

Survey on
Mothers' Breastfeeding Experience in Public Places

Family Health Service
The Department of Health
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Background

Ample evidence has affirmed the short-term and long-term benefits of breastfeeding on population health, with benefits proportional to its duration and exclusiveness.¹⁻³ As a global public health recommendation, WHO recommends infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.⁴

Prevalence of breastfeeding, its exclusiveness and duration, are affected by a multitude of socio-economic, cultural and environmental factors. Albeit the health benefits of sustained breastfeeding, considerable barriers to breastfeeding remain. Among many others, the US Surgeon General's Call for Action to Support Breastfeeding identifies embarrassment as a formidable barrier to breastfeeding and is closely related to disapproval of breastfeeding in public.⁵ Overseas studies revealed that mothers had been asked to stop breastfeeding or to leave, when they breastfed in public places.⁶ Managers of restaurants and shopping centers reported that they would either discourage breastfeeding in their facilities or would suggest breastfeeding mothers move to a more secluded area.⁶⁻⁸ The unpleasant experience deterred women from direct breastfeeding in public. The 2010 UK Infant Feeding Survey reported three-fifths of mothers who breastfed initially, had breastfed in public when their babies were eight to ten months old. Nevertheless, over one in ten mothers who had breastfed in public said that they had been stopped or been made to feel uncomfortable doing so.⁹

With concerted efforts of the Government and community, the ever-breastfeeding rate in Hong Kong increased from a nadir in the early 1980s to 50% in 1997 and 83% in 2011. However, the exclusive breastfeeding (EBF) rate remained low. According to the 2011 Department of Health (DH) Breastfeeding Survey on babies born in the year 2010, EBF rate at 4 months was only 14.6%.¹⁰ A number of factors at the personal and family, healthcare institution, and community levels contribute to early weaning among breastfeeding mothers. While mothers' early weaning before 1 month was largely due to receiving insufficient breastfeeding support in the immediate postpartum period, those who weaned between 1 to 6 months was mainly due to returning to work.¹¹ The lack of a mother-&-baby-friendly community environment also poses challenges to breastfeeding mothers. There were incidents about women encountering unpleasant experiences when they breastfeed in public, which were reported by the media and local breastfeeding mothers' groups. Complaints related to breastfeeding were lodged with the Equal Opportunities Commission.¹² The aim of the study was to investigate the experience and views of mothers' on breastfeeding in public, as well as the perceived support needed in Hong Kong.

Objectives

The survey aimed to explore and describe mothers' (i) experience and views on breastfeeding in public, and (ii) views on the support needed to facilitate breastfeeding in public.

Methodology

Design

This was a cross-sectional survey.

Participants

Chinese mothers with infants registered with a Maternal and Child Health Centre (MCHC) in Hong Kong fulfilling the following inclusion criteria:

- With experience of direct breastfeeding for at least 2 months,
- Having young children aged between 2 – 12 months,
- Cantonese speaking, and
- Hong Kong residents.

Sample size and sampling

Taking reference to an overseas infant feeding survey that about 58% of mothers who breastfed initially had done so in public,⁹ a conservative estimation about the prevalence of breastfeeding in public among breastfeeding mothers would be 50% (i.e. proportion = 50%). A sample size of 1,830 was estimated with a total width of 95% confidence interval at 4.54%.

The survey was carried out in a network of MCHCs located in the five administrative regions (Hong Kong, Kowloon, New Territories East, New Territories West 1 and New Territories West 2) of Family Health Service, DH. Random sampling was not feasible because of logistic constraints. All clients attended the MCHCs and fulfilled the inclusion criteria within the data collection period would be recruited.

Instrument

In developing the survey instrument, comprehensive literature review was conducted to examine relevant overseas and local studies. Views and comments about local mothers' experiences were also collected from breastfeeding mothers' groups. Thereafter, a semi-structured interview guide was prepared and in-depth interviews with pregnant women and mothers attending MCHCs were conducted. Based on the themes obtained from the in-depth interviews, a survey questionnaire was drafted. It was piloted with mothers at one of the selected sites and further fine-tuned.

A questionnaire on the following aspects was developed:

1. Mothers' experience and views on breastfeeding in public
2. Mothers' views on the support for facilitating breastfeeding in public, including measures for establishing breastfeeding friendly premises and baby care facilities.
3. Mothers' socio-demographic profile - age, education level, occupation, monthly household income and number of children, feeding practice of the child

For details, please refer to Annex 1.

Data collection

The survey was conducted in all 31 MCHCs during the period of 26 August 2013 to 6 September 2013. All eligible mothers were invited to complete a self-administrated questionnaire.

Data analysis

Statistical analysis was conducted using SPSS 16.0. A variety of statistical tests including t test, and chi-squared test were used to investigate differences between groups, association between variables, etc.

Results

The sample

During the study period, 1,924 eligible mothers were recruited and 1,856 valid questionnaires were returned. The response rate was 96.5%. Compared with the 2011 Population Census, a higher proportion of the participants were in the 25 – 34 age group and a lower proportion in the group aged 35 or above. Also, mothers with higher educational attainment (degree course or above) and lower monthly household income (below HK\$40,000) were over-represented in the present sample. (Table 1) Among the 1,838 participants reported their child's current milk feeding practice, 893 (48.6%) reported having breast milk only; 522 (28.4%) having breast milk and formula milk; and 423 (23%) having formula milk only.

Table 1: Social Demographic Characteristics of Participants and Comparison between Participants and Mothers in Households with Children aged 0-5 years (2011 Population Census)

	Participants		2011 Population Census*		Significance
	n	%	n	%	
Mother's age in year	(n = 1840)		(n = 223 683)		<i>p</i> < .001
24 or below	73	4.0	5321	2.4	
25-34	1201	65.3	102058	45.6	
35 or above	566	30.7	116304	52.0	
Mother's education level	(n = 1826)		(n = 223 683)		<i>p</i> < .001
Primary or below	25	1.4	11355	5.1	
Lower secondary	233	12.8	40018	17.9	
Upper secondary / sixth form	570	31.2	81767	36.6	
Diploma / Certificate	217	11.9	13864	6.2	
Sub-degree course	55	3.0	10153	4.5	
Degree course or above	726	39.8	66526	29.7	
Occupation	(n = 1829)				
Managers and administrators	161	8.8			
Professionals / Associate professionals	324	17.7			
Clerks	347	19.0			
Service workers and shop sales workers / Elementary occupations and others	178	9.7			
Unemployed / Housewives / Retired	819	44.8			
Monthly household income	(n = 1770)		(n = 228 517)		<i>p</i> < .001
HK\$9,999 or below	173	9.8	23082	10.1	
HK\$10,000-19,999	487	27.5	53065	23.2	
HK\$20,000-29,999	318	18.0	39341	17.2	
HK\$30,000-39,999	272	15.4	29861	13.1	
HK\$40,000 or above	520	29.4	83168	36.4	

