

Original Research

UK views towards breastfeeding in public: an analysis of the public's response to the Claridge's incident

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Well established: The embarrassment UK mothers experience when breastfeeding in public is often a key factor in the decision of the mother to discontinue breastfeeding; moreover, there is convincing evidence that many residents of the United Kingdom are not comfortable with women breastfeeding in public.

Newly expressed: Members of the UK public who object to breastfeeding in public most commonly cited embarrassment (not knowing where to look) and disgust (at bodily fluids and/or functions), rather than the sexualization of the breast, as reasons for their discomfort.

Abstract:

Background: The embarrassment UK mothers experience when breastfeeding in public has often been cited as a key factor in the decision of the mother to discontinue breastfeeding. There is convincing evidence that many UK residents are not comfortable with women breastfeeding in public; however, little is known about the underlying reasons for this discomfort.

Objective: To assess views on breastfeeding in public in the United Kingdom and to understand why some UK residents object to this practice.

Methods: The comment sections of news media websites and parenting forums were systematically identified and reviewed for statements made in response to an incident widely reported in the British press: a woman was asked to cover up while breastfeeding in public at Claridge's, a London luxury hotel. Of these, 805 comments (73,108 words) met the inclusion criteria and were thematically analyzed.

Results: The majority of commenters were supportive of “discreet” breastfeeding in public, but a significant portion felt that breastfeeding in public is always inappropriate. Sexualization of the breast was mainly evoked as something others may experience while viewing a breastfeeding mother, rather than to reflect the commenters' own views. Common justifications cited against breastfeeding in public were onlookers’ embarrassment (not knowing where to look) and disgust (at bodily fluids and/or functions).

Conclusion: Campaigns portraying breastfeeding in public as normal and desirable with a focus on human milk as food rather than a bodily fluid may improve societal acceptance of breastfeeding in public.

Background:

The health benefits of breastfeeding are well established for mothers and infants alike^{1,2}. World Health Organization (WHO) recommends exclusive breastfeeding for the first 6 months, and promoting breastfeeding has become a public health priority. Despite this, breastfeeding rates in the United Kingdom remain below targets, with only 23% and 1% of mothers exclusively breastfeeding at 6 weeks and 6 months, respectively³. The barriers to breastfeeding are well documented and include inconvenience, returning to work, pain, and milk supply, but also limited acceptance in the community⁴⁻⁶. The embarrassment mothers experience when breastfeeding in public is a phenomenon that has been observed in many developed countries: the United Kingdom⁶⁻⁸, Ireland⁹, the United States^{5,10}, Australia¹¹, New Zealand^{12,13}, and Hong Kong¹⁴. Embarrassment when breastfeeding in public has been cited by mothers as a key reason to discontinue or not initiate breastfeeding because women often feel that they have to choose between breastfeeding and going out^{8,15}. Therefore, more

widespread breastfeeding acceptance in the community is seen as a key enabler to increase the practice of exclusive breastfeeding^{4,16}.

In 2010, 11% of UK mothers reported being stopped or made uncomfortable when breastfeeding in public³, despite the 2010 Equality Act, which makes it unlawful for a business to discriminate against a breastfeeding woman. Although carried out in different countries with a range of cultural contexts, surveys have shown that a significant proportion of people are uncomfortable with breastfeeding in public, with, for example, 82.6% of Australians agreeing that "bottle feeding is more acceptable in public places"¹⁷. In 2003, only 48.1% of Americans agreed with the statement, "I am comfortable when mothers breastfeed their babies near me in a public place"¹⁸; in 2008, a study conducted in Tennessee reported that 33.5% of those surveyed were uncomfortable with a mother breastfeeding in a shopping mall or restaurant¹⁹. Among American undergraduate students in 2012, only 35.1% agreed that breastfeeding in public was acceptable²⁰, and relatively few Americans agreed that "women should have the right to breastfeed in public" in 2005²¹. In China, 29.1% and 35.6% of, respectively, male and female undergraduate students agreed that breastfeeding in public was acceptable²². However, these surveys do not provide any insight into the nature of the discomfort with breastfeeding experienced by some members of the public. Moreover, to date, very limited information²³ is available on how people in the United Kingdom view breastfeeding in public.

The aim of this study was to capture the UK community's opinion on breastfeeding in public by analyzing responses to a critical incident widely reported in the British press: in December 2014, a mother having tea at Claridge's, a luxury hotel in London, was asked by a member of staff to cover up with a napkin to breastfeed.

Methods:

The data for this study was gathered from the comments sections of news media websites and parenting forums that related the incident in a news article format (details of selected sites provided in Table 1). Websites of relevance were identified by performing a search using a combination of the keywords "Claridge's" and "breastfeeding." The websites were selected to represent a wide range of UK readership, as classified by the national readership survey (<http://www.nrs.co.uk/>). For ethical reasons²⁴, websites for which a reasonable degree of privacy may be expected (such as blogs and social media sites) were not included in the analysis. However, comments left on widely accessible websites with the intention of reaching a large audience were included. The study was approved and registered by the Sheffield Business School Faculty Research Ethics Committee (Sheffield Hallam University).

