. Lack of support from professionals was thought to be in the form of insufficient advice on technique and/or breast care due to a lack of resources and a shortage of midwives.

It was also thought that around this time mothers may be beginning to go out and about more and therefore they begin to experience the difficulties of feeding in public and the attitudes and

reactions of society. A few people mentioned that some mothers might perceive breastfeeding as something that is only carried out with small babies and not those that are a few months old.

Many also mentioned that by this time women might be unable or no longer willing to make the commitment breast-feeding requires. This could be due to a number of factors such as general exhaustion (from babies’ erratic sleeping habits and time-consuming nature of breastfeeding), having to care for other children or having to return to work in a place that does not cater for breastfeeding mums. Essentially it was felt that bottle-feeding may eventually become more convenient as a woman integrates back into normal adult life. Others had a more negative view of these reasons stating that the rates drop because women are “too lazy”.

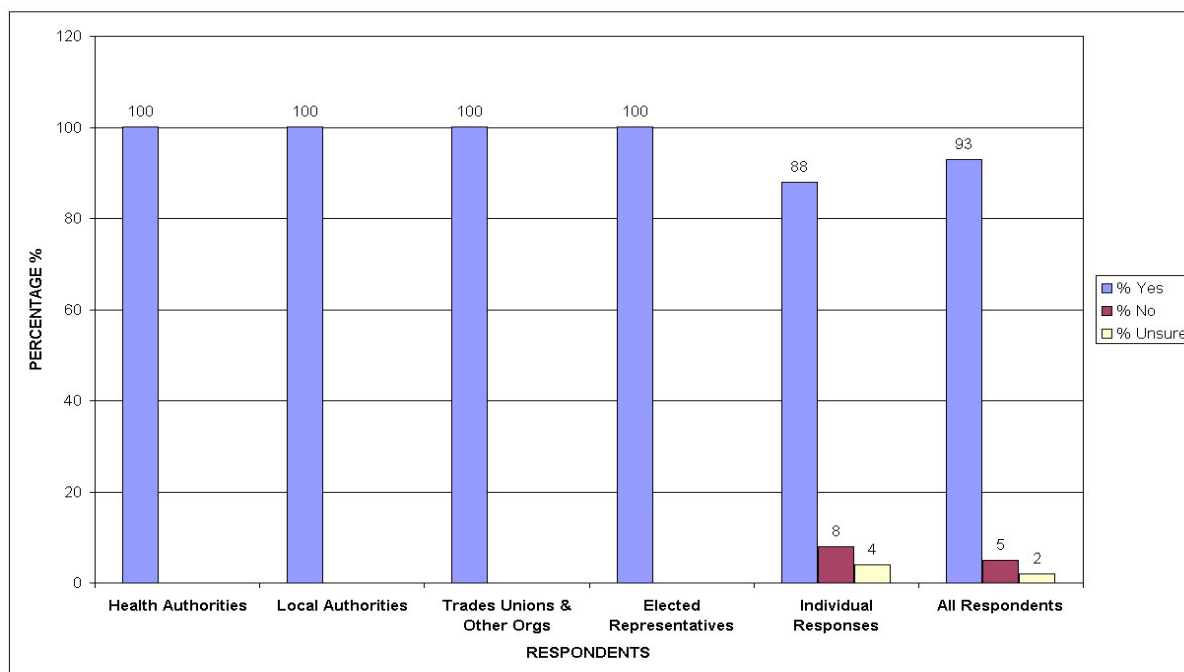
Other reasons given pertained to specific problems surrounding breastfeeding such as pain, mastitis, cracked nipples, difficulty in getting established, not producing enough milk and again, general fatigue and exhaustion.

*Question 9: Do you believe that society has a duty to support and encourage breastfeeding mothers?*

There was overwhelming support for this duty from all organisations and Boards responding. Reasons given included the argument that society is responsible for destroying the norm of breastfeeding and that breastfeeding is proven to be the best start in life, from a health point of view as well as from an environmental and economic angle. Therefore society has a duty to support breastfeeding mothers. Among individuals, 88% (n=53) of respondents believe that society does have a duty to support and encourage breastfeeding mothers. Those disagreeing believed instead that it is the family’s duty as opposed to society’s. Of those who agreed, similar reasons were given to those cited above.

Some respondents, however, felt that a criminal sanction may lead to further stigmatisation of breastfeeding mothers.

**Figure 6: Do you believe that society has a duty to support and encourage breastfeeding**



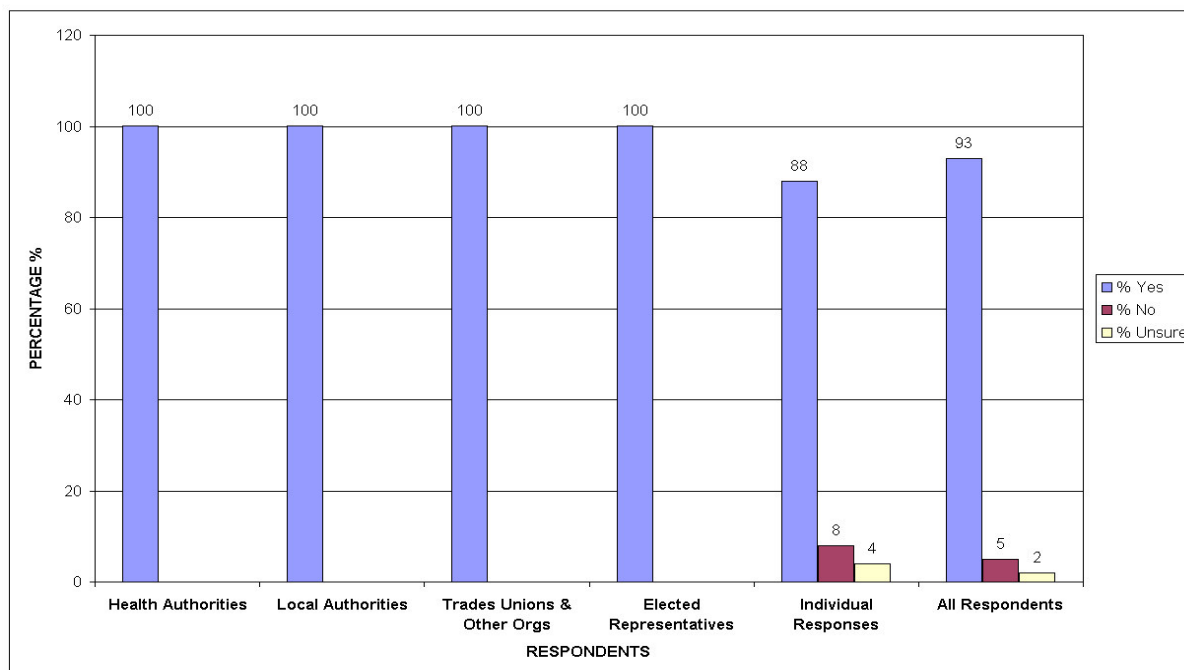
mothers?