*Source: 2011 Population Census, Census and Statistics Department

Mothers' experience and views on breastfeeding in public

(a) Practices of feeding in public among breastfeeding mothers

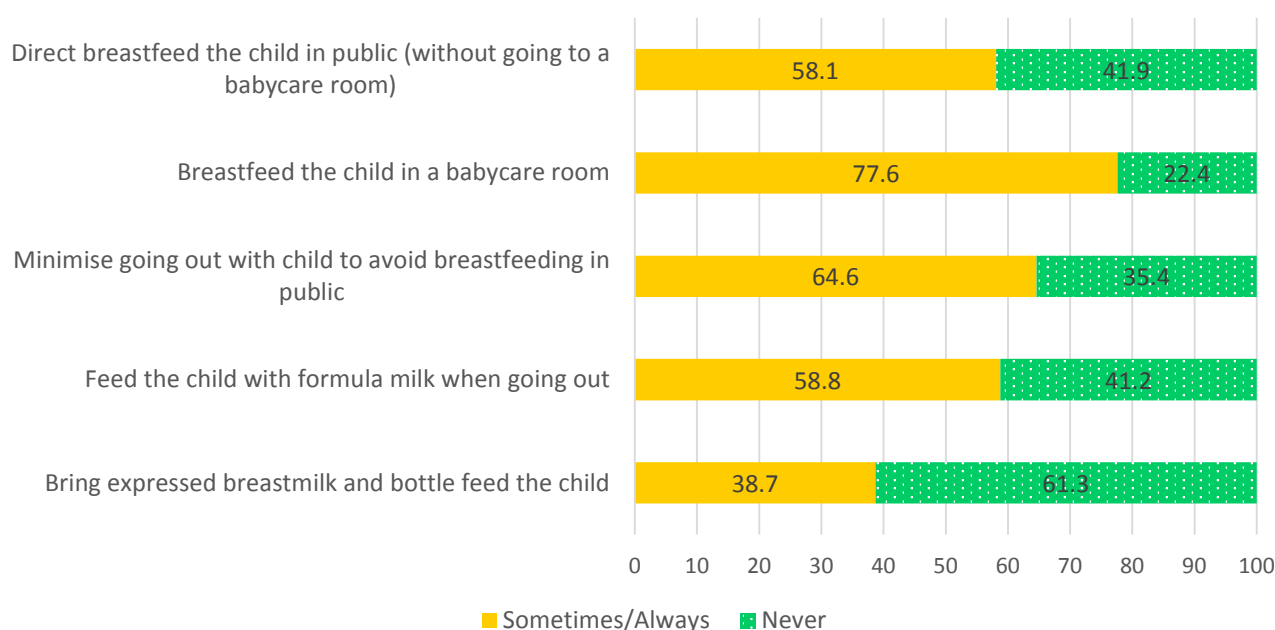
Nearly three-fifths (58.1%) of participants (1,079 out of 1,856 participants) reported they had sometimes or always directly breastfed their child in public. About 77.6% of participants reported they sometimes or always breastfed their child in a baby care room. Nevertheless, about 64.6% of participants would minimise going out with the child to avoid breastfeeding in public. About 58.8% of participants would feed the child with formula milk when going out, while 38.7% would bring expressed breast milk and bottle-feed their child. (Table 2a & Chart 2a)

Table 2a: Mothers' experience in feeding their child in public

	Total (n)	Sometimes /Always		Never	
		No.	%	No.	%
Direct breastfeed the child in public (without going to a baby care room)	1856	1079	58.1	777	41.9
Breastfeed the child in a baby care room	1803	1399	77.6	404	22.4
Minimise going out with child to avoid breastfeeding in public	1755	1134	64.6	621	35.4
Feed the child with formula milk when going out	1744	1025	58.8	719	41.2
Bring expressed breastmilk and bottle feed the child	1770	685	38.7	1085	61.3

Base: all mothers in the survey (N=1856). Each condition was asked in separate question, and participants might report having feeding experience with different conditions.

Chart 2a: Mothers' experience in feeding their child in public



Base: all mothers in the survey (N=1856). Each condition was asked in separate question, and participants might report having feeding experience with different conditions.

(b) Reasons for direct breastfeeding in public

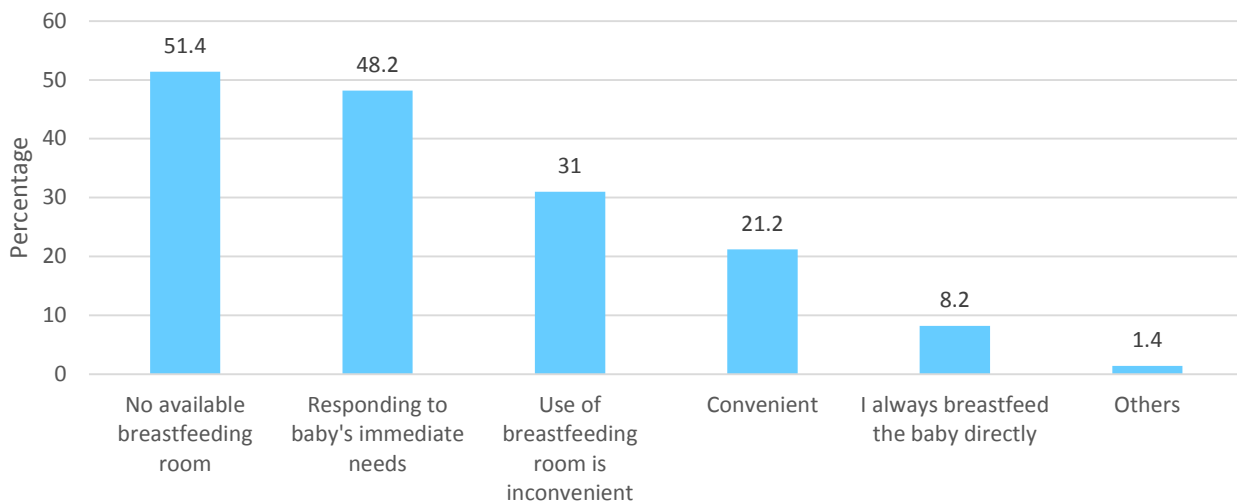
Among the 1,079 participants who had directly breastfed their child in public, the top reasons for doing so were “no available breastfeeding room” (51.4%), “responding to baby’s immediate needs” (48.2%), and “use of breastfeeding room is inconvenient” (31%). (Table 2b & Chart 2b)

