Awareness of the Benefits of Breast Milk
Collected January 2012 – December 2012
Analyzed May 2013

Monitor Introduction

The purpose of the Awareness of the Benefits of Breast Milk module is to identify public awareness of the benefits of breastfeeding for the baby, determine public beliefs about the benefits of breastfeeding for the mother, and evaluate the awareness of local public health programming promoting breastfeeding. In 2012, there were 1237 adults aged 18 years and older in Waterloo Region included in this module. The questions in this module were asked from January to December 2012 (cycles 10 to 12). Estimates are presented with 95% confidence intervals (CI) and appear in the following format: (CI: XX.X-XX.X). Tests of significance were performed on the data and all statistically significant differences were determined by p-values less than 0.05.

Fast Facts:
- Per cent of adults who believed that a baby who is fed only breast milk for the first six months will get all the food they need for growth: 62.9% (CI: 60.0-65.8).
- Per cent of adults who thought that breast milk helps keep babies from getting sick: 79.0% (CI: 76.5-81.4).
- Per cent of adults who believed that breastfeeding is good for the mother’s health: 80.0% (CI: 77.6-82.4).

Nearly three quarters of Waterloo Region adults believed that a baby who is fed only breast milk for the first six months gets all the food they need to grow

In 2012, 73.2% (CI: 70.3-76.1) of Waterloo Region adults believed that a baby who is fed only breast milk for the first six months will get all the food they need to grow (excluding those who responded “don’t know” or “refused”; 14.1% (CI: 12.0-16.1)).

Significant differences existed by age group, education level, household income, and geography

Adult respondents aged 25 to 44 years were significantly more likely to be aware that a baby who is fed only breast milk for the first six months of life gets all the food they need to grow compared to adults of all other age groups (Table 1).
Table 1: Per cent of adults 18 years and older who believed that a baby who is fed only breast milk for the first six months will get all the food they need to grow, by age group, Waterloo Region, 2012

<table>
<thead>
<tr>
<th>Age Group</th>
<th>18 to 24</th>
<th>25 to 44</th>
<th>45 to 64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast milk only first 6 months sufficient for growth</td>
<td>61.4% (CI: 48.8-73.9)</td>
<td>80.4% (CI: 75.8-84.9)</td>
<td>72.5% (CI: 67.9-77.1)</td>
<td>67.6% (CI: 61.2-74.1)</td>
</tr>
</tbody>
</table>

x, y, z ... Represent statistically significant differences between two proportions (%) with a p-value of less than 0.05, e.g. two proportions with an “x” next to them are statistically different from each other.

Adults with less than a high school education in Waterloo Region were significantly less likely to say that providing a baby with only breast milk for the first six months of life would be sufficient for growth compared to adults with any other education level (Table 2). There was also a significant difference for this response between those with a high school diploma and those with a post-secondary degree.

Table 2: Per cent of adults 18 years and older who believe that a baby who is fed only breast milk for the first six months will get all the food they need to grow, by education level, Waterloo Region, 2012

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Less than High School</th>
<th>High School Diploma</th>
<th>Some Post-Secondary</th>
<th>Post-Secondary Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast milk only first 6 months sufficient for growth</td>
<td>53.9% (CI: 43.8-64.1)</td>
<td>68.5% (CI: 62.1-74.9)</td>
<td>76.4% (CI: 66.7-86.1)</td>
<td>77.7% (CI: 74.1-81.3)</td>
</tr>
</tbody>
</table>

w, x, y, z ... Represent statistically significant differences between two proportions (%) with a p-value of less than 0.05, e.g. two proportions with an “x” next to them are statistically different from each other.

Awareness that only providing breast milk for the first six months would be sufficient for a baby’s growth increased by income level. The proportion was significantly higher among those with a household income of $100,000 or greater (80.6% (CI: 75.1-86.1)) compared to those with a household income of less than $30,000 (61.6% (CI: 52.0-71.2)) and $30,000 to $69,999 (69.6% (CI: 63.7-75.6)).

