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Mr James Catchpole  
Committee Secretary  
Standing Committee on Health and Ageing  
PO Box 6021  
Parliament House  
CANBERRA ACT 2600

Dear Mr Catchpole

**Inquiry into the health benefits of breastfeeding – submission from the Australian Institute of Family Studies**

Thank you for your invitation to make a submission to the Standing Committee on Health and Ageing's inquiry into the health benefits of breastfeeding. Please find enclosed the Institute's submission.

The prime purpose of the Institute's submission is to inform and give examples to the Committee of the data source, Growing Up in Australia, the Longitudinal Study of Australian Children (LSAC), that may be of use in helping determine the short- and long-term benefits of increasing the rates of breastfeeding.

Please do not hesitate to contact me if you require any additional information.

Yours sincerely

**Professor Alan Hayes**  
Director

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**Australian Government**

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**Australian Institute of Family Studies**

**House of Representatives Standing Committee on  
Health and Ageing**

**Inquiry into the health benefits of breastfeeding**

**Submission from the Australian Institute of Family Studies**

**Prepared by:**

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**Authorised by:**

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# Submission to the Standing Committee on Health and Ageing: Inquiry into the health benefits of breastfeeding

March 2007

## Introduction

The Australian Institute of Family Studies is pleased to have the opportunity to make a submission to the Standing Committee on Health and Ageing's inquiry into the health benefits of breastfeeding. Since its establishment in 1980, the Institute has undertaken research on family factors that impact upon the health, development and wellbeing of children in Australia.

This submission provides new data on rates of breastfeeding in Australia and how the rates differ between different groups of mothers. The data is drawn from a new major national study of young children and their families - *Growing Up in Australia*: the longitudinal study of Australian children (LSAC). LSAC was initiated and is funded by the Australian Government Department of Families, Community Services and Indigenous Affairs and is being undertaken in partnership with the Australian Institute of Family Studies.

LSAC has a large representative sample of two cohorts of children – approximately 5,000 infants aged 0-1 years and 5,000 children aged 4-5 years at the time of the first interview in 2004. The second wave of interviews was conducted in 2006. At the time of preparation of this submission only data from the first wave of interviews (2004) was available. Information is collected about many aspects of children's development, including measures of their physical and mental health, and social-emotional and cognitive development. Data are also collected on diet and nutrition, including the length of time the child was breastfed (and exclusively breastfed), and on other characteristics that relate to children's outcomes and whether and how long a mother breastfeeds. Further details of this study are provided in Attachment A. A summary of the survey is provided by Gray and Sanson (2005).

A substantial body of research has shown that there are health benefits to children from being breastfed. However, many Australian children are not breastfed at all or only breastfed for relatively short periods of time. The rates of breastfeeding in Australia appear to be largely unchanged since 1995 (ABS, 2001).

There are many factors that may influence whether and how long a mother breastfeeds (see, for example, Jacknowitz, 2004; and Arora, 2000). These include: the perceived benefits; the extent to which it feels natural to the mother; the emotional bonding between mother and baby; the father's attitude; uncertainty about the quantity of breastmilk; information available; family and other support; and the age of the child if and when the mother returns to work. Demographic characteristics of the mother and her family may also be related to whether and how long she breastfeeds.

This submission provides information on:

- duration of breastfeeding (including exclusive breastfeeding) in Australia;
- rates of breastfeeding (including exclusive breastfeeding) by socio-economic and demographic characteristics of the mother and family, including rates of breastfeeding by the employment status of mothers; and
- sources of advice and support used by parents.

## Duration of breastfeeding

LSAC collects information on how old the child was when he/she first had any milk or food other than breast milk (end of exclusive breastfeeding) and how old the child was when the child completely stopped being breastfed.<sup>1</sup>

According to LSAC, 11 per cent of children born in 1999<sup>2</sup> were never breastfed.<sup>3</sup> At 3 months, the majority of children (69 per cent) were being breastfed. By 6 months, 55 per cent were still being breastfed, but by 12 months the proportion had dropped to 28 per cent (see Table 1). Data for children born in 2003 will be available later this year.

These estimates appear to be broadly consistent with results from the ABS 2001 National Health Survey (NHS) which estimated that 13 per cent of infants aged 0-3 years had never been breastfed, 48 per cent were being breastfed at age 6 months, and 23 per cent were still being breastfed by age one (ABS, 2001). Current National Health and Medical Research Council guidelines (NHMRC, 2003) recommend breastfeeding with appropriate complementary foods up to at least 12 months of age.

Despite the current National Health and Medical Research Council (NHRMC) recommendation that children be exclusively breastfed for 6-months<sup>4</sup>, 49 per cent of LSAC children born in 1999 stopped being exclusively breastfed by 4 months of age, and a further 33 per cent had stopped by 6 months of age. There were 6 per cent of children who were exclusively breastfed for 7 months or more.