Table 2b: Reasons for direct breastfeeding in public[#]

	No.	% [#]
No available breastfeeding room	555	51.4
Responding to baby’s immediate needs	520	48.2
Use of breastfeeding room is inconvenient (include difficult to locate, long queue, need to ask management staff to open the door, etc.)	334	31.0
Convenient	229	21.2
I always breastfeed the baby directly	89	8.2
Others	15	1.4

Base: mothers who had breastfed their children in public place (N=1079). [#]Each participant was asked to give a maximum of 3 reason(s) from a list. There were 1079 participants who responded to the question and gave a total of 1742 reasons. The percentages do not add up to 100%.

Chart 2b: Reasons for direct breastfeeding in public[#]



(c) Reason for not breastfeeding in public

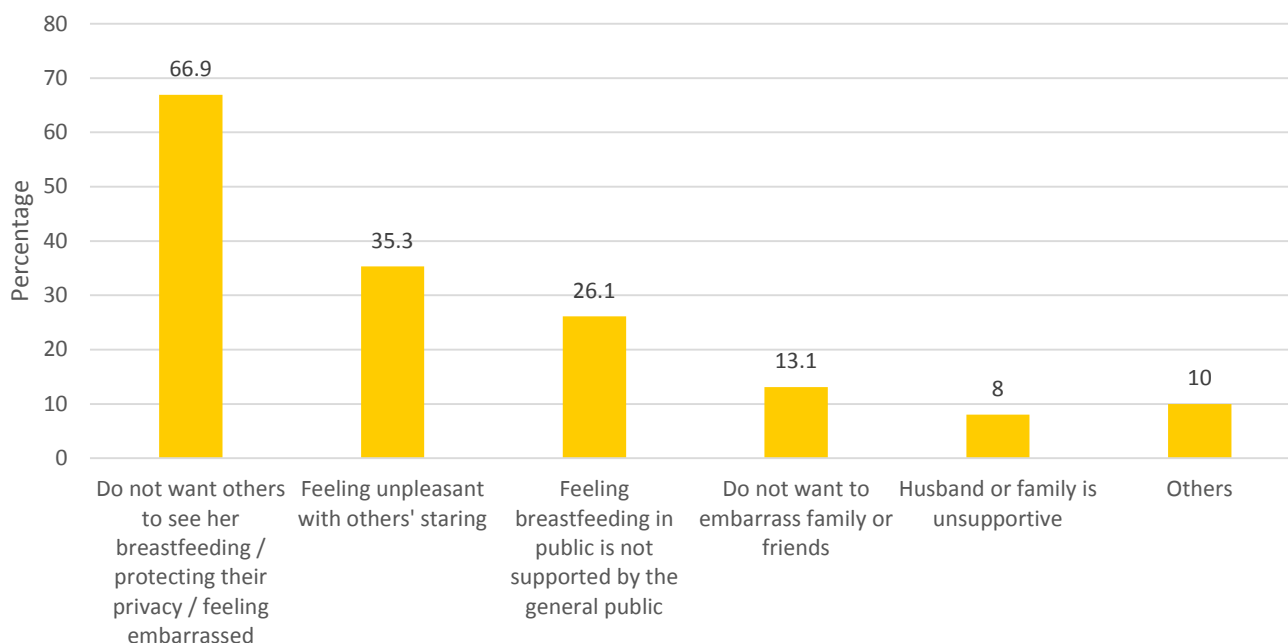
Among the 777 participants who had never breastfed in public, about a half (46.3%) expressed their wish to do so. The most common reasons for not breastfeeding in public were “do not want others to see her breastfeeding” / “protecting their privacy” / “feeling embarrassed” (66.9%), “feeling unpleasant with others’ staring” (35.3%) and “feeling breastfeeding in public is not supported by the general public” (26.1%). About 8% of respondents reported their husband or family was unsupportive. (Table 2c & Chart 2c)

Table 2c: Reasons for not breastfeeding in public[#]

	No.	% [#]
Do not want others to see her breastfeeding / protecting their privacy / feeling embarrassed	520	66.9
Feeling unpleasant with others’ staring	274	35.3
Feeling breastfeeding in public is not supported by the general public	203	26.1
Do not want to embarrass family or friends	102	13.1
Husband or family is unsupportive	62	8.0
Others	78	10.0

Base: mothers who had not breastfed their children in public place (N=777). [#]Each participant was asked to give a maximum of 3 reason(s) from a list. There were 777 participants who responded to the question and gave a total of 1239 reasons. The percentages do not add up to 100%.

Chart 2c: Reasons for not breastfeeding in public[#]



Base: mothers who had not breastfed their children in public place (N=777). [#]Each participant was asked to give a maximum of 3 reason(s) from a list. There were 777 participants who responded to the question and gave a total of 1239 reasons. The percentages do not add up to 100%.