*Question 10: Do you believe society has a duty to children to support and encourage breastfeeding?*

Again, there was overwhelming support for the societal duty to children to support and encourage breastfeeding. This came from all Health Boards, Local Authorities and Trade Unions. Reasons given included the argument that the health of nation is a shared responsibility and that all recent government research indicates a health benefit and cost-effectiveness. In addition, there are said to be huge economic and social consequences of having a formula feeding culture. It was also pointed out that this is mentioned in the UN Convention on the Rights of the Child, to which the UK is a signatory.

While 88% of the public responses were in agreement, those that were not, felt that such a duty is not that of society, but of Health Authorities and of local and national government. The comments given by those in agreement were similar to those received for question 9, that is, increasing breastfeeding will be of benefit to all of society, from the point of view of health improvement, the environment and the economy.

**Figure 7: Do you believe society has a duty to children to support and encourage breastfeeding?**



## UNSTRUCTURED RESPONSES

### *Common Themes in Favour*

The most commonly cited argument in favour of the bill was that it would give women the confidence to breastfeed in public and therefore contribute to the overall promotion of breastfeeding. A number of respondents reported that they were currently breastfeeding and although they had never been asked to stop when doing so in public, they knew of women who had or they themselves had experienced less overt hostility from the public. Such experiences were reported as having the effect of making women feel apprehensive and compelled to hide away in toilets or allow the baby to cry until a suitably private place could be found. These mothers, as well as other respondents, felt that the Bill (if enacted) would send out a strong message that it was an acceptable thing to do and give women the peace of mind to breastfeed while going about their business.

In a similar vein, many responses cited that the bill would lead to breastfeeding being a more visible activity in society. As a consequence, it was envisaged that this would challenge the norm of bottle-feeding as well as have a positive impact on the feeding choices of future generations, as people are more likely to learn from what they see others doing.

### *Common Themes Against*

Of the responses openly against the bill, accompanying arguments focused on the rights of individuals who would be uncomfortable or embarrassed by the sight of a mother breastfeeding in public. Some people thought that it would be a breach of their human rights and one person cited it as an example where:

*“Yet again families with children are to be privileged at the expense of other citizens”.*  
*(Respondent, Fife)*

A proportion of this group likened breastfeeding to the excretion of other bodily substances and therefore regarded it as inappropriate for a public setting. A few people thought it would be akin to them defecating, urinating or having sexual intercourse in pubs and restaurants.

Others suggested that encouraging breastfeeding in public could put mothers at risk from those “unbalanced in their sexual responses” with the possibility of arousing men and women being raped. One respondent was concerned that it could make wives and girlfriends jealous and lead to arguments between couples.

Other responses did not tackle anything specifically wrong with breastfeeding in public but suggested that it would be preferable to encourage businesses to provide facilities. Others expressed incredulity that babies are allowed in pubs in the first place.

Lastly, a number of responses objected to the use of legislation and parliamentary time for such an issue, with some thinking that few women experience any problems when breastfeeding anyway and it may be something that is best addressed through non-legislative policy measures. A few people expressed concerns that the bill may do the breastfeeding cause a disservice by angering public opinion.

## **SPECIFIC CONCERNS WITH ASPECTS OF THE BILL**

Some responses picked up on particular issues relating to the bill itself. These were:

- Definition of ‘Baby’ – some people were concerned that, if enacted, the legislation would not cover older children, therefore they wanted to know whether the word ‘baby’ would have a definition and if so, what the cut off age would be.
- Use of the criminal law as a vehicle to change public behaviour – several respondents felt it is inappropriate to use the criminal law, as opposed to public health initiatives.
- Exemption of specific places - Two respondents thought that provisions might need to be made within the bill for the exemption of certain places in order to a.) respect particular religious and cultural beliefs, or b.) respect the maintenance of particular environments where eating is not normally allowed. The examples used in the responses related to places of worship, libraries and computer labs.

## ANNEX A – REPORT ON HEALTH AUTHORITY RESPONSES

The consultation received 24 responses from Health Authorities. Not all of these included answers to specific questions, so numbers will not tally. Where respondents did not follow the structured questionnaire format of the consultation, they may have directly or indirectly answered the open questions (5-8).

Overall, all respondents supported the bill, although minor differences were in evidence. In the analysis that follows, all percentages have been rounded to the nearest whole number.

Of the 24 responses, 15 adhered to the consultation structure. This section will outline a summary of the responses to each of the individual questions together with the main themes from the comments provided.

### ***Question 1: Do you believe that it is a child's right to be breastfed by his/her mother?***

93% (n=14) of responses agreed that it was a child's right to be breastfed, with 6% (n=1) being undecided on the ground that it ought to be the mother's right to choose the feeding regime. Indeed, 3 responses (20%) indicated that this right ought to be balanced against the mother's right to choose. One Authority gave a reason for an affirmative answer as the health benefit to both mother and child

### ***Question 2: Do you think it is acceptable to breastfeed in public?***

All (n=15) believed that it was acceptable to breastfeed in public. Substantiating comments included that it is one of the most natural functions in the world, that eating in public is itself acceptable and that breastfeeding is a skill best learned by observing others.

### ***Question 3: Do you think it is acceptable to bottle feed in public?***

93% (n=14) agreed that it was acceptable to bottle feed children in public. One respondent was undecided on the ground that bottle-feeding should not be promoted as the norm. The single substantiating comment was that whatever the mother's choice; it should be supported.

### ***Question 4: Should children have a right to be breastfed whenever and wherever it is required?***

All (n=15) respondents agreed that children should have the right to be breastfed whenever and wherever required. Reasons given for this included that breastfeeding mothers feel most comfortable in properly designated areas, although though issues of safety may need to be addressed. A further reason given was that breast milk is produced on a supply and demand basis.