**Table 1. Age of child when breastfeeding ceased, children born in 1999**

	Proportion of children (%)
Never breastfed	11
Up to 3 months	20
3-5 months	14
6-8 months	15
9-11 months	12
12 months	8
13-23 months	14
2 or more years	6
Total	100

Source: LSAC Wave 1, 2004.

**Table 2. Age of child when exclusive breastfeeding ceased, children born in 1999**

	Proportion of children (%)
Never breastfed	11
Up to 3 months	26
3 months	12
4 months	23
5 months	10
6 months	13
7 months or more	6
Total	100

Source: LSAC Wave 1, 2004.

<sup>1</sup> This includes stopping receiving expressed breast milk.

<sup>2</sup> Children were born in the 12-month period March 1999 – February 2000.

<sup>3</sup> This means that the child was never breastfed including with colostrum in the first few days after birth.

<sup>4</sup> At the time these children were babies, the recommendation was to exclusively breastfeed for 4 months.

### **Characteristics related to breastfeeding rates**

LSAC provides information on a range of socio-demographic characteristics. Information on the characteristics of mothers by duration of breastfeeding is useful in considering which policies and programs will be most effective in encouraging higher rates of breastfeeding.

Table 3 presents information on the age of the child when the mother stopped exclusive breastfeeding for a range of socio-economic and demographic characteristics of mothers.

Rates of exclusive breastfeeding for 4 months or more were higher for mothers who:

- were living with a partner when the child was born (54 per cent for those living with a partner compared with 38 per cent of those who were not living with a partner);
- had higher levels of education (67 per cent of those with a Bachelor degree or higher, compared with 43 per cent of those who had less than Year 12);
- were older mothers (58 per cent of those aged 35 years and over when the child was born, compared with 37 per cent of those aged under 25 years when the child was born); and
- returned to work when the child was aged 6 -11 months (60 per cent) as compared those who returned to work when the child was under 3 months(43 per cent).<sup>5</sup>

Rates of never breastfeeding were highest for mothers who:

- were not living with a partner when the child was born (17 per cent compared with 10 per cent of those who were living with a partner);
- had lower levels of education (14 per cent for those who had less than Year 12 compared with 5 per cent for those with a Bachelor degree or higher); and
- were younger mothers (17 per cent for those aged under 25 years when the child was born, compared with 9 per cent for those aged 25 years and over when the child was born).

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<sup>5</sup> This is still a relatively high proportion of working mothers who were exclusively breastfeeding. It appears that this is mainly driven by the number of mothers in this situation who were self-employed and/or working from home.

**Table 3. Length of time child was exclusively breastfed by range of socio-demographic characteristics, children born in 1999**

	Never breastfed %	Exclusively breastfed for up to 4 months %	Exclusively breastfed for 4 or more months %
<b>Whether mother living with a partner when child was born</b>			
Mother living with partner	10	36	54
Mother not living with partner	17	45	38
<b>Mother's highest level of education</b>			
Less than Year 12	14	42	43
Year 12	9	37	55
Bachelor degree or higher	5	28	67
<b>Age of mother when child was born</b>			
Under 25 years	17	46	37
25-34 years	9	37	54
35 years and over	9	33	58
<b>Whether mother speaks a language other than English at home</b>			
Mother speaks a language other than English	12	34	54
Mother only speaks English	10	38	51
<b>Whether child is eldest at home</b>			
Child is eldest	9	40	51
Child has older sibling	12	36	52
<b>Region (a)</b>			
Capital City Statistical Division	11	36	53
Rest of State	10	40	49
<b>Age of child when mother returned to work</b>			
Less than 3 months old	10	47	43
3-5 months	9	42	48
6-11 months	6	34	60
1 up to 2 years old	6	36	58
2 or more years old	12	36	52
Did not return to work/ never worked	12	36	51
<b>All children</b>	<b>11</b>	<b>38</b>	<b>52</b>

Source: LSAC Wave 1, 2004.

- (a) This is at the time of the Wave 1 data collection in 2004, and may not reflect the situation when the child was born.
- (b) Rows may not add to exactly 100 per cent, due to rounding.

Table 4 presents information on the age of child when the mother stopped any form of breastfeeding. Similar patterns emerge by the mothers' socio-economic and demographic characteristics. The patterns are broadly similar to those for exclusive breastfeeding.