(d) Premises where mothers commonly breastfed their child in public

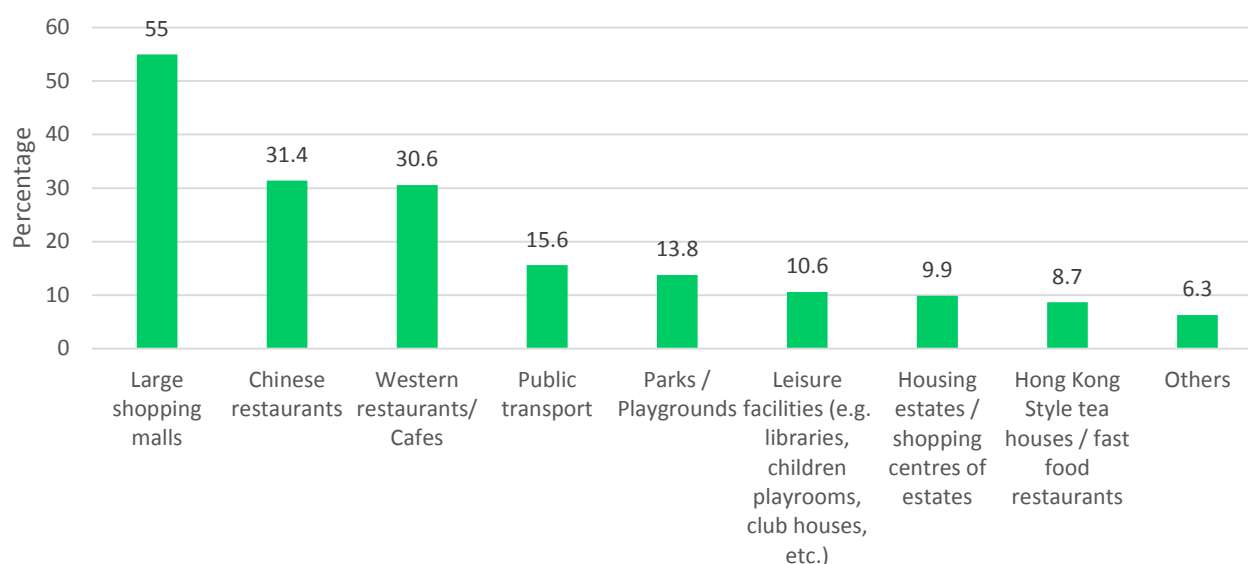
Premises where mothers usually direct breastfed their child were large shopping malls (55%), Chinese restaurants (31.4%), western restaurants and cafes (30.6%), public transport (15.6%), parks and playgrounds (13.8%) and leisure facilities such as libraries and children playrooms (10.6%). (Table 2d & Chart 2d)

Table 2d: Premises where mothers commonly direct breastfed in public*

Where do you usually directly breastfeed in public?	Number	%
Large shopping malls	593	55.0
Chinese restaurants	339	31.4
Western restaurants / Cafés	330	30.6
Public transport	168	15.6
Parks / Playgrounds	149	13.8
Leisure facilities (e.g. libraries, children playrooms, club houses, etc.)	114	10.6
Housing estates / shopping centres of estates	107	9.9
Hong Kong Style tea houses / fast food restaurants	94	8.7
Others	68	6.3

Base: mothers who had breastfed their children in public places (N=1079). *Multiple answers were allowed and the percentages do not add up to 100%.

Chart 2d: Premises where mothers commonly direct breastfed in public*



Base: mothers who had breastfed their children in public places (N=1079). *Multiple answers were allowed and the percentages do not add up to 100%.

(e) Mothers' consideration when choosing premises to breastfeed in public

Participants were asked to score factors that they considered important in choosing premises that they would opt to breastfeed directly in public. The higher the score, the more preferable the factor was in the participant's consideration (5=the most important, 1=the least important). "Cleanliness of environment" was ranked the most important factor, followed by "privacy for mothers" and "quiet and less crowded environment to reduce distraction of child". (Table 2e)

Table 2e. Mothers' consideration when breastfeeding in public

Factors	Mean Score (out of 5)
Cleanliness of environment	4.60
Privacy for mothers	4.28
Quiet and less crowded environment	4.10
Spacious environment	3.61
The staff offers support	3.49

Base: mothers who had breastfed their children in public places (N=1079). *Scores were rated with 1 as least important to 5 as most important.

(f) Unpleasant experience when breastfeeding in public

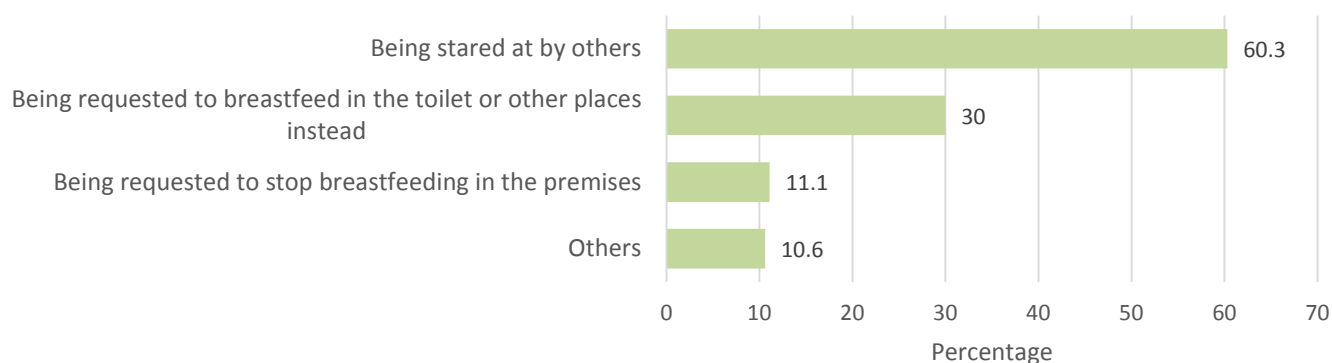
Of the 1,079 participants who had breastfed their children in public places, about one third of mothers (n=360; 33.4%) had encountered unpleasant experiences, which deterred them from further attempts to breastfeed in public places. Among these 360 mothers, about three-fifths (60.3%) reported they were being stared at, nearly one third (30%) were requested to breastfeed in toilet or other places, and 11% were even asked to stop breastfeeding at the premises. (Table 2f & Chart 2f)

Table 2f. Mothers' unpleasant experience when breastfeeding in public

Unpleasant experiences	Number	%
Being stared at by others	217	60.3
Being requested to breastfeed in the toilet or other places instead	108	30.0
Being requested to stop breastfeeding in the premises	40	11.1
Others	38	10.6

Base: mothers who had unpleasant experience when breastfeeding their children in public places (N=360). *Multiple answers were allowed, the percentages do not add up to 100%.

Chart 2f. Mothers' unpleasant experience when breastfeeding in public



Base: mothers who had unpleasant experience when breastfeeding their children in public places (N=360). *Multiple answers were allowed and the percentages do not add up to 100%.

Mothers' views on the support warranted to facilitate breastfeeding in public

(a) Support to facilitate breastfeeding in public

Participants were asked to indicate conditions that they considered important in supporting mothers to breastfeed in public. The higher the score, the more preferable the factor was in the participant's consideration (5=the most important, 1=the least important). "Public premises that welcome and provide assistance to breastfeeding mothers" was considered the most important condition, followed by "the general public accepts mothers directly breastfeeding in public" and "husband supports and provides assistance". (Table 3a)

Table 3a. Conditions that mothers consider important in supporting them breastfeed in public

Factors	Mean Score (out of 5)
Public premises that welcome and provide assistance to breastfeeding mothers	4.43
The general public accepts mothers directly breastfeeding in public	4.37
Husband supports and provides assistance	4.28
Family members support and provide assistance	4.23
Other mothers breastfeed in public	4.02

Base: all mothers in the survey (N=1856). *Scores were rated with 1 as least important to 5 as most important.