### ***Question 5: Why do you think that some people see breastfeeding in public as such a problem?***

The most commonly cited reason given in response to this question was that of societal pressures and public attitudes (n=13, 54%), particularly bottle-feeding being seen as the norm.

An additional reason given was that society views breasts as primarily having a sexual function (n=9, 38%), particularly in media portrayals. As a result people are embarrassed at seeing breasts or any amount of flesh as they find it difficult to separate out their sexual function from the other function of nourishing babies. This and other factors leads to mother's insecurity and embarrassment (n=4, 17%).

Other reasons given were that baby feeding rooms are marked by a bottle, so reinforcing the social norm of bottle feeding (n=2, 8%) and the proprietorial attitudes among men who are embarrassed by and tend to resent breastfeeding in public (n=2, 8%), probably due to the sexualisation of breasts in and by the media.

**Question 6: What action would you suggest to effect a change in public attitudes to breastfeeding?**

The most common response to this question was that there should be long-term promotions campaigns in the media, possibly with negative press about formula feeding (n=16, 67%) also targeting men in particular. Allied to this was the suggestion by some (n=6, 25%) that such campaigns should target school children in order to change the attitudes of children and adolescents first to breastfeeding in particular and nudity in particular. One suggestion was the marketing of a Breastfeeding Barbie.

Professional support was cited by some respondents (n=6, 25%), such as for example, the encouragement of skin-to-skin contact after delivery to reduce maternal fears and improved links between midwife and health visitor. In addition, support for existing practitioners with knowledge, understanding and commitment to breastfeeding should be promoted (n=1, 4%). On a related point, it was suggested that formula milk be removed from sale at GP practices and Health Centres (n=2, 8%)

Several respondents supported the use of legislation and codes such as the Innocenti Declaration, UNICEF and WHO Code & resolutions (n=3, 13%) as well as legislation such as the Bill which is the subject of this consultation (n=4, 17%) as well as legislation designed to improve employee rights. On a similar point, one suggestion was that of extended maternity leave

**Question 7: Can you identify barriers which deter mothers from breastfeeding their babies from birth?**

The most commonly believed barrier to breastfeeding was a lack of social, cultural and / or family acceptance of and support for mothers (n=13, 54%). In particular, a 'lost generation of social support' was cited as a barrier to breastfeeding from birth (n=3, 13%). A lack of support in the workplace and mothers returning to work too soon, were also cited as possible reasons (n=4, 17%).

In addition, lack of professional support was cited along with a 'restrictive paediatric lead' and hospital practice (n=4, 17%), an absence of (SIGN) guidelines on breastfeeding and a lack of breastfeeding training for GPs and paediatricians.

Some respondents drew attention to maternal beliefs and emotions, for example, the belief that formula milk is harmless (n=3, 13%), and bottle-feeding seen as the norm (n=4, 17%). Other single reasons cited included maternal embarrassment, difficulty in overcoming the pain threshold and the milk token initiative giving incentive towards formula feeding.

It was also observed that members of social classes 4 & 5 are less likely to breast-feed (n=3, 13%), possibly due to cost of mother needing to eat better in order to breastfeed. Another reason cited as deterring mothers from breastfeeding their babies from birth was a lack of education or awareness of choices available and their benefits. This was mentioned by a quarter of respondents in this group (n=6, 25%). Decisions on feeding regimes will already have been taken during or before pregnancy was a reason given by almost as many respondents (n=5, 21%).

**Question 8: What barriers would you identify to explain the drop-off rates at 6 weeks old?**

Many respondents expressly cited "similar reasons to 7 (above)" as reasons for not continuing to breastfeed at 6 weeks. Among other reasons given, a largest proportion of people cited the attitudes of and lack of support from partners, family and healthcare professionals (n=7, 29%). More respondents cited a return to work (n=9, 38%) and the allied financial need to return to work / lack of facilities at work (n=2, 8%). Returning to social life (x3) and a more 'normal' routine was also cited (n=3, 13%)

More personal reasons were also given, such as the perception of having insufficient milk (n=4, 17%) due to infant growth spurts and insufficient support and advice on technique or breast care (n=3, 13%). Related to this was the matter of pain or difficulty in breastfeeding itself (n=5, 21%). Fatigue and the inability to deal; with the new baby were also given as reasons, as was the baby sleeping erratically. These reasons were seen as exacerbated where there are already other children in the family.

Difficulty finding a place to breastfeed (n=2, 8%) and the introduction of complementary / artificial feeds (n=2, 8%) were also given as reasons for the drop-off rate at 6 weeks.

**Question 9: Do you believe that society has a duty to support and encourage breastfeeding mothers?**

100% (n=13) of those who responded explicitly to this question did so in the affirmative. Reasons given included the argument that society is responsible for destroying the norm of breastfeeding and that breastfeeding is proven to be the best start in life (n=4, 17%). However, some respondents (n=2, 8%) felt that a criminal sanction may lead to further stigmatisation of breastfeeding mothers.

**Question 10: Do you believe society has a duty to children to support and encourage breastfeeding?**

100% (n=13) of those who responded explicitly to this question did so in the affirmative. Reasons given included the argument that the health of nation is a shared responsibility and that all recent government research indicates a health benefit. In addition, there are said to be huge economic and social consequences of having a formula feeding culture. One note of caution was sounded with the argument that research shows if mothers are pressurised into breastfeeding, they are more likely to stop early.

Of the responses received (n=24) from Health Authorities, only 15 followed all of the prescribed consultation questions. The remaining 9 were initially analysed to assess whether they were supportive or not of the bill. Thereafter, comments were analysed relative to questions 5-8 and comments included within those responses. All responses were in favour of the bill, although reasons given in answer to some of the questions differed subtly.

## **ANNEX B – REPORT ON LOCAL AUTHORITY RESPONSES**

The consultation received a total of 12 responses from Local Authorities, although only 9 respondents (75%) answered the specific questions within the consultation, hence numbers will not tally. Where respondents did not follow the structured questionnaire format of the consultation, they may have directly or indirectly answered the open questions (5-8).

Overall, all respondents supported the bill, although two respondents (17%) suggested that sanctions should be brought only as a last resort. There was also a suggestion that exceptions should exist, such as where emergency access has been blocked or the location is dangerous and poses a risk to the child.