**Table 4. Age of child when mother stopped any form of breastfeeding by range of socio-demographic characteristics, children born in 1999**

	Never breastfed %	Under 6 months %	6 to 11 months %	12 months or more %	Total (b) %
<b>Whether mother living with a partner when child was born</b>					
Mother living with partner	9	33	28	29	100
Mother not living with partner	17	41	18	23	100
<b>Mother's highest level of education</b>					
Less than Year 12	14	40	22	24	100
Year 12	9	34	29	28	100
Bachelor degree or higher	5	33	33	39	100
<b>Age of mother when child was born</b>					
Under 25 years	17	46	21	16	100
25-34 years	9	33	28	29	100
35 years and over	9	28	26	37	100
<b>Whether mother speaks a language other than English at home</b>					
Mother speaks a language other than English	12	33	26	30	100
Mother only speaks English	10	35	27	28	100
<b>Whether child is eldest at home</b>					
Child is eldest	9	39	27	25	100
Child has older sibling	12	31	26	30	100
<b>Region (a)</b>					
Capital City Statistical Division	11	34	27	29	100
Rest of State	10	36	26	28	100
<b>Age of child when mother returned to work</b>					
Less than 3 months old	10	39	25	26	100
3-5 months	9	45	25	20	100
6-11 months	6	31	37	25	100
1 up to 2 years old	6	28	31	34	100
2 or more years old	12	33	24	31	100
Did not return to work/ never worked	12	34	23	31	100
<b>All children</b>	<b>11</b>	<b>35</b>	<b>27</b>	<b>28</b>	<b>100</b>

Source: LSAC Wave 1, 2004.

- (a) This is at the time of the Wave 1 data collection in 2004, and may not reflect the situation when the child was born.
- (b) Rows may not add to exactly 100 per cent, due to rounding.

## Parenting advice

LSAC provides data on where parents seek information on parenting, and emotional support and advice. At the time of the Wave 1 interview, most of the children in the younger cohort were of a breastfeeding age, and hence the mothers' sources of information and support may be useful when identifying initiatives that could encourage and support breastfeeding.

The most common source of parenting information used by mothers was family members not living with them and friends (76.6 per cent) (Table 5). Family members not living with family were also the most common source of emotional support or advice (82.9 per cent). However, there are other sources of information and support that mothers use.

After family members not living with family, doctors are the most important source of parenting information, and they are also a common source of emotional support or advice as well. Books, newspapers and magazines are used by many parents as sources for parenting information. Government, community and welfare organisations and other professionals are used by parents for parenting information

**Table 5. Important sources of support used by main parental carer: proportion of parents accessing this source (a), children born in 2003 (b)**

Source of support	Parenting information	Emotional support or advice
	%	%
Family members not living with family	76.6	82.9
Friends	59.9	80.0
Doctors	40.0	16.3
Books, newspapers or magazines	28.5	4.0
Government, community or welfare organisations	23.5	7.6
Other professionals	15.3	7.7
Family members (not partner)	6.2	7.2
Neighbours	5.4	8.0
Internet	5.1	1.0
Television or videos	2.9	0.7
Telephone services	2.8	1.1
Other	1.9	1.3
Priests or religious leaders	1.6	3.7
Teachers	1.1	0.3
No-one	1.0	2.5
Support not needed	0.5	0.3

Source: LSAC Wave 1, 2004.

- (a) The main resident parental carer of the child answered this question (in 97 per cent of cases this was the mother). They were asked to give their three most important sources of information about parenting or caring for their child, and for emotional support or advice, from the above list.
- (b) Children born March 2003 – February 2004.



## **Breastfeeding and support for mothers**

LSAC provides information on the level of support available to mothers from their partners, family and friends.

### **Support from partners**

Mothers were asked how often their partner is a resource or support to them in raising their children and how often they felt that their partner understands and is supportive of their needs as a parent. For both questions, mothers could choose from never, rarely, sometimes, often and always.

With regard to their partner being a resource or support, 56 per cent of mothers of the children born in 2003 reported this was always the case, 32 per cent said often, 10 per cent said sometimes and 2 per cent said never or rarely.

With regard to their partner understanding and being supportive of their needs as a parent, 37 per cent of mothers of children born in 2003 stated that this was always the case, 40 per cent said often, 19 per cent said sometimes and 4 per cent said never or rarely.

Breastfeeding rates did not vary much by level of support.<sup>6</sup> Mothers who reported that their partner was often a resource or support to them were slightly more likely to be breastfeeding when their child was 6 months old, compared to the average (58 per cent compared to 56 per cent), although the difference is not significant. The results were similar for the level of understanding and support shown by partners for the mothers' parenting needs.

### **Support from family and friends living elsewhere**

Mothers were asked how they felt overall about the amount of support or help they got from family and friends living elsewhere, and could respond that they get enough help, don't get enough help, don't get any help at all, or don't need any help.

