



## Breastfeeding in Ontario

# Breastfeeding and Socioeconomic Status

### Income, Education, and Employment

Breastfeeding is the natural way for mothers to feed their babies (Public Health Agency of Canada, 2009).

While the benefits of breastfeeding are well known, unfortunately within Ontario, not all groups of women breastfeed equally. Women living in neighbourhoods with lower median household incomes, lower levels of educational attainment (less than post-secondary education), and higher levels of unemployment, are less likely to breastfeed exclusively at discharge from hospital (BORN data for 2013/14) and more likely to have lower rates of breastfeeding initiation and duration (Best Start Resource Centre, 2015).

### Income, Education and Employment as Barriers to Breastfeeding

Income, education and employment are social determinants of health. Social determinants of health are the economic and social conditions that influence the health of individuals, communities and countries (Public Health Ontario, 2013).

Due to some missing data, BORN results should be interpreted with caution.

Living in a neighbourhood with a lower median household income, lower levels of educational attainment, or a higher rate of unemployment while pregnant or postpartum is associated with lower breastfeeding rates at hospital discharge.

Within Ontario 93.4% of women with no pre-existing maternal health conditions intend to breastfeed (BORN Data for 2013/2014). However, at hospital discharge:

- 63.4% of all women in Ontario breastfeed exclusively after the birth of their babies.

#### **Income**

- 68.4% of women living in the neighbourhoods with the highest median household incomes breastfeed exclusively

#### **VERSUS**

- Only 54.2% of women living in the neighbourhoods with the lowest median household incomes breastfeed exclusively.

#### **Education**

- 67.4% of women living in the neighbourhoods with the highest proportion of residents who have post secondary certificates, degrees or diplomas breastfeed exclusively

#### **VERSUS**

- Only 57.0% of women living in the neighbourhoods with the lowest proportion of residents who have post secondary certificates, degrees or diplomas breastfeed exclusively.

#### **Employment**

- 67.0% of women living in the neighbourhoods with the lowest rates of unemployment breastfeed exclusively

#### **VERSUS**

- Only 56.6% of women living in the neighbourhoods with the highest rates of unemployment breastfeed exclusively.

(BORN Data for 2013/2014)

While each factor is a determinant of health in its own right, income, education and employment are interconnected as education helps people move up the socioeconomic ladder (Mikkonen, 2010).

Income, education and employment impact breastfeeding through a variety of ways. For example:

- Having more education may help parents understand the health benefits of breastfeeding (Heck, 2006).
- Better educated parents may be more likely to seek out information about health practices such as breastfeeding (Heck, 2006).

- Having more education may increase parents' understanding of how they can promote their own health through their own actions (Mikkonen, 2010).
- Better educated parents may be more able to evaluate how their behaviours harm or improve their health (Mikkonen, 2010).
- Parents who have a higher socioeconomic status may have more resources that help them live a healthier lifestyle (Mikkonen, 2010).
- Parents who are employed, have a higher level of education, and a higher income may have a more positive attitude towards breastfeeding (Sittlington, 2007).

### Relevance to Service Providers

A large portion of the clients served by health care and social service providers in Ontario have low levels of education, low incomes or are unemployed:

- 41% of working age Ontarians (25-64) have no post secondary education credentials (Norrie, 2009).
- 10% of Ontarians are below the Low Income Cut Off (Statistics Canada, 2012).
- 18% of Ontarians with post secondary education are unemployed (Statistics Canada, 2012).
- 45% of Ontarians with less than high school completion are unemployed (Statistics Canada, 2012).

Breastfeeding should be promoted and supported in these vulnerable groups, because:

- The high cost of infant formula often requires a significant proportion of families' incomes (up to 37% for low income families) (INFACT Canada, 2004).
- Breastfeeding increases the amount of money available to buy food for other family members, contributing to food security (INFACT Canada, 2004).

As service providers work directly with vulnerable families, they have an important role to play in promoting breastfeeding. In fact, a number of professional associations such as the Canadian Nurses Association, the Canadian Association of Midwives, The Canadian Paediatric Society, the Canadian Pharmacists Association and the College of Family Physicians of Canada have voiced their support for breastfeeding and recognize the role that health care and other allied health professionals must play in supporting breastfeeding.



## Effective Strategies for Service Providers

A number of strategies can be implemented by health care and service professionals that promote the equitable distribution of breastfeeding related benefits throughout Ontario.

To assess poverty a single question can be asked “Do you ever have difficulty making ends meet at the end of the month?” The response has a sensitivity of 98% and specificity of 64% identifying individuals living below the poverty line and can be incorporated into the assessment of a client. This allows service providers to use strategies which are effective or promising to support the targeted population.

The following strategies have been shown to be successful with the general population and are promising in situations with women from lower socioeconomic backgrounds:

- Peer counseling (Chapman, 2004; Kistin, 1994; Olson, 2010; Schafer, 1998; Shaw, 1999) Peer counselors support and encourage women to breastfeed (Schafer, 1998) and normalize breastfeeding.
- Combined peer and professional support offered in hospital, at home and over the telephone. This provides women with the benefits of social support and the normalizing of breastfeeding while also addressing negative symptoms such as breast discomfort, fatigue, depression and anxiety (Pugh, 2001).
- Prenatal and postnatal lactation instruction from a lactation consultant (Bonuck, 2005; Brent, 1995; Petrova, 2009). Lactation consultants educate women about the benefits of breastfeeding and help them identify and overcome perceived barriers to breastfeeding (Bonuck, 2005).



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