(b) Measures to be provided by breastfeeding friendly premises

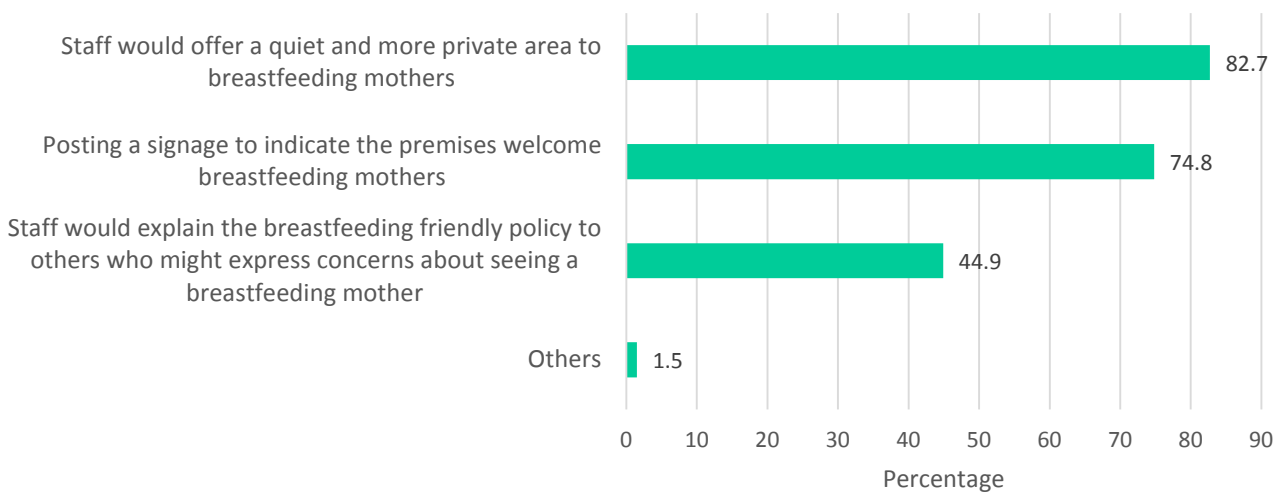
When asked about the supportive measures wished to be provided by breastfeeding friendly premises, a majority of participants opted to include measures such as “staff would offer a quiet and more private area to breastfeeding mothers” (82.7%), “posting a signage to indicate the premises welcome breastfeeding mothers” (74.8%), and “staff would explain the breastfeeding friendly policy to others who might express concerns about seeing a mother breastfeed”. (Table 3b & Chart 3b)

Table 3b: Preference on supportive measures to be provided by breastfeeding friendly premises

	No.	%*
Staff would offer a quiet and more private area to breastfeeding mothers	1535	82.7
Posting a signage to indicate the premises welcome breastfeeding mothers	1388	74.8
Staff would explain the breastfeeding friendly policy to others who might express concerns about seeing a mother breastfeed	833	44.9
Others	28	1.5

Base: all mothers in the survey (N=1856). *Multiple answers were allowed, the percentages do not add up to 100%.

Chart 3b: Preference on supportive measures to be provided by breastfeeding friendly premises



Base: all mothers in the survey (N=1856). *Multiple answers were allowed, the percentages do not add up to 100%

(c) Views on baby care rooms or breastfeeding facilities

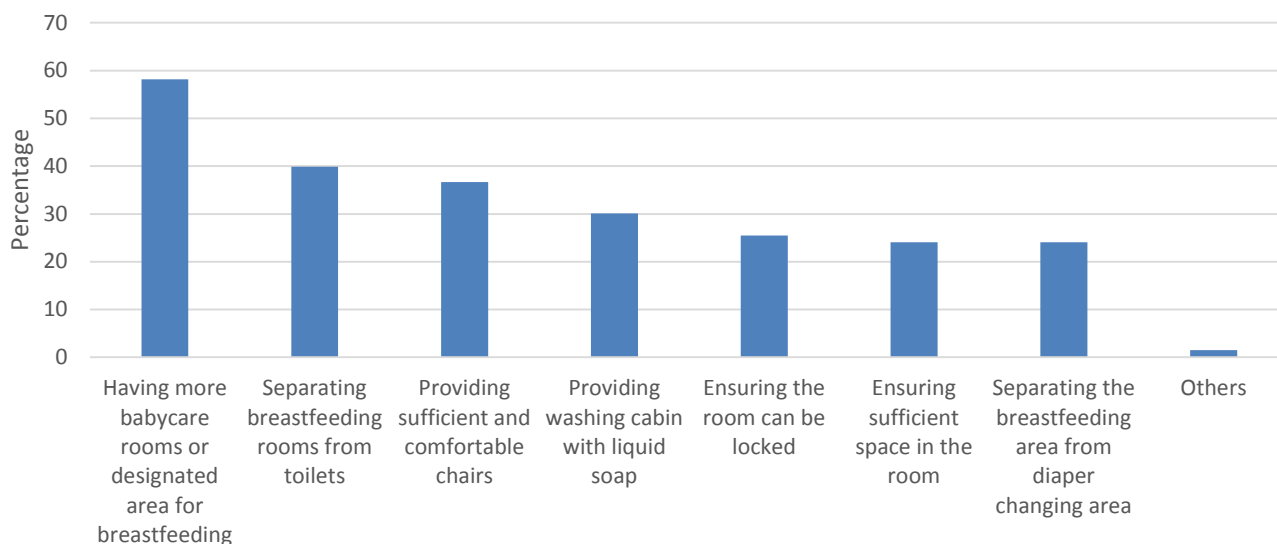
Participants were asked to opt for a maximum of 4 improvement measures for existing baby care rooms or breastfeeding facilities. The improvement measures recommended by breastfeeding mothers were “having more baby care rooms or designated area for breastfeeding” (58.2%), “separating breastfeeding rooms from toilets” (39.9%), “providing sufficient and comfortable chairs” (36.7%), “providing washing cabin with liquid soap” (30.1%). (Table 3c & Chart 3c)

Table 3c: Improvement measures opted for existing baby care rooms or breastfeeding facilities

	No.	%#
Having more baby care rooms or designated area for breastfeeding	1081	58.2
Separating breastfeeding rooms from toilets	740	39.9
Providing sufficient and comfortable chairs	681	36.7
Providing washing cabin with liquid soap	559	30.1
Ensuring the room can be locked	473	25.5
Ensuring sufficient space in the room	448	24.1
Separating the breastfeeding area from diaper changing area	447	24.1
Others	27	1.5

Base: all mothers in the survey (N=1856). #Each participant was asked to give a maximum of 4 reason(s) from a list and the percentages do not add up to 100%.

