

# PREVALENCE OF BREASTFEEDING IN SINGAPORE

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## Introduction

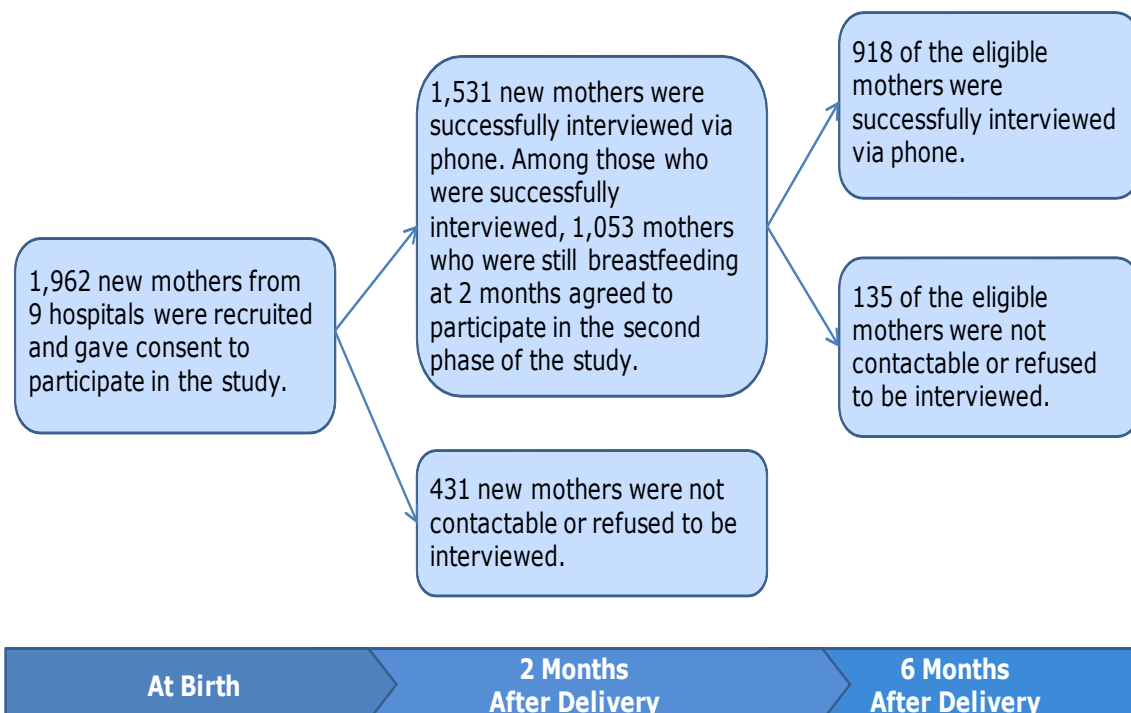
The health benefits of breastfeeding have been widely documented. It is beneficial to both mother and infant. These benefits include:

- antibodies in the breast milk protects the baby from common illnesses;
- provides the necessary bonding and attachment with the mother;
- a reduced risk of Type 2 diabetes for both mother and child;
- a decreased risk of breast and ovarian cancer for the mother;
- a decreased risk of childhood obesity; and,
- a decreased risk of sudden infant death syndrome.

The National Breastfeeding Survey (NBFS) series provides national statistics on the prevalence and duration of breastfeeding among mothers in Singapore. It also identifies factors influencing mothers in their decision to breastfeed. The NBFS was the second national survey conducted on new mothers who delivered between July and September 2011

A total of 1,962 new mothers were recruited to participate in this two-phase study. During the first phase of the study, the mothers were interviewed by phone 2 months after delivery. During the second phase, another phone interview was conducted at 6 months after delivery among mothers who were still breastfeeding at 2 months (Chart 1).