There were 9 responses from Local Authorities that adhered to the consultation structure. This section will outline a summary of the responses to each of the individual questions together with the main themes from the comments provided as well as add those comments on general questions (5-8) made by those not adhering to the consultation structure.

### ***Question 1: Do you believe that it is a child's right to be breastfed by his/her mother?***

89% (n=8) of responses agreed that it was a child's right to be breastfed, with 11% (n=1) disagreeing. That disagreement was on the ground that while there is a right to be fed, there is not a right to be breastfed; this is the mother's choice. Paradoxically, one of those who agreed also cited the mother's right to decide as grounds for agreement. Another reason given for agreement was that it is healthy and inexpensive.

### ***Question 2: Do you think it is acceptable to breastfeed in public?***

78% (n=7) believed that it was acceptable to breastfeed in public, with 2 respondents (22%) remaining uncertain. Reasons given for this uncertainty were that it is not actually acceptable at present, but the hope was expressed that this position would change and that it should be up to individual choice. Reasons given for agreeing with the proposition were that it would encourage a more positive portrayal of breastfeeding and that while it is acceptable this is only the case provided the mother feels comfortable in the location.

### ***Question 3: Do you think it is acceptable to bottle feed in public?***

100% (n=9) of those answering the question agreed that it was acceptable to bottle feed children in public, although no reasoning was given.

### ***Question 4: Should children have a right to be breastfed whenever and wherever it is required?***

78% (n=7) believed that children should have the right to be breastfed whenever and wherever required, with 2 respondents (22%) remaining uncertain. Reasons given for this uncertainty were that respondents surveyed by the Authority came out 70% in favour and 30% against the proposition. Affirmative responses were, however, tempered to varying degrees. 2 Respondents argued that It is a question of balance between maternal and child needs. Single respondents answering 'yes', said that mothers have a responsibility to ensure it is done in a safe & comfortable environment, that issues of hygiene, safety & cultural norms should be taken into account and that it is not always practical.

**Question 5: Why do you think that some people see breastfeeding in public as such a problem?**

The most commonly cited reason given in response to this question was that it is not publicly accepted as the norm or is reflective of old-fashioned values (n=5, 42%). This is perhaps related to a reason cited by a quarter of respondents (n=3, 25%) that this is the nature of British culture; indeed that the symbol for a baby is a bottle, such that to breastfeed is to be in a minority. Other reasons given were a lack of understanding of the benefits of breastfeeding and a lack of facilities for breastfeeding. It is perhaps the case, argued one respondent, that women do not realise that it can be done discretely.

One third of respondents cited sexual associations of breasts (n=4, 33%) and the possibly allied embarrassment (n=2, 17%) felt by nursing mothers. Other reasons given were the promotion of formula milk and lifestyle conflicts (work, social, etc.).

**Question 6: What action would you suggest to effect a change in public attitudes to breastfeeding?**

The most common response to this question was that there should be a more positive approach by local and national media in raising awareness raising (n=5, 42%). Education was another reason given (n=3, 25%), perhaps employing a targeted approach or a campaign linked with other campaigns, beginning at secondary school. It was also suggested that a positive health message might be promoted through education campaigns (n=4, 33%), possibly including role models promoting breastfeeding (n=2, 17%).

Some respondents considered incentives and disincentives. Legislation or coercion was suggested by 2 respondents (17%) while single respondents suggested discouraging the promotion of formula milk, offering incentives such as funds to upgrade premises and the training of health care personnel.

**Question 7: Can you identify barriers which deter mothers from breastfeeding their babies from birth?**

Among local authorities, the most commonly believed barrier to breastfeeding was public attitudes and intolerance of breastfeeding (n=5, 42%), although a related reason given was the (adverse) influence of their own mothers (n=4, 33%). Adverse media coverage and embarrassment as well as milk formula token initiatives were also cited as deterrents against breastfeeding.

The matter of support constituted another set of reasons given. This included limited support for new mothers (n=3, 25%) and a return to work, with the allied issue of employers' attitudes and lack of workplace & other facilities (n=4, 33%). Even so, paternal support was given as a reason for *not* breastfeeding; i.e. that bottle / formula feeding was preferred as an option that would allow fathers to take part in childcare. Indeed, bottle-feeding seen as convenient and easy was a reason given by one respondent.

Single personal or maternal reasons cited as barriers included tiredness, the child not taking to it and post-natal depression. First time mothers not knowing that it will get easier (n=2, 17%) and the perception of insufficient milk or not knowing how much the baby needs (n=2, 17%) are maternal perceptions cited as reasons for not breastfeeding from the start. Discomfort, pain and other physical difficulties was also given as justifying not breastfeeding from birth (n=4, 33%).

**Question 8: What barriers would you identify to explain the drop-off rates at 6 weeks old?**

As was the case with responses from Health Authorities, many local authorities (n=4, 33%) said that the same of similar reasons given in answer to question 7, might be given in answer to

question 8. These included established cultural images (n=4, 33%), public intolerance (n=2, 17%), a return to work or wanting more independence (n=4, 33%) and lack of facilities (n=3, 25%).

Additional personal reasons given for the drop-off rate were insufficient milk, that breastfeeding patterns may take time to establish and fatigue or discomfort. It was also pointed out that bottle-feeding allows a full night's sleep because someone else can do it (n=3, 25%).

***Question 9: Do you believe that society has a duty to support and encourage breastfeeding mothers?***

100% (n=9) of respondents who answered the question, did so in the affirmative. Among the reasons given were health benefits (n=3, 25%), that society has a duty to support breastfeeding mothers in the interests of both mother and child and that breastfeeding mothers should not be made to feel inferior.

***Question 10: Do you believe society has a duty to children to support and encourage breastfeeding?***

100% (n=9) of respondents do believe that society has a duty to support and encourage breastfeeding mothers. Again, reasons given included the health benefit (n=2, 17%), its cost-effectiveness that justifies publicity and that society has a duty to support breastfeeding mothers in the interests of both.

Of the responses received (n=12) from Local Authorities, only 8 followed all of the prescribed consultation questions, while 9 followed the majority of the structured questions. The remaining 3 responses were initially analysed to assess whether they were supportive or not of the bill. Thereafter, comments were analysed relative to questions 5-8 and comments included within those responses. All responses were in favour of the bill, although reasons given in answer to some of the questions differed subtly.