Chart 3c: Improvement measures opted for existing baby care rooms or breastfeeding facilities



Base: all mothers in the survey (N=1856). #Each participant was asked to give a maximum of 4 reason(s) from a list and the percentages do not add up to 100%.

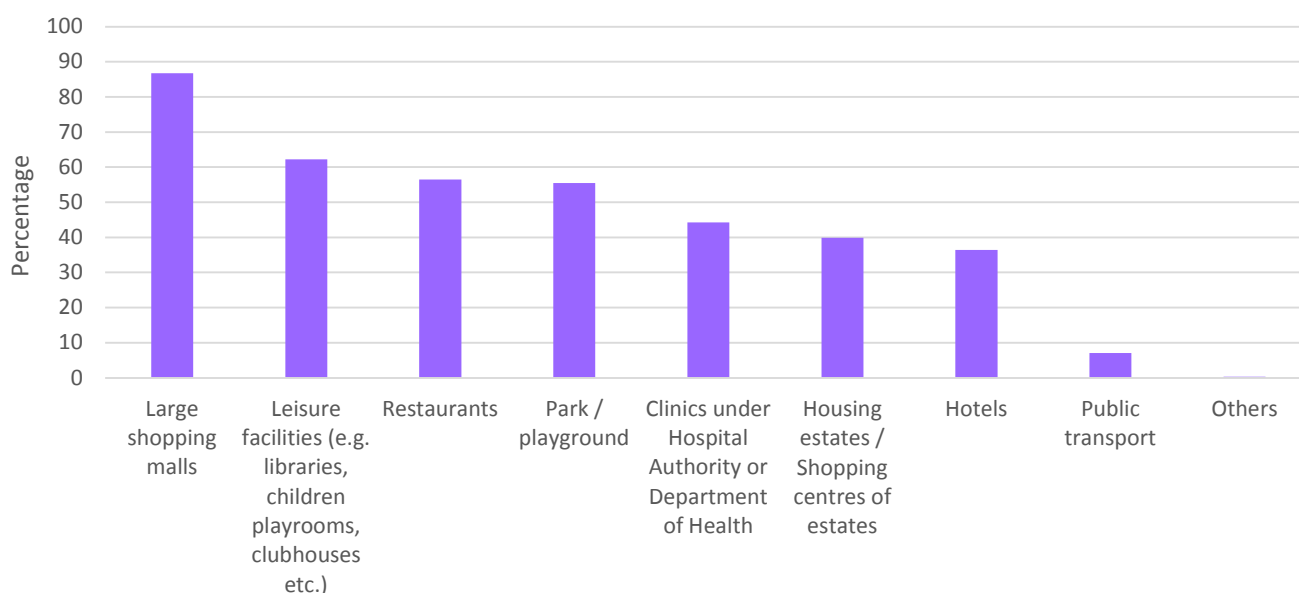
Respondents have indicated that more baby care rooms or designated area for breastfeeding should be provided in the following venues: large shopping malls (86.7%), community leisure facilities (62.2%), restaurants (56.5%), park or playground (55.5%), clinics (44.3%), and hotels (36.4%). (Table 3d & Chart 3d)

Table 3d: Public place mothers want more babycare rooms or designated area for breastfeeding*

What kind of public places in which you want more babycare rooms or designated area for breastfeeding?	Number	%
Large shopping malls	1610	86.7
Leisure facilities (e.g. libraries, children playrooms, clubhouses etc.)	1155	62.2
Restaurants	1408	56.5
Park/playground	1031	55.5
Clinics under Hospital Authority or Department of Health	822	44.3
Housing estates/Shopping centres of estates	740	39.9
Hotels	675	36.4
Public transport	132	7.1
Others	5	0.3

Base: all mothers in the survey (N=1856). *Multiple answers were allowed and the percentages do not add up to 100%.

Chart 3d: Public place mothers want more babycare rooms or designated area for breastfeeding*



Base: all mothers in the survey (N=1856). *Multiple answers were allowed and the percentages do not add up to 100%.

Association between participants' social demographic characteristics and their practices of feeding in public

The Chi Squared test was used to examine any association between the participants' practices of feeding in public and their social demographic characteristics, namely age, education level, occupation, monthly household income, current milk feeding practice and number of children they have. Breastfeeding in public was associated with mothers with lower education level, mothers who were housewives or unemployed, and mothers with lower monthly household income. Mothers who were currently feeding their babies with breast milk only and mothers of second or later babies were more likely to have breastfed in public. (Table 4)

Table 4. Mothers' experience in breastfeeding in public

	Base (n)	Mothers who had not breastfed in public (%)	Mothers who had breastfed in public (%)	P-value
Mother's age in year				
24 or below	73	43.8	56.2	0.113
25-34	1201	40.2	59.8	
35 or above	566	45.4	54.6	
Mother's education level				
Lower secondary or below	258	31.0	69.0	<0.001
Upper secondary / Sixth form	570	38.9	61.1	
Diploma / Certificate / Sub-degree	272	43.4	56.6	
Degree course or above	726	47.7	52.3	
Occupation				
Managers and administrators	161	48.4	51.6	<0.001
Professionals / Associate professionals	324	51.5	48.5	
Clerks	347	48.4	51.6	
Service workers and shop sales workers / Elementary occupations and others	155	45.8	54.2	
Housewives / Unemployed	842	33.7	66.3	
Monthly household income				
HK\$9,999 or below	173	32.9	67.1	<0.001
HK\$10,000-19,999	487	35.9	64.1	
HK\$20,000-29,999	318	39.9	60.1	
HK\$30,000-39,999	272	45.6	54.4	
HK\$40,000 or above	520	51.0	49.0	
Current Milk Feeding Practice				
Breast Milk Only	893	32.4	67.6	<0.001
Mixed Feeding	522	48.3	51.7	
Formula Milk Only	423	54.1	45.9	
Number of Children				
1	1014	46.4	53.6	<0.001
2	695	37.4	62.6	
3 or more	111	35.1	64.9	

Base: all mothers in the survey (N=1856)

Discussion

Mothers' experience and views on breastfeeding in public

The study revealed nearly three-fifths of the participating breastfeeding mothers had directly breastfed their child in public. Among those who had never breastfed in public, about a half expressed their wish to do so. A significant proportion of the participants would avoid breastfeeding in public by minimising going out with the child, feeding the child with formula milk instead, or bottle-feeding their child with expressed breast milk when going out. Premises where mothers commonly directly breastfed their child were large shopping malls, western restaurants and cafes, public transport, parks and leisure facilities such as libraries and children playrooms. Reasons for direct breastfeeding in public included “no available breastfeeding room”, “timely response to baby’s needs”, and “inconvenient to use the breastfeeding room”.