CHART 1 FLOW CHART ON SELECTION OF PARTICIPANTS

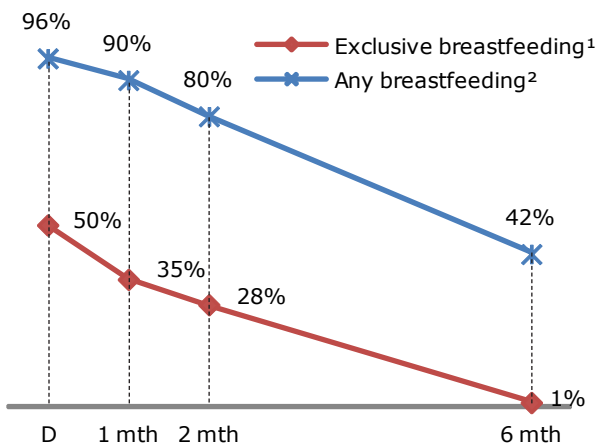


The data collected were used to determine the prevalence of different types of breastfeeding and to examine the motivators and obstacles to breastfeeding among these new mothers.

## Prevalence of Breastfeeding

99% of the new mothers attempted to breastfeed their babies. Although breastfeeding initiation rate was high, subsequent continuation rates were not sustainable. In summary, 96% of the new mothers left the hospital breastfeeding, with 50% of infants being exclusively breastfed. After 2 months, 80% of the mothers were still breastfeeding and slightly over a quarter (28%) were exclusively breastfeeding. At 6 months of age, less than half (42%) of the infants were receiving any breast milk and only 1% were exclusively breastfed (Chart 2).

CHART 2 PREVALENCE OF BREASTFEEDING



D = On day of Discharge  
mth = Number of Months after Delivery

Breastfeeding prevalence was lowest among younger mothers aged 29 and below at all reference time points.

Across ethnic groups, Chinese and Indian mothers had higher prevalence of any breastfeeding compared to other ethnic groups from 2 months after child birth.

Prevalence of breastfeeding is higher for better-educated mothers. At 6 months, the prevalence of any breastfeeding ranged from 15% among those with primary education to 57% among those with university education.

Prevalence of any breastfeeding was lower among working mothers compared to home-makers from 1 month after child birth. (Chart 3).

## Motivators to Breastfeeding Initiation

Majority of mothers (93%) knew that breastfeeding is the best form of feeding for a newborn. Awareness of "breast milk is best for baby" (79%) was the top motivating factor to start breastfeeding.

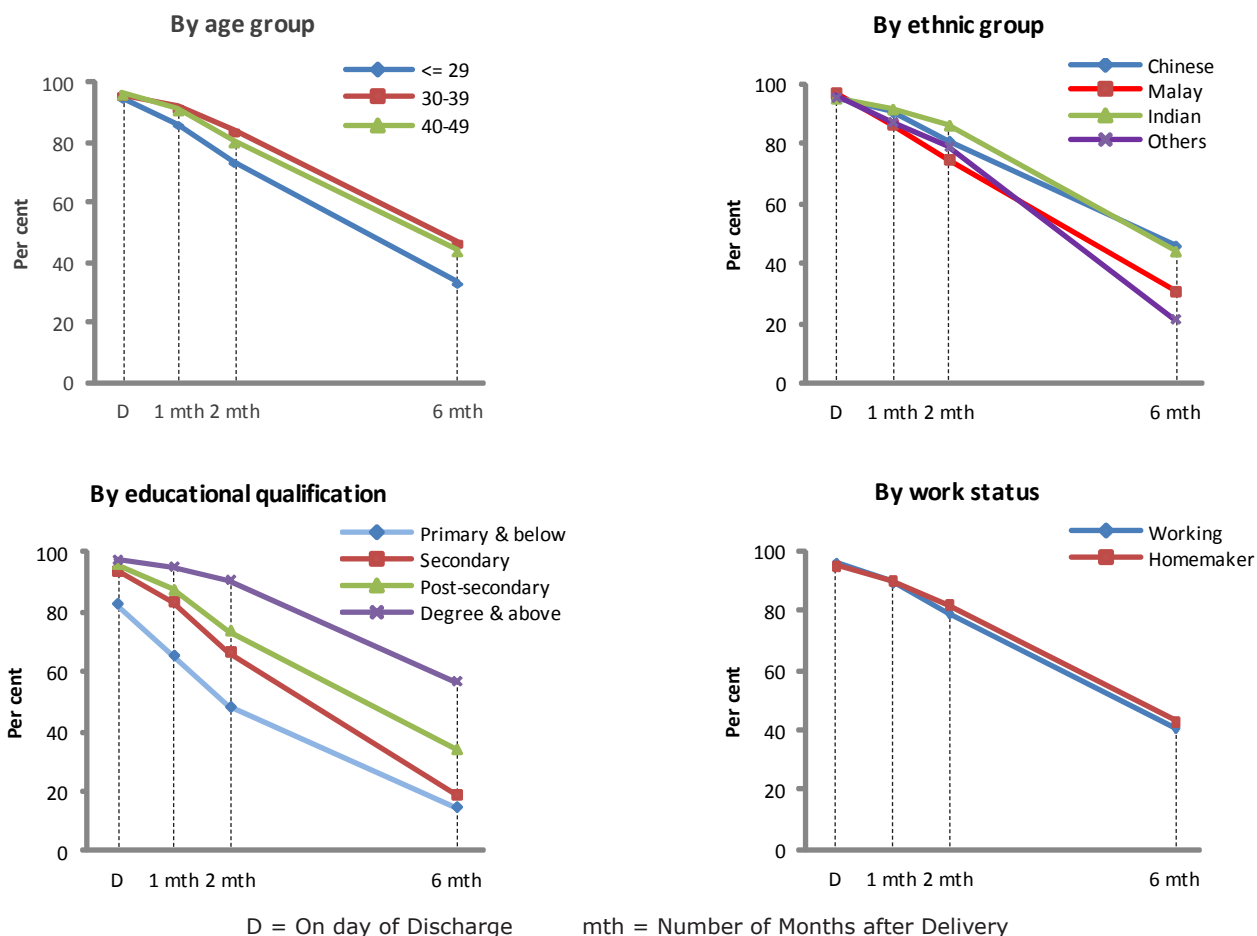
The mothers knew that "breast milk protects baby from a wide range of diseases" (54%) and that mother-baby bonding (53%) was also a push factor for them to initiate breastfeeding.