All the comments left by members of the public on the just-described websites reporting the Claridge's incident (11,813 in total) were read and assessed against the following inclusion criteria: the comments had to reflect (a) the commenter's personal view on (b) the appropriateness of breastfeeding in public. The data was extracted between March and August 2015, and this search strategy yielded 805 comments that met the inclusion criteria (Table 1).

Two levels of analysis were performed. The first analysis consisted of classifying the comments into three levels of breastfeeding acceptance being expressed, as such:

1. "Always acceptable": Breastfeeding in public is always acceptable.
2. "Acceptable with discretion": Women may breastfeed in public but need to exercise "discretion." For the purpose of this study, comments classified in this category suggested women breastfeed in the corner of the room, with their back to the rest of the room, or with a

shawl or cover over the infant, or included any mention of the words “discretion,” “discreet,” and/or synonyms.

3. “Not acceptable”: It is never acceptable to breastfeed in public. Comments advocating that women should feed in specifically designated rooms, toilets, cars, or at home were classified in this category, along with comments suggesting that women should express their milk to bottle feed in public or should adopt formula over human milk. Mentions that breastfeeding should occur “in private,” “privately,” and/or use of synonyms also fell in this category.

Inter-rater reliability was estimated using Cohen's kappa coefficient on 60 comments taken randomly from different media sources for three pairs of coders. The average κ was 0.871; agreement ranged from substantial to almost perfect²⁵.

The second stage of analysis was undertaken to derive a grounded account of the reasons for the public's perception of the acceptability of breastfeeding in public. This involved a thematic analysis of the data²⁶, which revealed a set of reoccurring themes and related subthemes that were then modelled to illustrate their hierarchical structure and relationships²⁷.

To promote trustworthiness of the findings, the themes and their connectivity were compared for consistency and accuracy across the research team²⁸.

Results:

The proportion of comments belonging to each of the three levels of acceptance for breastfeeding in public differed with the media source (Figure 1).

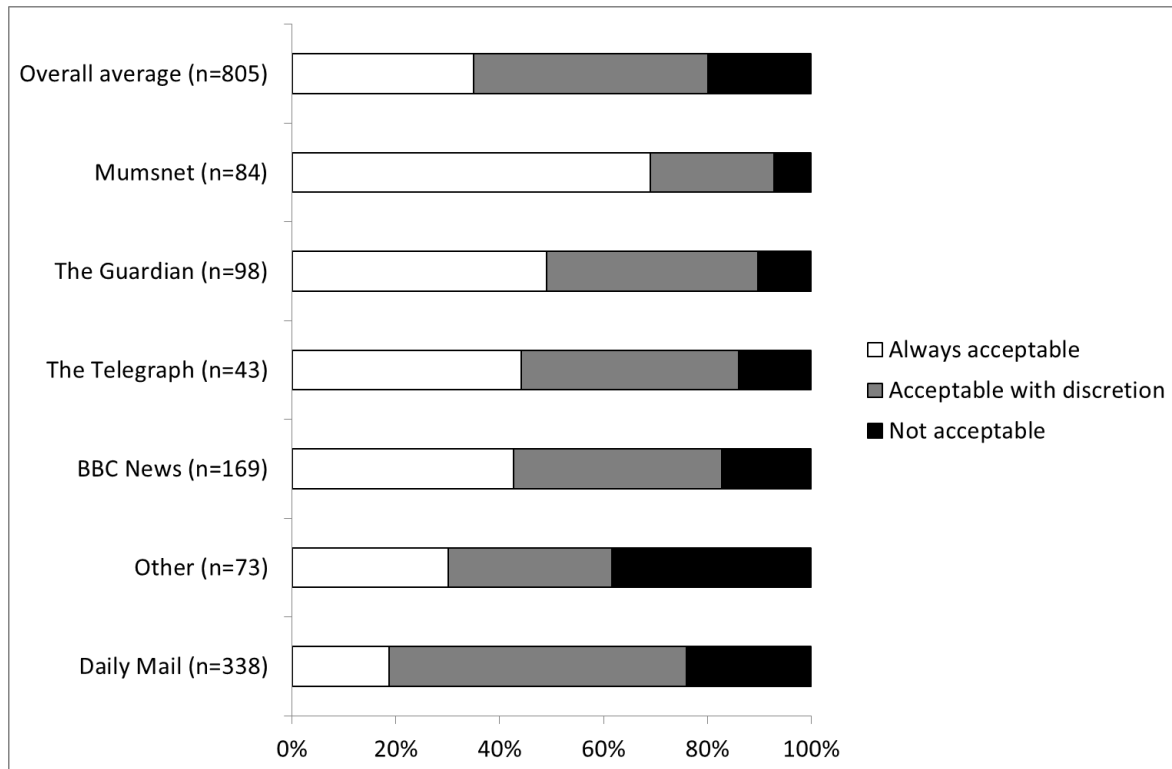


Figure 1: Proportion of comments in the “Always Acceptable,” “Acceptable with Discretion,” and “Not Acceptable” categories of acceptance of breastfeeding in public, by media source.