## ANNEX C – REPORT ON TRADE UNIONS AND OTHER ASSOCIATION RESPONSES

The consultation received a total of 23 responses from Trade Unions and other organisations representing particular bodies of people. A comprehensive list of respondents included in this analysis can be found in Annex G.

Some (n=8) respondents did not follow the structured questionnaire format of the consultation, therefore the analysis follows two strands, one looking at the quantifiable structured responses to the set questions, and the other pulling together the main themes and issues which emerged from the qualitative data.

Overall, 21 (91%) of the responses were in favour of the bill, and 2 (9%) did not make their opinion clear<sup>4</sup>.

There were 15 responses that adhered to the consultation structure. This section will outline a summary of the responses to each of the individual questions together with the main themes from the comments provided.

### ***Question 1: Do you believe that it is a child's right to be breastfed by his/her mother?***

93% (n=14) of responses agreed that it was a child's right to be breastfed, with 7% (n=1) disagreeing. The reason given by the person who did not agree was that this would conflict with the mother's rights, and instead we should focus on supporting mothers who choose to breastfeed.

### ***Question 2: Do you think it is acceptable to breastfeed in public?***

All of the respondents found it acceptable to breastfeed in public. Substantiating comments included that it is an entirely natural thing to do and breastfeeding mothers should be treated with dignity and respect. It was also felt as necessary for breastfeeding to be seen as the norm and an acceptable part of societal and family life.

### ***Question 3: Do you think it is acceptable to bottle feed in public?***

All of the respondents felt that bottle-feeding in public was also acceptable. The only substantiating comment given was that it should be as acceptable for children to be fed in public as it is for anyone else.

### ***Question 4: Should children have a right to be breastfed whenever and wherever it is required?***

All of the respondents believed that a child has the right to be breastfed whenever and wherever it is required. Reasons given for this included the unpredictability and frequency of babies' feeding requirements. Others also felt that if an establishment allows a mother and child on the premises it should follow that the mother should be allowed to attend to that child's needs while there, and not be forced to hide-away or be harassed. One group summed up these feelings by saying:

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<sup>4</sup> Please note that all percentages have been rounded to the nearest whole number  
providing research and information services to the Scottish Parliament

*“We supposedly live in a culture of ‘choice’ and ‘tolerance’ yet in the matter of breastfeeding, mothers who choose to feed their babies in the healthiest way can be met with intolerance, hostility and even verbal sexual harassment. We would not expect anyone to be ‘ejected’ from premises based on their race or creed, so why eject a breastfeeding mother and her baby? Similarly no one would ask a bottle-feeding mother to sit in a toilet to feed her baby, so why ask a breastfeeding mother to do so?” (Lanarkshire Breastfeeding Initiative)*

**Question 5: Why do you think that some people see breastfeeding in public as such a problem?**

Almost unanimously, respondents cited the sexual connotations of breasts as being the main reason why some people have a problem with breastfeeding in public. They thought that this overriding association meant that it could be seen as exhibitionist behaviour and something that should be carried out in private. It was also felt that this association leads to embarrassment both on the part of the onlooker and the mother.

Others also commented that it stems from ignorance and a lack of knowledge and experience of breastfeeding and the nurturing role of breasts. Breast milk is associated with other bodily fluids that are excreted in private. It was also felt that bottle-feeding is seen as the norm and this is reinforced by everyday images of bottles throughout society e.g. on greeting cards, signs for mother and baby facilities, dolls sold with bottles.

Other reasons given included that seeing other women breastfeeding may raise uncomfortable issues for women who could not do so, or had a bad experience of breastfeeding their own children.

**Question 6: What action would you suggest to effect a change in public attitudes to breastfeeding?**

Most of the suggestions given to change attitudes related to challenging the societal norm that bottle-feeding is the right way to nurture young children. These suggestions included a public education campaign, the early education of school children, more women being seen breastfeeding in public, increased positive portrayal of breastfeeding in the media (e.g. in soaps) and enactment of the proposed bill.

Other suggestions included more work with fathers to enable them to support mothers, and encouraging employers to provide appropriate facilities for mothers returning to work. Some people also thought that there should be a requirement for all health professionals working with young families to undergo training pre and post registration.

**Question 7: Can you identify barriers which deter mothers from breastfeeding their babies from birth?**

Analysis of the responses uncovered two general themes as to the barriers preventing mothers from breastfeeding. These themes can be described as 1.) Inadequate preparation and support for mothers and 2.) Pressure on mothers from the attitudes and opinions of others.

Many responses followed the general theme that women are inadequately prepared for breastfeeding, with some believing that some mothers may have preconceptions about their bodies and a lack of understanding of the benefits and reality of breastfeeding. Some felt that they are inadequately supported when problems arise, or they are not given the skills and advice in the first place. Similarly, 6 respondents felt that mothers are made to believe that bottle-feeding is the

norm and breastfeeding is not an option for them. Two people mentioned the availability of free samples of formula milk in maternity hospitals as something that contributes to this norm.

Most of the other responses pertained to the mother's relationships with other people. The most commonly perceived deterrent for mothers was a lack of support from partners, family, health professionals and society in general (n=7, 47%) as well as fear of their attitude and/or reaction. For example, 5 people thought that other people's negative attitudes (i.e. partners, families and the general public) were a significant deterrent to prevent women from breastfeeding. Similarly, 5 people mentioned embarrassment as a factor, this was the embarrassment of both the mother and the onlooker and relates back to the sexualisation of breasts in society. A continuation of this argument put forward by 2 respondents was that if a woman does fear the opinions and reactions of others, then the lack of suitably private places to breastfeed when in public would be a barrier.

**Question 8: What barriers would you identify to explain the drop-off rates at 6 weeks old?**

The most commonly believed reason (n=10) for the drop-off rates at 6 weeks was that breastfeeding requires a commitment that many women are unable or unwilling to sustain. More specifically it was thought that women may be constrained by other commitments such as older children or having to return to work. Others thought that commitment might wane through sheer exhaustion and tiredness, as well as a need to reassert some control over their life. Also, it may be that it is a time when women are beginning to get out and about more and may be uncomfortable breast-feeding in public.

Other reasons given included a lack of support from partners, family, health professionals and the community (n=6). Some people (n=3) also felt that breast feeding is perceived to be something that is only done with small babies and so long as women breastfeed for the recommended 6 weeks then they have done enough. 4 people also mentioned that women may have encountered problems with breast feeding such as pain, being unable to establish a routine or produce enough milk (n=4).