Other motivators included "breastfeeding is convenient" (18%) and "breastfeeding would help mother to lose weight" (17%).

1 Exclusive breastfeeding is defined as only breast milk (including expressed breast milk) is given. May include drop and syrup forms of vitamins, minerals and medicines and oral rehydration salts (ORS) solution. Predominant breastfeeding is defined as both breast milk (including expressed breast milk) and water are given. May include sweetened water and juices, drop and syrup forms of vitamins, minerals and medicines and ORS solution.

2 Any breastfeeding is defined as infant being exclusively/predominantly breastfed or receiving both breast milk and a formula, with or without solids.

CHART 3 PREVALENCE OF ANY BREASTFEEDING BY SELECTED DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS



## Reasons for Stopping Breastfeeding

Mothers who had stopped breastfeeding during the survey period did so for reasons that varied to some extent depending on whether they stopped breastfeeding within the early weeks or a few months after the birth.

The most common reasons for stopping before 2 months or earlier were: (a) Not able to supply enough breast milk (61%), (b) Need to return to work (24%), and (c) Baby was not able to suck properly/well (18%).

A similar pattern emerged for those who stopped between 2 months and 6 months

after child birth. Although “not able to supply enough breast milk” (50%) became less of an issue for this group of mothers, “the need to return to work” (51%) became the top reason for giving up breastfeeding.

For working mothers and homemakers who breastfed for 6 months or less, the main reasons for stopping breastfeeding were:

Rank	Working Mother	Homemaker
1	Not able to supply enough breast milk 53%	Not able to supply enough breast milk 63%
2	Need to return to work 46%	Mother was tired 12%
3	Baby was not able to suck properly/well 13%	Baby was not able to suck properly/well 12%

Note: Mothers were allowed to give more than 1 reason.

The top reason for both groups of mothers was “not able to supply enough breast milk”. For working mothers, “need to return to work” was the next compelling reason. For homemakers, “mother was tired” and “baby was not able to suck properly/well” were the subsequent reasons for giving up breastfeeding.

## Factors That Would Have Encouraged Mothers to Continue Breastfeeding for a Longer Period

A majority of mothers who stopped breastfeeding stated that they would have carried on for a longer period if given the right support and environment. The main factors that would have encouraged them to do so were:

Rank	Breastfed for 2 months or less	Breastfed for more than 2 months to 6 months
1	If mother could produce enough breast milk 35%	If mother could produce enough breast milk 33%
2	If mother receives more help with care of baby 18%	If maternity leave could be extended to look after the baby 22%
3	If maternity leave could be extended to look after the baby 12%	If the facilities at the workplace could be more conducive for breastfeeding or expressing breast milk 14%

Note: Mothers were allowed to give more than 1 reason.