For mothers whose children were aged 0-1 years at time of interview, those who felt supported or didn't need support (77 per cent of all mothers) had lower rates of breastfeeding than those who didn't feel supported (23 per cent of mothers). For example, 47 per cent of mothers who felt supported were still breastfeeding when the child was aged 6 months, compared with 54 per cent of the mothers who didn't feel supported.

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<sup>6</sup> The breastfeeding rates were generally lower when the partner rarely or never provided support, but as the number of mothers in this situation was small, the difference from the other rates was not statistically significant.

## **Conclusion**

This submission has provided information on breastfeeding in Australia and how this varies by mothers' characteristics, such as age and level of education. This is important information when considering the policies and programs that will be most effective in increasing rates of breastfeeding.

LSAC is an ideal source for improving our understanding of the impacts of breastfeeding on the health outcomes of children. The longitudinal nature of the study will allow the health trajectories of children who have been breastfed, as compared to those who are not breastfed or breastfed for shorter periods of time, to be monitored. The study can also help identify opportunities for initiatives to encourage breastfeeding, through analysis of the relationship between breastfeeding and return to work and identifying where mothers seek support. It is expected that data from LSAC will be used to analyse these types of questions in the future.

## **Attachment A**

### **Overview of *Growing Up in Australia*, the longitudinal study of Australian children**

In 2004, more than 10,000 children and families around Australia agreed to take part in *Growing Up in Australia*, the longitudinal study of Australian children. This study is designed to identify policy opportunities for improving support for children and their families and for the development of early intervention and prevention strategies.

This study involves two representative cohorts of children – approximately 5,000 infants aged 0-1 years and 5,000 children aged 4-5 years when the families agreed to take part in 2004. The study will follow the development of these children until at least 2010, returning to the children and their families every two years.

The study collects information about many aspects of children's development – physical and mental health, social adjustment, cognitive development, and school achievement – and their experiences at home, in child care, at school and in local communities. Socio-economic and other contextual information is also collected.

By tracking children over time, researchers will gain a better understanding of how, why and when children embark on pathways leading to favourable or less favourable outcomes, and where opportunities exist to help children move onto better pathways.

*Growing Up in Australia* study was initiated and funded as part of the Australian Government's *Stronger Families and Communities Strategy* by the Australian Government Department of Families, Community Services and Indigenous Affairs. The study is being undertaken in partnership with the Australian Institute of Family Studies, with advice being provided by a consortium of leading researchers at research institutions and universities throughout Australia. In Wave 1, the data collection was undertaken by I-view, in conjunction with Colmar Brunton Social Research. From Wave 2, the data collection is being undertaken for the Institute by the Australian Bureau of Statistics.

Further information about the study can be found at the Institute's website [www.aifs.gov.au/growingup](http://www.aifs.gov.au/growingup) and in particular in the following reports, all available on the website.

#### **Annual reports**

##### 2005-06 Annual report

This second annual report on the Longitudinal Study of Australian Children contains highlights from Wave 1.5 data and extracts from a number of papers based on Wave 1 data.

##### 2004 Annual report

This is the first annual report on the Longitudinal Study of Australian Children. It explains the basis for the study and highlights some interesting findings.

## **Discussion Papers**

### Introducing the Longitudinal Study of Australian Children

*Discussion paper no.1, June 2002*

The paper presents an overview of the study, incorporating descriptions of the rationale for the study, relevance for policy development, the conceptual framework, broad and specific research questions, and study design. The majority of the paper considers current thinking about how research questions will be addressed, and what data are to be collected.

## **Technical Papers**

### Sample design

*Technical paper no.1, May 2005*

This paper outlines the full details of the sample design for this cross-sequential study comprising two 12-month age cohorts (infants and children aged 4-5 years olds). The paper covers the sampling frame, sampling design, target population, postcode selection, and the selection of children.

### Summarising children's wellbeing: the LSAC Outcome Index

*Technical paper no.2, September 2005*

This paper describes the development of the Outcome Index for Wave 1 of *Growing Up in Australia*, and illustrates ways in which it may be used to shed light on how well children are faring and how this relates to the conditions of their lives.

The LSAC Outcome Index is designed to provide a general indication of how children are developing. LSAC tracks the development of children across multiple domains, and the Outcome Index provides a means of summarising complex information so that it can be more readily used by policy makers, the media and the general public, as well as data analysts. The Index, wherever possible, incorporates measures of both strengths and weaknesses in children's outcomes, rather than just focusing on poor outcomes, reflecting the fact that most children have good developmental outcomes. Thus the Outcome Index has the ability to identify groups of children developing poorly and those developing well.

### Wave 1 weighting and non-response

*Technical paper no.3, May 2006*

This paper details the methodology used to calculate the weights for the Wave 1 sample of *Growing Up in Australia*. This paper should be read in conjunction with Technical Paper No. 1 "Sample Design" which outlines full details of the sample design.

## References

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