For clarity, the sites with fewer than 40 comments meeting the inclusion criteria (Table 1) were grouped together under "other," the two British Broadcasting Corporation (BBC) articles were grouped under "BBC News," and the comments from the two articles on parenting forums were grouped under "Mumsnet."

Table 1: websites, overall number of comments, number of comments meeting the inclusion criteria for analysis and associated word counts

Media - Website	Overall Number of Comments Left on Site	Number of Comments Meeting the Inclusion Criteria (Word Count)
Daily Mail Online		
http://www.dailymail.co.uk/news/article-2863487/Women-stage-mass-breastfeed-protest-outside-Claridge-s-London-hotel-ordered-woman-cover-feeding-baby.html	2866	191 (17116)
http://www.dailymail.co.uk/news/article-2857391/Claridge-s-staff-order-mother-cover-huge-napkin-started-breastfeeding-12-week-old-baby.html	3817	147 (11545)
BBC News		
http://www.bbc.co.uk/news/uk-politics-30342953	1143	158 (9882)
The Guardian		
http://www.theguardian.com/lifeandstyle/2014/dec/02/claridges-hotel-breastfeeding-woman-cover-up	2264	98 (10871)
Mumsnet Talk		
http://www.mumsnet.com/Talk/am_i_being_unreasonable/2250513-Claridges-Breastfeeding-Policy?	639	66 (8619)
The Telegraph		
http://www.telegraph.co.uk/women/womens-health/11267989/Mother-forced-to-cover-up-with-large-napkin-while-breastfeeding-at-Claridges.html	669	43 (3354)
Sky News		
http://news.sky.com/story/1387098/mums-stage-breastfeeding-protest-at-claridges	111	32 (3708)
Netmums.com		
	21	18 (2633)

http://www.netmums.com/coffeehouse/general-coffeehouse-chat-514/news-current-affairs-topical-discussion-12/1214350-breastfeeding-mum-told-use-napkin-cover-up-claridges.html		
The Huffington Post		
http://www.huffingtonpost.co.uk/2014/12/02/breastfeeding-mother-louise-burns-humiliated-claridges-hotel-cover-napkin_n_6254858.html	50	18 (1885)
London Evening		
http://www.standard.co.uk/news/london/mother-told-to-cover-up-with-ridiculous-shroud-while-breastfeeding-in-claridges-9897118.html	60	13 (1567)
BBC News (YT)		
https://www.youtube.com/watch?v=k7NS8oZwjZo	116	11 (1079)
Express		
http://www.express.co.uk/news/uk/542899/breastfeeding-Claridges-cover-up	51	7 (626)
The Independent		
http://www.independent.co.uk/news/uk/home-news/breastfeeding-mother-told-to-cover-up-in-claridges-to-avoid-causing-other-guests-offence-9898283.html	5	2 (139)
The Caterer		
https://www.thecaterer.com/articles/354387/claridge-s-responds-to-twitter-outrage-on-breastfeeding-incident	1	1 (84)
Total	11813	805 (73108)

There was much variation in opinions expressed by the readers of different media, but the most commonly held view was that women should breastfeed with discretion when in public (45.1%), followed by the view that breastfeeding in public was always acceptable (35.0%).

However, 19.9% of the comments expressed the idea that women should not breastfeed in public.

The key themes emerging from the analysis of the comments are presented in Figure 2.