Among the mothers who stopped breastfeeding, the problem of not producing enough breast milk persisted throughout their entire breastfeeding

experience. For mothers who breastfed for 2 months or less, they also indicated that more help were needed in the care of the baby. This suggested that they may be too overwhelmed by caring of the newborn to concentrate on breastfeeding the baby.

For both working mothers and homemakers, factors that would have encouraged them to breastfeed for longer were:

Rank	Working Mother	Homemaker
1	If mother could produce enough breast milk 32%	If mother could produce enough breast milk 40%
2	If maternity leave could be extended to look after the baby 21%	If mother receives more help with care of baby 13%
3	If mother receives more help with care of baby 13%	If the doctors or nurses or other health professionals had given mother support or counseling on breastfeeding 12%

Note: Mothers were allowed to give more than 1 reason.

Linked to the findings on reasons for stopping breastfeeding, both working mothers and homemakers mentioned “if mother could produce enough breast milk” as a major factor that would have influenced them to breastfeed longer. These findings corroborated to some extent the reasons these mothers gave for stopping breastfeeding.

## Obstacles Encountered During Breastfeeding

Mothers who were still breastfeeding when interviewed were asked if they encountered any obstacles in their attempts to breastfeed.

## Interview at 2 Months after Delivery

49% of the mothers who were still breastfeeding indicated that they did not encounter any obstacles during their breastfeeding experience.

Those who did identified “breast/nipple problems (for example breast engorgement, breast infection, inverted/short nipples, cracked/sore nipples)” (51%), “not able to supply enough breast milk” (47%) and “baby was not able to suck properly” (29%) as major obstacles.

## Interview at 6 Months after Delivery

72% of the mothers who were still breastfeeding said that they did not face any obstacles during their breastfeeding experience.

Similar to the responses received from the mothers 2 at months after delivery, the obstacles encountered were “breast/nipple problems (for example breast engorgement, breast infection, inverted/short nipples, cracked/sore nipples)” (40%), “not able to supply enough breast milk” (37%) and “baby was not able to suck properly” (27%) as the key obstacles.

The proportion of mothers who encountered obstacles decreased as they continued with their breastfeeding journey.

## Conclusion

Breastfeeding initiation rate is high among new mothers. Majority of the mothers were aware of the benefits of breastfeeding. The challenge is to overcome breastfeeding barriers and to encourage mothers to continue breastfeeding, in particular exclusive breastfeeding.

Findings from the NBFS showed that most problems with breastfeeding can be prevented or treated with the right support and information. With the introduction of Baby Friendly Hospital Initiative (BFHI) certification<sup>3</sup> among maternity hospitals, these hospitals would be able to provide the necessary support and equip new mothers with the knowledge and skills to breastfeed successfully. To encourage shared parental responsibility, new fathers are entitled to one week of government paid paternity leave with effect from 1 May 2013, as well as sharing one week of the working mother’s maternity leave. This means that new fathers will have more time to help out in caring the newborn and hence, allowing new mothers more time to rest and concentrate on breastfeeding the baby.

As the labour force participation rate among married women rises, workplace support<sup>4</sup> towards breastfeeding should also improve so that working mothers can successfully combine breastfeeding and employment responsibilities when they return to work.

3 The Baby Friendly Hospital Initiative (BFHI) is a joint UNICEF and WHO project started in 1991. The aim is to increase breastfeeding rates and encourage global breastfeeding standards for maternal services. It encourages hospitals and health care facilities, especially maternity wards to adopt practices that fully protect, promote and support exclusive breastfeeding from birth. The Health Promotion Board (HPB) is currently working with five hospitals that account for 80 per cent of births in Singapore – National University Hospital (NUH), KK Women’s and Children’s Hospital (KKH), Singapore General Hospital (SGH), Mount Alvernia Hospital and Thomson Medical Centre – on achieving BFHI certification by 2014.

4 NTUC U Family recently launched an initiative “Project Liquid Gold” in May 2013 to help raise awareness on the need to support working mothers to breastfeed their babies in the early stages of their lives even after the mothers return to work from maternity leave. It encourages office building owners and employers to provide suitable nursing rooms spaces at workplaces and also to render reasonable break time for female employees to express their breast milk during office hours.