**Question 9: Do you believe that society has a duty to support and encourage breastfeeding mothers?**

All of the respondents believed that it was the duty of society to support and encourage breastfeeding mothers. Reasons cited to support this included the resulting benefits that it would have for society as a whole, in terms of the health service, the economy and the environment.

**Question 10: Do you believe society has a duty to children to support and encourage breastfeeding?**

All of the respondents agreed that society has duty to children to support and encourage breastfeeding. It was pointed out that this is mentioned in the UN Convention on the Rights of the Child, to which the UK is a signatory.

Nine of the responses received did not follow the prescribed consultation questions. They were therefore initially analysed to assess whether they were supportive or unsupportive of the bill. Following this, comments were analysed to assess the most common reasons why respondents did or did not support the bill.

*Common Themes in Favour*

Some of the respondents believed that the bill would give women the confidence to breastfeed in public and therefore facilitate higher levels of breastfeeding.

*“A group such as ours exists to encourage breastfeeding and to give Mums the skills, support and confidence to breastfeed wherever they are, but there are a great many women who do not have the confidence in their own abilities never mind the ability to take on a hostile public, who see breasts only in a sexual context” (Glenrothes Breastfeeding Support Group)*

It was also thought that it would challenge the norm of bottle-feeding and the association that breasts are purely sexual, thus sending out a strong message that society supports breast-feeding.

### *Common Themes Against*

There were no real comments against the general principle of the bill but concerns were raised about specific aspects of it. In particular, there was a concern that legislation may not be the best way of promoting breastfeeding and it may indirectly harm the cause by creating a ‘red rag to a bull’ scenario. It was also thought by a few that the bill could not work in isolation and it would need to be part of a number of measures in order to be effective.

Other concerns included the use of the word ‘baby’ and some people mentioned that there needed to be more clarity on that definition. For instance, would it extend to children aged 2 or 3?

Finally, some concern was expressed that it could lead to premises excluding families with small children altogether, through fear of prosecution.

## ANNEX D – REPORT ON ELECTED REPRESENTATIVE RESPONSES

The consultation received 4 responses from elected representatives: one MP, one MSP and two local Councillors.

Although only one respondent answered the survey questions directly, 3 responses (75%) were generally favourable and one response was against the bill. That unfavourable response used the opportunity to criticise the Scottish Parliament more generally and advocated a 'let common sense prevail' position in order to concentrate legislative energy on other issues.

### ***Question 1: Do you believe that it is a child's right to be breastfed by his/her mother?***

The respondent answering the question was in favour of a child's right to be breastfed. No reason was given.

### ***Question 2: Do you think it is acceptable to breastfeed in public?***

The respondent answering the question believed that it was acceptable to breastfeed in public. No reason was given.

### ***Question 3: Do you think it is acceptable to bottle feed in public?***

The respondent answering the question believed that it is acceptable to bottle-feed in public. No reason was given.

### ***Question 4: Should children have a right to be breastfed whenever and wherever it is required?***

The respondent answering the question believed that children should have the right to be breastfed whenever and wherever required. The reason given was that mothers can be relied upon to know when and where feeding is appropriate and required.

### ***Question 5: Why do you think that some people see breastfeeding in public as such a problem?***

The only reason given among responses was that there is opposition to seeing exposed breasts in public rather than feeding in public.

### ***Question 6: What action would you suggest to effect a change in public attitudes to breastfeeding?***

Two (50%) of respondents argued that this legislation will send a positive message in the changing of public attitudes. One respondent suggested more breastfeeding and fewer bottles on TV, soaps, etc.

### ***Question 7: Can you identify barriers which deter mothers from breastfeeding their babies from birth?***

The most commonly believed barrier to breastfeeding was a lack of support for mothers and the attitudes of family and the public (n=2, 50%), which may be related to bad or inconsistent advice from healthcare workers and 'too much middle class type propaganda'. A return to work was also given as a reason for not breastfeeding from birth, as was the argument that breast feeding is a skill that takes time to learn.

**Question 8: What barriers would you identify to explain the drop-off rates at 6 weeks old?**

As was the case with responses from Health Authorities and Local Authorities, half of respondent elected representatives (n=2, 50%) said that the same of similar reasons given in answer to question 7, might be given in answer to question 8. These included insufficient on-going support and a return to work, with a lack of support there.

**Question 9: Do you believe that society has a duty to support and encourage breastfeeding mothers?**

The respondent answering the question believed that society does have a duty to support and encourage breastfeeding mothers. No reason was given

**Question 10: Do you believe society has a duty to children to support and encourage breastfeeding?**

The respondent answering the question believed that society does have a duty to children to support and encourage breastfeeding. No reason was given

The majority of responses received (n=3, 75%) from elected representatives, did not follow the prescribed consultation questions. All responses were therefore initially analysed to assess whether they were supportive or not of the bill. Thereafter, comments were analysed relative to questions 5-8 and comments included within those responses. 3 out of 4 responses were in favour of the bill.

## ANNEX E – REPORT ON PUBLIC RESPONSES

The consultation received a total of 127 responses from members of the public. One response was discarded due to obscene and abusive language, leaving 126 in total<sup>5</sup>. Most respondents did not follow the structured questionnaire format of the consultation therefore the analysis follows two strands, one looking at the quantifiable structured responses to the set questions, and the other pulling together the main themes and issues which emerged from the qualitative data.

Overall, 52% of respondents (n=66) openly supported the Bill, 14% (n=18) were against it and 33% (n=42) did not make their opinion clear. It is important to note however, that the consultation did not overtly ask the respondent whether they supported the proposed bill or not but a judgement was made on some responses that contained additional comments in relation to the Bill.

The respondents were not asked for any personal details, however for most people it was possible to identify whether they were male or female, as well as where they originated.

### *Gender*

107 (85%) of the respondents were female, 16 (13%) were male and for 3 (2%) gender could not be determined. A separate analysis was conducted to ascertain whether there was any discernible difference between men and women in their attitudes towards the bill. While the structured questions posed in the consultation did not actually ask outright whether an individual supported the bill, it was possible to elicit from additional comments whether the respondent was in favour or not. Respondents who did not make clear their views on the bill (n=42), or whose gender was unknown were excluded from this analysis. This left 81 individuals. 85% of women (n=56/66) who made their views clear were supportive of the bill, compared with 60% (9/16) of men.