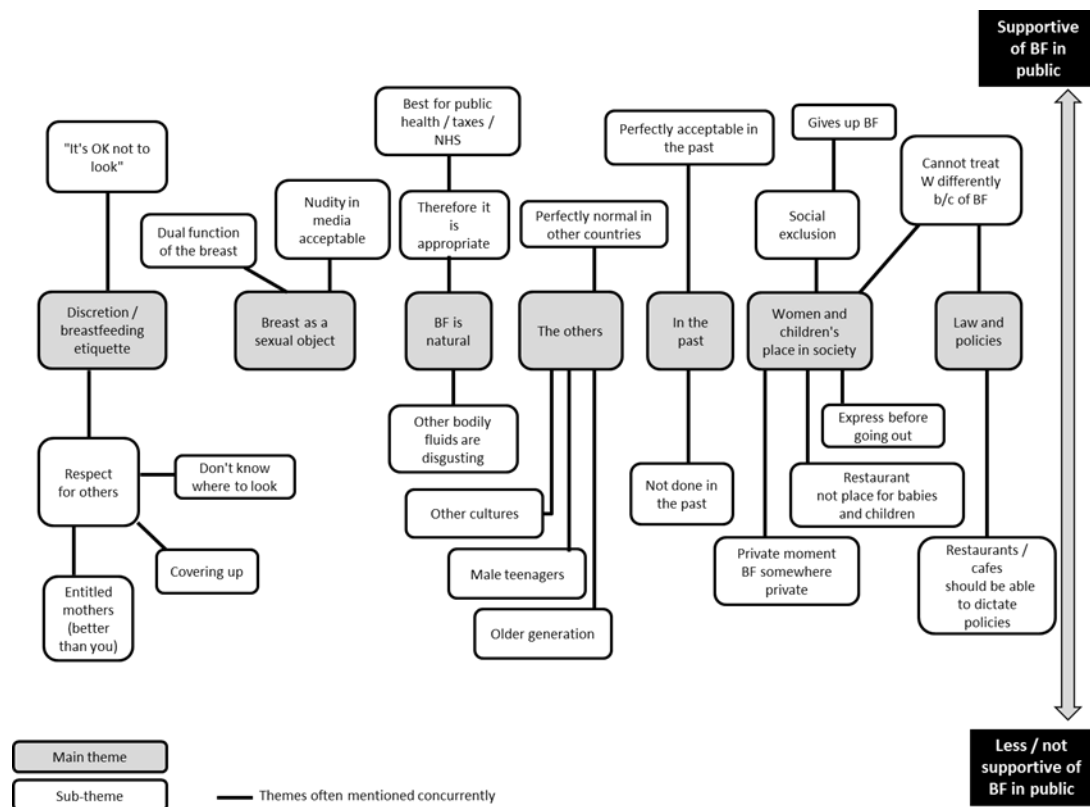


Figure 2: Emerging themes from the qualitative analysis of comments.

Discretion/Breastfeeding Etiquette

The most commonly cited theme in the comments was that of discretion, or breastfeeding etiquette, which was further split into three sub-themes:

Breastfeeding etiquette—Respect for others: Throughout, there was a strong sense that the commenters felt breastfeeding mothers should respect others' sensibilities by being discreet and/or covering up when breastfeeding in public:

It is good manners to cover up whilst nursing in public. That is all there is to it.

The most characteristic complaint about the lack of consideration for others concerned the display of unnecessary nudity.

Consideration. Compromise. Some people don't like looking at other people with their nipples out.

Moreover, it was often suggested that breastfeeding mothers should place the interests of others ahead of their infants' or their own.

Here we go again, people who think there [sic] views are worth more than anyone else's again. If they want to feed the child they could bottle their milk and use it for later but arrogance and pig headedness are all the go now. They think that their view is right and everyone who doesn't agree with them is wrong and yet they want respect but have none for others who find breastfeeding in public offensive.

In the most extreme comments, the distaste for breastfeeding mothers who are perceived as oblivious to others' discomfort was expressed by branding such mothers as "*holier-than-thou-I'm-better-than-you earth mothers*," who feel entitled to privilege above everyone else on the basis that they breastfeed.

I feel there is a modern trend for some women to really revel in their breastfeeding and turn it into almost something to show off.

The modern entitlement culture yet again.

Very often, comments betrayed ignorance or a lack of understanding of the regulations protecting breastfeeding mothers.

Having the right to breastfeed in public doesn't mean you should.

Why do women feel it [is] their right to get their breasts out in public to feed babies?

Overall, the perceived lack of respect for others on the part of the breastfeeding mothers tended to take one of two forms, according to the commenters: displaying unnecessary nudity and/or adopting behaviors interpreted as stemming from entitlement or being dismissive of others' views.

Breastfeeding etiquette—"It's OK not to look": On the other side of the etiquette coin, some commenters discussed how members of the public choose to behave when viewing a breastfeeding mother.

It [breastfeeding in public] is not rude as there is no impact to your meal. No smell. You don't have to look.

The most emphatic comments suggested other activities that the onlooker could engage in, rather than looking at the breastfeeding mother:

There's plenty of other stuff to look at, the decorations, her face, whoever you happen to be with...

Breastfeeding etiquette—"Don't know where to look": A number of commenters expressed being uncomfortable with the sight of a breastfeeding mother because they were afraid of being caught looking.

...a woman starting breastfeeding just a couple of feet away from me. My only concern was to make sure she did not think I was looking at her doing this, in case she or other people thought I was a weirdo, her act however did not bother me at all.

...so why not be nice and cover up instead of making the other thirty-odd people feel awkward because they worry they will glance your way and be accused of being a pervert.