Significant differences also existed by geography. Waterloo Region adults who resided in the city of Waterloo were significantly more likely to believe that six months of only breast milk would be sufficient for a baby’s growth than adults located in any other city or in the townships (Table 3).

Table 3: Per cent of adults 18 years and older who believe that a baby who is fed only breast milk for the first six months will get all the food they need to grow, by geography, Waterloo Region, 2012

<table>
<thead>
<tr>
<th>Geography</th>
<th>Cambridge</th>
<th>Kitchener</th>
<th>Waterloo</th>
<th>Townships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast milk only first 6 months sufficient for growth</td>
<td>66.2% (CI: 59.1-73.2)</td>
<td>72.6% (CI: 68.2-77.1)</td>
<td>83.4% (CI: 78.2-88.7)</td>
<td>72.3% (CI: 65.0-79.6)</td>
</tr>
</tbody>
</table>

x, y, z ... Represent statistically significant differences between two proportions (%) with a p-value of less than 0.05, e.g. two proportions with an “x” next to them are statistically different from each other.

There were no significant differences by gender.
Nearly nine out of ten Waterloo Region adults believed that breast milk helps to keep babies from getting sick

In 2012, 87.1% (CI: 84.9-89.2) of adults in Waterloo Region believed that breast milk helps keep babies from developing infections and chronic diseases (excluding those who responded “don’t know” or “refused”; 9.3% (CI: 7.6-11.0)).

**Significant differences existed by education level and geography**

Waterloo Region adults with a post-secondary degree were significantly more likely to indicate that breast milk has a protective effect on the health of babies than adults with a high school diploma or those that had attended some high school (Table 4).

**Table 4: Per cent of adults 18 years and older who believed that breast milk helps to keep babies from getting sick, by education level, Waterloo Region, 2012**

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Less than High School</th>
<th>High School Diploma</th>
<th>Some Post-Secondary</th>
<th>Post-Secondary Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast milk keeps babies from getting sick</td>
<td>80.2% (CI: 72.0-88.4) x</td>
<td>82.0% (CI: 76.8-87.2) y</td>
<td>84.7% (CI: 76.8-92.5)</td>
<td>90.6% (CI: 88.2-93.0) x,y</td>
</tr>
</tbody>
</table>

x,y,z …Represent statistically significant differences between two proportions (%) with a p-value of less than 0.05, e.g., two proportions with an ‘x’ next to them are statistically different from each other.

Waterloo Region adult respondents residing in the city of Waterloo were significantly more likely to indicate that breast milk will help keep babies from getting sick than adults located in any other part of Waterloo Region (Figure 1). There was also a significant difference between Cambridge and Kitchener.

**Figure 1: Per cent of adults 18 years and older who believed that breast milk helps to keep babies from getting sick, by geography, Waterloo Region, 2012**

<table>
<thead>
<tr>
<th>Geographical Area</th>
<th>Per cent</th>
<th>w,x,y,z</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridge</td>
<td>79.9</td>
<td>w,x</td>
</tr>
<tr>
<td>Kitchener</td>
<td>87.3</td>
<td>w,y</td>
</tr>
<tr>
<td>Waterloo</td>
<td>93.8</td>
<td>x,y</td>
</tr>
<tr>
<td>Townships</td>
<td>87.2</td>
<td></td>
</tr>
</tbody>
</table>

1 = Confidence Interval

w,x,y,z …Represent statistically significant differences between two proportions (%) with a p-value of less than 0.05, e.g., two proportions with an ‘x’ next to them are statistically different from each other.

No significant differences existed by age group, gender, or household income.
Most Waterloo Region adults believed that breastfeeding is good for the mother’s health

In 2012, 93.5% (CI: 91.9-95.0) of adults in Waterloo Region responded that breastfeeding is good for the mother’s health (excluding those who responded “don’t know” and refused; 14.4% (CI: 12.3-16.5)).