### *Nationality*

The consultation also received responses from people who are not residents of Scotland. There were 9 of these in total, with 7 currently living in England, 1 from Sweden and 1 from a previous resident of England who is currently living in Scotland. The majority of these responses (n=8) were in favour of the bill and their manner was generally congratulatory and hopeful that such a bill may be introduced in England. The Swedish response was also supportive but incredulous at British attitudes and that such legislation is needed, as in Sweden breast feeding in public is not a problem:

*“It’s time the people of Scotland started evolving a bit quicker, instead of being the laughing stock of Europe” (Individual Respondent, Sweden)*

The one external response which did not support the bill was concerned with granting people rights through legislation but not legislating for duties and responsibilities, as well as commenting generally on the usefulness of regional government.

Of the remaining 77 (presumably) Scottish residents, 58 (75%) were in favour of the Bill, 17 (22%) were against it, and 2 responses (2.5%) did not clearly state their opinion.

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<sup>5</sup> Including 40 from members of breastfeeding support groups in Wishaw and Shotts  
*providing research and information services to the Scottish Parliament*

There were 60 responses from the general public that adhered to the consultation structure. This section will outline a summary of the responses to each of the individual questions together with the main themes from the comments provided.

***Question 1: Do you believe that it is a child's right to be breastfed by his/her mother?***

85% (n=51) of responses agreed that it was a child's right to be breastfed, with 12% (n=7) disagreeing and 3% (n=2) not responding. Of those who disagreed, the reason given was that this would impose a duty on mothers who already face enough pressure, and therefore women should be allowed to choose. Despite agreeing that it was a child's right, this point was also reiterated by many of those who answered 'yes'.

***Question 2: Do you think it is acceptable to breastfeed in public?***

92% (n=55) believed that it was acceptable to breastfeed in public, while 7% (n=4) disagreed and 2% (n=1) unsure. No reasons were given by those who disagreed as to why it was unacceptable, but of those who agreed, substantiating comments included that if mothers and babies are allowed in a place, then it should follow that they should be allowed to feed there and be afforded the same courtesy as bottle feeding mothers. Some also added a proviso that it was acceptable only if done discreetly while some commented that most women are very discreet anyway.

***Question 3: Do you think it is acceptable to bottle feed in public?***

93% (n=56) agreed that it was acceptable to bottle feed children in public, although some of those who answered 'yes' tempered their answer with comments that it creates a social norm. 1 person did not agree with bottle-feeding in public, this person also did not agree that breastfeeding in public was acceptable but again no reason was given as to why not. Three people were unsure, again responding with comments that it increases the acceptability of bottle-feeding and makes it the social norm.

***Question 4: Should children have a right to be breastfed whenever and wherever it is required?***

82% (n=49) of respondents agreed that children should have the right to be breastfed whenever and wherever required. Reasons given for this included that babies need to feed at regular intervals and on demand, and cannot be programmed to feed at timed intervals. Therefore, as mothers have to undertake tasks that take them outwith the home, they should be allowed to feed their babies wherever they are allowed admission. A couple of people answered 'yes' but with the proviso that only if it is a safe place to do so. Five people (8%) disagreed with the statement, one of whom qualified this with the opinion that babies only have to be fed at 3-4 hourly intervals therefore mothers can arrange to be at home at these times. 6 people did not answer the question directly or were unsure, with one stating that some places should be exempt in order to protect their premises (e.g. libraries, PC labs) but that wherever bottle-feeding is allowed, breastfeeding should be too. One other person did not think it should be a right to do it anywhere but that the places outlined in the bill were acceptable.

***Question 5: Why do you think that some people see breastfeeding in public as such a problem?***

The most commonly cited reason given in response to this question was that our society views breasts as primarily having a sexual function. As a result people are embarrassed at seeing breasts or any amount of flesh as they find it difficult to separate out their sexual function from the other function of nourishing babies.

Many people also mentioned that because of this, and because they associate it with excreting bodily fluids, women in past generations were resigned to feeding in private and behind closed doors. As a result, people are not used to seeing breastfeeding and it is still considered an intimate and private act. Some also thought that it was probably easier in the past to be at home whenever a baby needed fed, as babies were not fed on demand. Consequently, to breastfeed in public was, and is, seen by many as unnecessary. This in fact accurately reflects the opinion of one respondent who is opposed to the bill.

Other reasons given included that seeing other women breastfeeding may raise uncomfortable issues for women who could not do so, or had a bad experience of breastfeeding their own children. It was also thought that people are ignorant of how breastfeeding works and the associated health benefits, and it may be seen as primitive.

***Question 6: What action would you suggest to effect a change in public attitudes to breastfeeding?***

The most common response to this question was that there should be more education of school children and the general public as to the benefits of breastfeeding and the disadvantages of bottle-feeding. Some people wanted the topic to be included on the school curriculum in order to make children aware at a young age, while others would like to see positive advertising to the general public in the form of a campaign.

The next most common suggestion was that breastfeeding should be portrayed more in the media as a normal part of life. Many people mentioned using soap operas as it is very rarely seen and usually characters would be seen bottle-feeding.

Some also mentioned that more women needed to breastfeed in public, and together with the protection of the bill (if enacted), this would change people's attitudes and help breastfeeding become the norm.

Other responses included action targeted at businesses and employers in order to make them supportive of the needs of breastfeeding mothers, as well as providing financial incentives to women who breastfeed, such as increasing paid maternity leave. Many pointed out the inequity of giving free formula to women on low incomes but nothing for those who breastfeed (e.g. tokens for fruit and vegetables) and asked for changes to the benefits system.

***Question 7: Can you identify barriers which deter mothers from breastfeeding their babies from birth?***

The most commonly believed barrier to breastfeeding was a lack of support for mothers. This included a lack of support from partners, extended family, healthcare professionals and society in general. Many also felt that the norm in society and many families towards bottle-feeding, and a lack of experience and understanding of breastfeeding, influenced a woman's decision not to. Many believed that education, advice and information given to parents could be improved, as there is a widely held belief that formula milk is equivalent to breastmilk (something which is inadvertently reinforced by the provision of milk tokens for women on low incomes) and many are unaware of the benefits of breastfeeding.

Another commonly cited reason was that bottle-feeding might be seen as more convenient. This is not only because it is easier to share the burden of feeding with other people, but also because many women need to return to work and there may be insufficient facilities to express milk during the working day.