These statements indicate that the commenters would rather not find themselves in the position of seeing a breastfeeding mother; however, the commenters seem more concerned about third parties' opinions of them as they view this act rather than being upset by the act of breastfeeding itself.

The Breast as a Sexual Object

The “breast as a sexual object” perception was almost always cited by supporters of breastfeeding in public in an attempt to explain their opponents’ negative views.

If you want supporters to understand why breastfeeding in public is sometimes considered 'offensive' then please explain why, because as it is I just can't see what's wrong with it. Although my guess is that it's because those people associate breasts too much with sex.

Nudity in other contexts is seen as acceptable

Many comments along these lines often contrasted others' lack of acceptance of breastfeeding in public with the widespread acceptance of explicit nudity in the media or in other contexts in real life:

It is not ok to see a mother breastfeeding but ok to see naked breasts on tabloids, magazines, streets and TV?

Dual function of the breast

Commenters also highlighted the dual function of breasts:

But as soon as a woman uses her breasts for their intention and not for sexual purpose it is seen as “wrong” or “offensive.”

No one appeared to dispute that breasts have a dual function, which includes a sexual purpose; however, no one reported that they found the sight of a breastfeeding mother sexual in nature, although admittedly this view, if held, may have been difficult to acknowledge on a public forum. That point was emphatically made by one of the commenters, in these words: “Anyone who sees sexual content in this activity may have a psychological problem and should see a shrink!”

Breastfeeding Is Natural

That breastfeeding is natural was very often mentioned by supporters and opponents of breastfeeding in public alike.

Breastfeeding is natural; therefore, it is appropriate

Supporters of breastfeeding in public viewed the fact that it is natural as a good enough reason not to warrant further justification for the practice:

It is the most natural thing in the world, why on this earth is anyone embarrassed about it?

Other natural bodily functions are disgusting

However, opponents of breastfeeding in public expressed disgust at the sight of a breastfeeding mother by likening breastfeeding to other natural bodily fluids and bodily functions:

I acknowledge the need to accept breastfeeding in public but I really would prefer if it wasn't done in my immediate vicinity when I'm eating. I'm sorry, but it's a bodily fluid, at the end of the day, and I don't want to see breast milk any more than I want to see any other of the bodily fluids when I'm eating dinner.

People don't need to be put off their food by the sight of leaking milky nipples.

...breastfeeding is natural...going to the toilet is natural, do you just pee into a bucket next to you or do you get up and go to the bloody toilet...

...perhaps you'd be happy if I belch or fart in your direction, or perform some other "natural" function in your sight...

Taking a dump is completely natural so why should anyone be made to feel uncomfortable about dumping in public.

The Others

A number of commenters suggested that "others," rather than themselves, may be offended. The others most often cited were visiting foreigners and/or people from different cultures and religions, younger people (teenagers), and, mostly, the older generation.

Other cultures

These stores are stopping to consider other religions like Muslim men and women who would be shocked by this practice of breastfeeding in public.

Male teenagers

Now, if there was a male teenager caught gawking at this woman's exposed flesh we would have another situation on our hands, wouldn't we? All it takes is for the babies [sic] head to lift or unlatch and UT-OH!

There was no direct report given in the comments from self-reported teenagers or concrete examples of interactions with teenagers while breastfeeding to support any conclusion about teenage views on breastfeeding in public.

Older generation

I can't see many of the younger generation being offended/disgusted, but older people might be, having grown up in an era when it was kept private and not talked about.

Despite the prediction made by these commenters that older people would be offended, analysis of the comments left by self-reported members of the older generation, along with comments from mothers who have breastfed in the presence of the elderly in public places, presents a mixed picture. While some older people did not agree with the practice, others were clearly endorsing breastfeeding in public.

Offensive to 'older people'?? Waaaaaahhhh!! No! I'm seventy (...) the sight of a mum breastfeeding warms my heart.

I am a female of a certain age. I don't think older people want to see breastfeeding in public. (...). It may be fine and acceptable for the younger generation, but for us oldies, we just don't do/agree with this sort of thing.

A number of breastfeeding mothers reported mainly positive experiences when breastfeeding around older people.

...generally the positive comments I have had out and about when feeding have come from the older end of the spectrum.

Discussion:

Although it is impossible to determine whether our sample is representative of the UK population as a whole, the proportion of commenters that we found who feel that breastfeeding is not acceptable in public is in agreement with what has been reported from surveys taken in other countries.

Discretion/Breastfeeding Etiquette

The majority of commenters we analyzed were supportive of discreet breastfeeding, a finding that is in agreement with research conducted on a British parenting website²³ into infant feeding choices and infant feeding, which showed that discretion is perceived as the key to achieving successful breastfeeding in public in the United Kingdom. Discretion, in a breastfeeding context, was presented as limiting any nudity to the "necessary partial exposure" that is considered acceptable and maternal²³. However, "necessary partial exposure" is likely to be defined differently by different individuals.