About one third of the participants had encountered unpleasant experiences which deterred them from further attempts to breastfeed in public places. These included being stared at by people nearby, being requested to breastfeed in toilet or other places, or even asked to stop breastfeeding at the premises.

This study revealed considerable barriers to breastfeeding in public in Hong Kong, albeit a majority of the participants expressed the need to do so. The findings of the survey echo similar overseas studies. A national infant feeding survey revealed about 58% of British mothers breastfeeding initially, had breastfed in public when their babies were eight to ten months old. Although legislations to protect breastfeeding in public are in place, the study revealed that 47% of those who had ever breastfed in public said that they had encountered problems finding somewhere to feed, and 11% said that they had been stopped from breastfeeding or made to feel uncomfortable.⁹ A recent UK study also reported that one of the main reasons women identified for stopping breastfeeding was perceived or experienced difficulty when breastfeeding in public. About 63% of breastfeeding mothers in London reported that they had received unsupportive comments while breastfeeding in a public place.¹³ An earlier US study found that only 43% of adults believed that women should have the right to breastfeed in public places.¹⁴

In our study, breastfeeding in public was associated with mothers with lower education level, mothers who were housewives or unemployed, mothers with lower monthly household income, and mothers of second or later babies. In contrast to our findings, an overseas study revealed breastfeeding in public was particularly associated with mothers who were older, or mothers who were classified to the managerial/professional socio-economic group, or mothers who lived in the least deprived quintile, and mothers of second or later babies.⁹

Mothers' views on the support to facilitate breastfeeding in public

The participants considered the most important condition for supporting breastfeeding in public was “premises that welcome and provide assistance to breastfeeding mothers”, followed by “public acceptance”, and “supportive attitude of the husband”. They opined that breastfeeding friendly premises should include supportive measures such as posting a signage to indicate the premises welcome

breastfeeding families, staff offering a quiet and more private area for breastfeeding, and explaining the breastfeeding friendly policy to others who might express concerns about seeing a mother breastfeed. Additionally, the participants indicated the needs for improving existing baby care rooms or breastfeeding facilities, including increasing the number of facilities, separating breastfeeding rooms from toilets, providing sufficient and comfortable chairs and a washing cabin. More baby care or breastfeeding rooms should be provided in community facilities such as large shopping malls, leisure facilities, restaurants, park or playground and health clinics.

Overall, the findings of this study highlight the key areas for fostering a more breastfeeding-friendly community. Health education should be strengthened to increase the public awareness and acceptance of breastfeeding in public. Mothers' choices of where to breastfeed their child should be respected. Mothers should not be asked to stop breastfeeding, or breastfeed in toilet or other places instead. Support from husband and family should also be emphasised. Taking reference to overseas experience like United Kingdom, Australia and Canada,¹⁵⁻¹⁷ the promulgation of breastfeeding friendly measures in public premises frequented by families would enhance the awareness of staff and patrons of the premises in supporting the needs of breastfeeding families. Last but not least, legislation protecting women's right to breastfeed in public may need to be considered.¹⁸

Strengths and limitations

To our knowledge, this study is one of the first local studies that specifically explored mothers' experience and views on breastfeeding in public. It provides a baseline for further research and helps to inform future strategies for breastfeeding promotion. Although random sampling was not feasible due to logistic constraints, the selection of participants was achieved to cover mothers with direct breastfeeding experience from different geographic districts. The response rate of the study was 96.5%. The demographic profile of participants was compared with the 2011 Population Census.

Nonetheless, this is a cross-sectional study that does not enable a causal relationship to be drawn. The collection of data was achieved by a self-completed questionnaire. There is a risk of introducing information bias due to social desirability. Also, the participants were solely mothers and thus the results may not be generalized to fathers and the general public.

Conclusions

The study revealed nearly three-fifths of breastfeeding mothers had directly breastfed their child in public. Among those who had never breastfed in public, about a half expressed their wish to do so. Nevertheless, about one third of mothers who had breastfeeding in public encountered unpleasant experiences which deterred them from further attempts to breastfeed in public places. Mothers considered the important conditions for supporting breastfeeding in public included premises that welcome and provide assistance to breastfeeding mothers, followed by public acceptance, and the supportive attitude of the husband. The findings highlight the key areas for fostering a more breastfeeding-friendly community.

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媽媽對「在公共場所餵哺母乳」的觀感及經驗問卷調查

妳好！衛生署家庭健康服務正在進行一項有關媽媽在本港公共場所餵哺母乳的問卷調查，希望了解媽媽的經驗及看法，並可能利用所得的調查結果，製作與母乳餵哺相關的教育資源。若妳是香港居民，現育有一名介乎 2 至 12 個月大的孩子，並正在或曾經給孩子直接埋身餵哺母乳，便符合參加資格。此問卷調查將不記名，妳是否參與不會影響妳使用本署服務的任何權利。如妳對是項調查有任何查詢，歡迎致電 3976 0859 與研究主任李小姐聯絡。

除特別註明外，每題請選一項(請劃✓)，並在有需要時註明相關資料。

第一部分—孩子基本資料

1. 孩子的年齡：____個月大
2. 孩子的飲奶現況：[可選多項]
 - 母乳(人奶)：每天____次埋身餵哺 及 ____次以奶瓶、匙羹或杯等餵人奶
 - 配方奶：每天____次

第二部分—在本港公共場所餵母乳的經驗 (包括商場、食肆、公園等地方)

3. 妳有多經常用下列做法在公共場所餵奶(包括人奶及配方奶)？

做法	頻繁程度		
	從不	間中	經常
在公共場所埋身餵人奶 [毋需轉往母乳餵哺室、育嬰間等地方]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
到母乳餵哺室或育嬰間餵人奶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
帶備預先擠出的人奶，以奶瓶餵孩子	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
改餵配方奶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
減少帶孩子外出，以避免需要在公共場所餵奶的情況	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
其他(請註明)：	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