**Significant differences exist by age group, education, and geography**

Waterloo Region adults aged 18 to 24 were significantly more likely to believe that breastfeeding is good for the mother’s mental and physical health than adults in any other age group (Table 5).

**Table 5: Per cent of adults 18 years and older who believed that breastfeeding is good for the mother’s health, by age group, Waterloo Region, 2012**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Per cent (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 24</td>
<td>98.9% (CI: 97.3-100.0) x,y,z</td>
</tr>
<tr>
<td>25 to 44</td>
<td>92.7% (CI: 89.8-95.7) x</td>
</tr>
<tr>
<td>45 to 64</td>
<td>93.2% (CI: 90.5-95.8) y</td>
</tr>
<tr>
<td>65+</td>
<td>92.9% (CI: 89.5-96.3) z</td>
</tr>
</tbody>
</table>

x,y,z ...Represents statistically significant differences between two proportions (%) with a p-value of less than 0.05, e.g. two proportions with an “x” next to them are statistically different from each other.

As well, adults with less than a high school education in Waterloo Region were significantly less likely than adults with some post-secondary education or a post-secondary degree to indicate that breastfeeding is good for the mother’s health (Figure 2). There was also a significant difference between those with a high school diploma and those with a post-secondary degree.

**Figure 2: Per cent of adults 18 years and older who believed that breastfeeding is good for the mother’s health, by education level, Waterloo Region, 2012**

Waterloo Region adults that live in Cambridge (89.1% (CI: 84.4-96.7)) were significantly less likely than those that live in Waterloo or Kitchener to respond that breastfeeding was beneficial to a mother’s health (95.9% (CI: 93.4-98.4) and 94.4% (CI: 92.2-96.6) respectively). No significant differences existed by gender or household income.
About RRFSS survey
Information here is presented from the Rapid Risk Factor Surveillance System (RRFSS). RRFSS is an on-going telephone survey occurring in participating public health units across Ontario. On a monthly basis, a random sample of approximately 100 adults aged 18 and older are interviewed regarding risk behaviours of importance to public health. The survey is conducted by the Institute for Social Research (ISR) at York University, on behalf of Region of Waterloo Public Health. For more information, please visit www.rrfss.ca.

Analyzed Questions (Total Weighted Sample = 1237)
- Do you think a baby who is fed only breast milk for the first six months of life gets all the food they need to grow? (weighted n=1237)
- Do you think that breast milk helps to keep babies from getting sick? (weighted n=1237)
- What about the health of the mother; do you think that it is good for the mother's health if she breastfeeds? (weighted n=1237)

Analyzed Indicators
- Per cent of adults (18+) who are aware that a baby who is fed only breast milk for the first six months gets all the food they need to grow
- Per cent of adults (18+) who are aware that breast milk helps keep babies from getting sick
- Per cent of adults (18+) who think that breastfeeding is good for the mother’s health

Important definitions and cautions
- All data were analyzed according to the RRFSS Manual of Operations. The superscript “E” denotes high sampling variability, and estimates must be interpreted with caution. The superscript “F” denotes unacceptable sampling variability, and estimates or conclusions based on these data will be unreliable and most likely invalid. The sample was weighted to reflect the number of adults in a household.
- A "module" in RRFSS is generally a self-contained group of questions on a specific public health topic. Generally, modules may be added or taken off the RRFSS every four month period (cycle) of the on-going survey system.
- Confidence intervals (an estimated range of values in which the true parameter likely lies) and coefficients of variation (a measure of the distribution of data points) were calculated using unweighted sample sizes and weighted estimates.
- Chi square tests of significance were performed and statistically significant differences were determined by p-values less than 0.05.
- The survey was administered in English using random-digit dialing methodology and describes the behaviours, attitudes, and beliefs of adults 18 years and older in Waterloo Region.
- The proportion of responses that were “don’t know” and “refused” were stated in the results when they represented more than 5% of the sample.
- Responses which include “don’t know” and “refused” were excluded from overall proportions and sub-group analyses.

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