In an interview of 22 first-time breastfeeding mothers, participants mentioned "the etiquette of feeding" and how not following it might be perceived as "ill-mannered," "exhibitionist," or "socially gauche," resulting in social exclusion²⁹. Although the authors questioned why the comfort of others should be prioritized over the nutritional needs of infants, the data suggests that for breastfeeding in public to be accepted, it is important that the nurturing rather than the sexual identity of the breast prevails during breastfeeding³⁰. Beyond covering up, the mothers' demeanor immediately before and during breastfeeding seems to be just as important to onlookers' acceptance of the practice, as reported elsewhere²³.

The breast as a sexual object

The idea that the sexual role of breasts hinders breastfeeding is not new. In Western cultures, the media has continuously reinforced and normalized the sexual breast discourse, and men who frequently read men's magazines were found to be more likely to view breasts as more sexual than biologically functional³¹. The sexualization of the breast has been deemed to be a more powerful influence on the uptake of breastfeeding than the nutritional benefits of human milk³². Despite this, there are few (if any) direct reports from members of the public linking the sexual nature of breasts to the discomfort they may experience when seeing a mother breastfeeding. Many comments from our data set made reference to the sexualization of the breast; however, these comments mainly came from supporters of breastfeeding in public. The point that breasts, as sexual objects, should be hidden from view, was not directly made by opponents of breastfeeding in public, suggesting that breastfeeding is unlikely to be widely perceived as a sexual activity, although in drawing this conclusion we have to make allowance for the fact that this view may not be easily disclosed on a public forum.

Breastfeeding is natural (so is...)

Instead of citing the sexual nature of the breast as the cause of their discomfort, opponents of breastfeeding in public often reported being disgusted by breastfeeding. The negative feelings towards breastfeeding may be triggered by perceptions of human milk as “dirty,” a contaminant that should be controlled and contained; in contrast, bottle feeding appears sterile and clean³³. Aversion to bodily fluids, such as menstrual blood and human milk, is quite common in Western societies³⁴, which can lead to breastfeeding being seen as particularly disgusting in public eating places³⁵.

The others

The offence that the older generation or “others” may take at breastfeeding in public was often evoked to justify not supporting breastfeeding in public; however, without any means to probe into this view further, it is difficult to assess whether “others” might have been invoked by some commenters in order to frame the commenter’s own opinion. The level of breastfeeding acceptance among self-reported older commenters varied, and the lack of available background information about the other commenters means that no definitive conclusion can be drawn on this subject, which requires further research.

How to support women breastfeeding in public?

Social marketing campaigns to promote breastfeeding have mainly targeted mothers, their close entourage, and health professionals³⁶⁻³⁸. As a result, the health benefits of breastfeeding are well known, with most agreeing that “breast is best”³⁹; however, the ongoing low breastfeeding rates observed in the last two decades in the United Kingdom suggest that there needs to be a change in how the issue is tackled, taking into consideration the complex environment of structural, upstream barriers⁴⁰⁻⁴², such as public perception. Future work should focus on designing interventions to increase societal acceptance of breastfeeding in public beyond the legislative framework. Indeed, the online comments we analyzed from the Claridge’s incident that mentioned government regulations indicated that the legislative framework is often not known or is ignored by members of the public. There seems to be a gap here and a clear opportunity for addressing the wider context in which breastfeeding is performed as well as the cultural context of breastfeeding in public. Some authors have called for a redistribution of responsibility for breastfeeding success from the individual to social structures and suggest that encouraging the media to portray breastfeeding as a desirable activity may help with uptake^{8,43,44}, as this may contribute to alleviating the public

perception of breastfeeding as a social embarrassment¹⁰. Indeed, exposure to breastfeeding has been shown to result in more positive attitudes towards breastfeeding⁴⁵. Assertive role models breastfeeding in public may also convey the idea that breastfeeding in public is a natural and desirable component of social behavior¹⁵. The government can play a part by funding programs that challenge the prevailing social norms⁴⁶ and develop a coordinated social marketing and legislative framework⁴⁷. If confirmed, the disparity of opinions on breastfeeding in public observed among readers of different media may represent an opportunity to target interventions at the segments of the population least comfortable with breastfeeding in public.

Study limitations

The main limitation of this study lies in the sampling method. Although care was taken to include media covering a wide range of readership, it is impossible to generalize these views to the UK population at large. However, the research approach has proven powerful to generate as-of-yet unreported practical insight into a challenging topic. Another limitation is the lack of information about commenters (gender, age, level of education), which makes it impossible to establish with certitude if there are specific segments of the population, beyond the readerships of specific media we analyzed here, who would benefit from targeted interventions designed to increase their acceptance of breastfeeding in public.