Other barriers mentioned pertained primarily to individual concerns regarding embarrassment of breastfeeding in front of others, pain during breastfeeding (or the fear of), fear of mastitis, nowhere to breastfeed when in public, other people's negative attitudes, milk leakage and whether there is enough milk to satisfy the baby.

**Question 8: What barriers would you identify to explain the drop-off rates at 6 weeks old?**

Not continuing to breastfeed at 6 weeks was believed by the largest proportion of people to be due to a lack of support from partners, family and healthcare professionals. Some people thought that much of this was due to decreases in extended family close-by as well as resource shortages for midwives. Others thought that the presence of extended family may have a negative influence as they may exert pressure on the mother to change to bottle-feeding in order to 'share the burden'.

The second most common reason to emerge related to an overall negative experience of breastfeeding and its associated problems, including pain, mastitis, cracked nipples, not being sure the baby is getting enough milk, difficulties in getting established, finding it incredibly time-consuming and just general exhaustion.

Lastly, many people mentioned that some women find it more difficult to sustain due to other commitments such as work and caring for other children.

**Question 9: Do you believe that society has a duty to support and encourage breastfeeding mothers?**

88% (n=53) of respondents believe that society does have a duty to support and encourage breastfeeding mothers. 8% (n=5) did not agree, believing instead that it is the family's duty as opposed to society's. Of those who agreed, the reasons most commonly outlined were that the health benefits are now indisputable, and providing such support would bring benefits to society as a whole. Two people did not answer the question.

**Question 10: Do you believe society has a duty to children to support and encourage breastfeeding?**

88% (n=53) of respondents believe that society does have a duty to children to support and encourage breastfeeding. Again as with question 9, 8% (n=5) did not agree with this reasoning and felt that such a duty is not that of society's, but of Health Authorities and of Local and National government. The comments given by those in agreement were similar to those received for question 9, that is, increasing breastfeeding will be of benefit to all of society.

The majority of responses received (n=66) from the general public did not follow the prescribed consultation questions. They were therefore initially analysed to assess whether they were supportive or unsupportive of the bill. Following this, comments were analysed to assess the most common reasons why respondents did or did not support the bill.

*Common Themes in Favour*

Most of the 47 responses in favour of the bill highlighted the benefits of breastfeeding (to mother, baby and society) and seen the bill as an important step in promoting it, although many at the same time expressed disappointment that such legislation was needed at all.

Many in this group thought that the bill would send out a strong message that breastfeeding is the preferred option and is supported by government. Similarly, it was felt that it would help to challenge the norm of bottle-feeding, partly by its symbolic message and partly through giving women the confidence to breastfeed in public as the uncertainty and worry about being asked to leave a place would be taken away. In fact, a number of respondents reported that they were currently breastfeeding, and confirmed that if the bill was enacted it would give them the confidence to feed their children in public. This was due to the fact that although few women are actually confronted, mothers are still made to feel uncomfortable and are fearful of such an incident occurring. It was also felt that if more women were seen breastfeeding this would have a positive influence on the feeding choices of future mothers.

It was also felt that it is unreasonable to expect mothers not to go out, with one respondent going as far as saying it was unfair to give breastfeeding mothers the choice between hiding in toilets and house arrest.

Another theme to emerge was in relation to the sexual connotations of breasts. Some people expressed anger and frustration that society is willing to accept things such as Page 3, but objects when breasts are used 'for what they were intended'. Anger was also expressed that breastfeeding mothers are asked to feed in toilets, with many stating that breastfed babies should be afforded the same treatment as bottle fed babies and the rest of society in general, that is, they should be given "the right to eat with the rest of us". Others also pointed out that it was not right to deny an infant nutrition until a 'suitable' place could be found.

### *Common Themes Against*

Of the 17 responses against the bill, many focused on the rights of individuals who would be uncomfortable or embarrassed by the sight of a mother breastfeeding in public. Some people thought that it would be a breach of their human rights and one person cited it as an example where:

*"Yet again families with children are to be privileged at the expense of other citizens".  
(Respondent, Fife)*

A proportion of this group likened breastfeeding to the excretion of other bodily substances and therefore regarded it as inappropriate for a public setting. A few people thought it would be akin to them defecating, urinating or having sexual intercourse in pubs and restaurants.

Others suggested that encouraging breastfeeding in public could put mothers at risk from those "unbalanced in their sexual responses" with the possibility of arousing men and women being raped. One respondent was concerned that it could make wives and girlfriends jealous and lead to arguments between couples.

Other responses did not tackle specifically anything wrong with breastfeeding in public but suggested that it would be preferable to encourage businesses to provide facilities. Others expressed incredulity that babies are allowed in pubs in the first place.

Lastly, a number of responses objected to the use of legislation and parliamentary time for such an issue, with some thinking that few women experience any problems when breastfeeding anyway and it may be something that is best addressed through policy measures.

## ANNEX F - PEOPLE & ORGANISATIONS CONSULTED

The following table indicates whether responses were received from consultees (marked with a tick or a number):

<b>Consultees</b>		
<b><u>Retail Industry</u></b>		
Sainsburys	(Tim Fallon)	
Scotmid	(Hollis Smallman)	
Tesco	(Alex Trenchard)	
The Co-op Party	(Joe Hill)	
The Co-op	(Martin Henderson)	
Asda	(Michelle Lewis)	
Marks & Spencer		
BHS		
Debenhams Plc		
John Lewis		
Harvey Nichols		
CBI		
Scottish Federation of Small Businesses		
<b><u>Travel</u></b>		
All Scottish Airport Authorities		
Scotrail		
GNER		
Caledonian McBrayne		✓
Clyde Ferries		
All Major Bus Companies-		
	First Glasgow	
	Lothian Buses Plc	
	Stagecoach West Scotland	
	Bluebird Buses Ltd	
	Midland Bluebird Ltd	
	Fife Scottish Omnibuses Ltd	
	First Edinburgh Ltd	
	Rapsons Coaches Ltd	
	Arriva Scotland West Ltd	
	First Aberdeen Ltd	
	Strathtay – Scottish Ominbuses	
Ltd		
	Tayside Public Transport Co Ltd	
	Stage Coach Glasgow Ltd	
<b><u>Local Government</u></b>		
All Local Authorities in Scotland		11
COSLA		

### **Trade Unions**

STUC  
Unison  
USDAW

✓