在公共場所埋身餵人奶 (不包括母乳餵哺室、育嬰間等地方)

*假如妳未曾在本港的公共場所埋身餵人奶，請跳至本部分第 8 題。

4. 妳會在公共場所埋身餵人奶的主要原因：[最多可選 3 項]
 - 方便
 - 可即時回應寶寶需要
 - 這是我一貫餵哺寶寶的方法
 - 沒有母乳餵哺室
 - 使用母乳餵哺室不方便(包括難找、輪候時間長、需要等候職員開門等)
 - 其他 (請註明)：_____
5. 妳通常在下列哪些公共場所埋身餵人奶？[可選多項]
 - 大型購物商場
 - 屋邨/屋苑商場
 - 公園/遊樂場
 - 康樂文娛設施(如圖書館、兒童遊戲室、屋苑會所等)
 - 餐廳/咖啡室
 - 酒樓
 - 茶餐廳/快餐店
 - 公共交通工具
 - 其他(請註明)：_____
6. 當妳選擇在上述的公共場所埋身餵人奶時，是基於哪些因素？
請以 1–5 分表示各因素的重要性，「1」代表最不重要，「5」代表最重要。請圈出分數。

考慮因素	最不重要	←—————→			最重要
i. 空間寬敞	1	2	3	4	5

ii. 環境寧靜、人流較少，減少孩子分心	1	2	3	4	5
iii. 環境清潔衛生	1	2	3	4	5
iv. 較隱閉，可保障媽媽的私隱	1	2	3	4	5
v. 職員樂意提供協助	1	2	3	4	5
vi. 其他 (請註明)：	1	2	3	4	5

7. 妳曾否遇到任何經歷，減少妳再次在公共場所埋身餵人奶的意欲？

沒有(跳至第三部分)

有，包括以下情況：**[可選多項]**

他人投以奇異目光

受到阻止

被要求轉到洗手間或其他地方餵人奶

其他(請註明)：_____

請選出遇到上述不愉快經歷的場所：**[可選多項]**

大型購物商場

屋邨／屋苑商場

公園／遊樂場

康樂文娛設施(如圖書館、兒童遊戲室、屋苑會所等)

餐廳／咖啡室

酒樓

茶餐廳／快餐店

公共交通工具

其他(請註明)：_____

(跳至第三部分)

8. 妳未曾在公共場所埋身餵哺母乳的主要原因：**[最多可選 3 項]**

不想別人看見自己餵哺母乳／保障自己的私隱／自己感到尷尬

丈夫不支持

家人不支持

不想令同行的家人或朋友尷尬

感到他人投以奇異目光

感到大眾不接納媽媽在公共場所餵哺母乳

其他(請註明)：_____

9. 雖然妳未曾在公共場所埋身餵哺母乳，妳曾否希望這樣做？ 有 沒有

第三部分—有關媽媽在公共場所餵哺母乳的支援

10. 妳認為下列哪些情況最能夠幫助媽媽在公共場所埋身餵人奶？

請以 1–5 分表示各情況的重要性，「1」代表最不重要，「5」代表最重要。請圈出分數。

	最不重要	←—————→			最重要
	1	2	3	4	5
i. 公共場所歡迎媽媽在場餵人奶及提供相關協助	1	2	3	4	5
ii. 得到丈夫的支持及協助	1	2	3	4	5
iii. 得到家人的支持及協助	1	2	3	4	5
iv. 大眾普遍認同和接納媽媽在公共地方埋身餵人奶	1	2	3	4	5

v. 其他媽媽普遍都會在公共場所埋身餵人奶	1	2	3	4	5
vi. 其他 (請註明):	1	2	3	4	5

11. 如果公共場所設有母乳友善政策，妳希望該政策包括下列哪些措施？**[可選多項]**

- 公共場所貼出明確清晰的標示，表明歡迎媽媽在場餵人奶
- 職員樂意向授乳媽媽提供較寧靜、私隱度較高的位置
- 如有人反對媽媽在場餵人奶，職員樂意解釋有關的母乳友善政策
- 其他 (請註明)：_____

12. 妳希望哪些公共場所增設母乳餵哺室或提供特定範圍供媽媽餵人奶？**[可選多項]**

- 大型購物商場 屋邨/屋苑商場
- 醫管局或衛生署轄下診所 公園/遊樂場
- 康樂文娛設施(如圖書館、博物館、兒童遊戲室、屋苑會所等)
- 食肆 酒店
- 公共交通工具 (請註明)：_____
- 其他 (請註明)：_____

13. 妳希望公共場所對現有的母乳餵哺室或育嬰間作出哪些改善措施？**[最多可選 4 項]**

- 增設更多母乳餵哺室或育嬰間 與洗手間明確分隔
- 確保空間充足 設有洗手設施，包括提供洗手液、抹手紙
- 提供足夠且舒適的座椅供哺乳者使用 確保餵哺空間可以上鎖
- 明確分隔餵奶及換尿片的地方 其他 (請註明)：_____

第四部分—個人資料

14. 妳的年齡： 24 歲或以下 25 – 34 歲
 35 – 44 歲 45 歲或以上
15. 教育程度： 未受教育/學前教育 小學(小一至小六)
 初中 (中一至中三) 高中/預科(中四至中七)
 專上教育：文憑/證書課程 專上教育：副學位課程
 專上教育：學位課程或以上
16. 職業： 專業人士 (包括：會計師、教師、律師、警察、醫生、護士、工程師等)
 管理/行政級階層 (包括：商人)
 文員/文職 (文員、秘書等)
 銷售/服務性行業 (售貨員、推銷、侍應等)
 技術/勞動工人 (包括技師、電工、司機、廚師、包裝工人等)
 家庭主婦/料理家務
 退休
 待業
 其他 (請註明)：_____

17. 每月家庭總收入：
- | | |
|--|---|
| <input type="checkbox"/> \$10,000 以下 | <input type="checkbox"/> \$10,000–\$19,999 |
| <input type="checkbox"/> \$20,000 – \$29,999 | <input type="checkbox"/> \$30,000 –\$39,999 |
| <input type="checkbox"/> \$40,000–\$59,999 | <input type="checkbox"/> \$60,000 或以上 |

18. 妳共有多少個孩子？_____ 個

19. 這是妳的第幾個孩子？ 第_____ 個

~問卷完，謝謝妳的寶貴意見~