Conclusion:

This research confirmed that observance of breastfeeding etiquette appears to be critical to public acceptance. The sexualization of the breast may not be the only explanation for the objections some have to breastfeeding in public; rather, aversion to bodily fluids and

embarrassment at being caught looking were strong factors. Campaigns in which human milk is presented as food rather than a bodily fluid and that normalize breastfeeding in public may be beneficial in addressing these objections. For greater impact, such campaigns could use specific media outlets to target readers who are more likely to hold negative views on breastfeeding in public.

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Conflict of interest:

The authors do not have any conflict of interest to declare.

List of references:

1. Blincoe AJ. The health benefits of breastfeeding for mothers. *British Journal of Midwifery*. 2005;13(6):398-401.
2. Duijts L, Jaddoe VWV, Hofman A, Moll HA. Prolonged and exclusive breastfeeding reduces the risk of infectious diseases in infancy. *Pediatrics*. 2010;126(1):e18-e25.
3. McAndrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ. Infant feeding survey 2010. *The Information Centre for Health and Social Care*. 2012.
4. Daly A, Pollard CM, Phillips M, Binns CW. Benefits, barriers and enablers of breastfeeding: Factor analysis of population perceptions in western australia. *PLoS One*. 2014;9(2):e88204.

5. Ware JL, Webb L, Levy M. Barriers to breastfeeding in the african american population of shelby county, tennessee. *Breastfeed Med.* 2014;9(8):385-392.
6. McFadden A, Toole G. Exploring women's views of breastfeeding: A focus group study within an area with high levels of socio-economic deprivation. *Matern Child Nutr.* 2006;2(3):156-168.
7. MacGregor E, Hughes M. Breastfeeding experiences of mothers from disadvantaged groups: A review. *Community practitioner : the journal of the Community Practitioners' & Health Visitors' Association.* 2010;83(7):30-33.
8. Scott JA, Mostyn T, Greater Glasgow Breastfeeding Initiative Management Team. Women's experiences of breastfeeding in a bottle-feeding culture. *Journal of human lactation : official journal of International Lactation Consultant Association.* 2003;19(3):270-277.
9. Shortt E, McCorrigan C, Kelleher C. A qualitative study of infant feeding decisions among low-income women in the republic of Ireland. *Midwifery.* 2013;29(5):453-460.
10. Fooladi MM. A comparison of perspectives on breastfeeding between two generations of black american women. *J Am Acad Nurse Pract.* 2001;13(1):34-8.
11. McIntyre E, Turnbull D, Hiller JE. Breastfeeding in public places. *Journal of human lactation : official journal of International Lactation Consultant Association.* 1999;15(2):131-135.
12. Glover M, Waldon J, Manaena-Biddle H, Holdaway M, Cunningham C. Barriers to best outcomes in breastfeeding for Maori: Mothers' perceptions, whanau perceptions, and services. *J Hum Lact.* 2009;25(3):307-316.

13. McBride-Henry K. The influence of the "they": An interpretation of breastfeeding culture in New Zealand. *Qual Health Res.* 2010;20(6):768-777.
14. Tarrant M, Dodgson JE, Tsang Fei S. Initiating and sustaining breastfeeding in Hong Kong: Contextual influences on new mothers' experiences. *Nurs Health Sci.* 2002;4(4):181-191.
15. Hauck YL. Factors influencing mothers' decision to breastfeed in public. *Breastfeeding review : professional publication of the Nursing Mothers' Association of Australia.* 2004;12(1):15-23.
16. Clifford J, McIntyre E. Who supports breastfeeding? *Breastfeeding review : professional publication of the Nursing Mothers' Association of Australia.* 2008;16(2):9-19.
17. McIntyre E, Hiller JE, Turnbull D. Community attitudes to infant feeding. *Breastfeeding review : professional publication of the Nursing Mothers' Association of Australia.* 2001;9(3):27-33.
18. Li R, Rock VJ, Grummer-Strawn L. Changes in public attitudes toward breastfeeding in the United States, 1999-2003. *J Am Diet Assoc.* 2007;107(1):122-127.
19. Nouer SS, Ware JL, Baldwin KM, Hare ME. Changes in breastfeeding attitudes in a metropolitan community in Tennessee. *Journal of human lactation : official journal of International Lactation Consultant Association.* 2015;31(3):519-529.
20. Kavanagh KF, Lou Z, Nicklas JC, Habibi MF, Murphy LT. Breastfeeding knowledge, attitudes, prior exposure, and intent among undergraduate students. *J Hum Lact.* 2012;28(4):556-564.

21. Hannan A, Li R, Benton-Davis S, Grummer-Strawn L. Regional variation in public opinion about breastfeeding in the United States. *J Hum Lact*. 2005;21(3):284-288.
22. Lou Z, Zeng G, Orme JG, et al. Breastfeeding knowledge, attitudes, and intention in a sample of undergraduate students in mainland China. *J Hum Lact*. 2014;30(3):331-339.
23. Callaghan JEM, Lazard L. 'Please don't put the whole dang thing out there!': A discursive analysis of internet discussions around infant feeding. *Psychol Health*. 2012;27(8):938-955.
24. Markham A, Buchanan E. Ethical decision-making and internet research. recommendations from the AoIR ethics working committee (version 2.0). <http://www.aoir.org/reports/ethics2.pdf>. Updated 2012.
25. Sim J, Wright CC. The kappa statistic in reliability studies: Use, interpretation, and sample size requirements. *Phys Ther*. 2005;85(3):257-268.
26. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006;3(2):77-101.
27. Chochinov HM, Hack T, McClement S, Kristjanson L, Harlos M. Dignity in the terminally ill: A developing empirical model. *Social Science & Medicine*. 2002;54(3):433-433.
28. Wallendorf M, Belk RW. *Assessing trustworthiness in naturalistic consumer research*. In: Hirschman EC, Provo UT, eds. *Interpretive consumer research*. Association for Consumer Research; 1989:69-84.
29. Leeming D, Williamson I, Lyttle S, Johnson S. Socially sensitive lactation: Exploring the social context of breastfeeding. *Psychol Health*. 2013;28(4):450-468.

30. Johnson S, Williamson I, Lyttle S, Leeming D. Expressing yourself: A feminist analysis of talk around expressing breast milk. *Soc Sci Med.* 2009;69(6):900-907.
31. Ward LM, Merriwether A, Caruthers A. Breasts are for men: Media, masculinity ideologies, and men's beliefs about women's bodies. *Sex Roles.* 2006;55(9-10):703-714.
32. Forbes GB, Adams-Curtis LE, Hamm NR, White KB. Perceptions of the woman who breastfeeds: The role of erotophobia, sexism, and attitudinal variables. *Sex Roles.* 2003;49(7-8):379-388.
33. Battersby S. Not in public please: Breastfeeding as dirty work in the UK. In: Kirkham M, ed. *Exploring the dirty side of women's health.* New York: Routledge; 2007:90-99.
34. Bramwell R. Blood and milk: Constructions of female bodily fluids in western society. *Women Health.* 2001;34(4):85-96.
35. Dowling S, Naidoo J, Pontin D. Breastfeeding in public - women's bodies, women's milk. In: Hall Smith P, Hausman BL, Labbok M, eds. *Beyond health, beyond choice - breastfeeding constraints and realities.* New Brunswick, New Jersey, and London: Rutgers University Press; 2012:249-258.
36. Lindenberger J, Bryant C. Promoting breastfeeding in the WIC program: A social marketing case study. *Am J Health Behav.* 2000;24(1):53-60.
37. Parkinson J, Russell-Bennett R, Previte J. Increasing loyalty to breastfeeding: Investigating a product development strategy. *Health Mark Q.* 2012;29(3):223-238.

38. Stopka T, Segura-Perez S, Chapman D, Damio G, Perez-Escamilla R. An innovative community-based approach to encourage breastfeeding among hispanic/latino women. *J Am Diet Assoc.* 2002;102(6):766-767.
39. Eglash A, Montgomery A, Wood J. Breastfeeding. *Dm Disease-A-Month.* 2008;54(6):343-411.
40. Alikasifoglu M, Erginoz E, Gur ET, Baltas Z, Beker B, Arvas A. Factors influencing the duration of exclusive breastfeeding in a group of Turkish women. *Journal of human lactation : official journal of International Lactation Consultant Association.* 2001;17(3):220-226.
41. Mitra AK, Khoury AJ, Hinton AW, Carothers C. Predictors of breastfeeding intention among low-income women. *Matern Child Health J.* 2004;8(2):65-70.
42. Wymer W. Developing more effective social marketing strategiesnull. *Journal of Social Marketing.* 2011;1(1):17-31.
43. Frerichs L, Andsager JL, Campo S, Aquilino M, Dyer CS. Framing breastfeeding and formula-feeding messages in popular US magazines. *Women Health.* 2006;44(1):95-118.
44. Li R, Hsia J, Fridinger F, Hussain A, Benton-Davis S, Grummer-Strawn L. Public beliefs about breastfeeding policies in various settings. *J Am Diet Assoc.* 2004;104(7):1162-1168.
45. Marrone S, Vogeltanz-Holm N, Holm J. Attitudes, knowledge, and intentions related to breastfeeding among university undergraduate women and men. *J Hum Lact.* 2008;24(2):186-192.
46. Boyer K. Affect, corporeality and the limits of belonging: Breastfeeding in public in the contemporary UK. *Health Place.* 2012;18(3):552-560.

47. Perez-Escamilla R, Chapman DJ. Breastfeeding protection, promotion, and support in the United States: A time to nudge, a time to measure. *J Hum Lact*. 2012;28(2):118-121.