

Stakeholder Engagement to Inform Strategies for Improving Breastfeeding Education in Manitoba Schools: Preliminary Results

INTRODUCTION

Breastfeeding has many benefits for maternal and child health, yet over 75% of Canadian infants do not achieve the international recommendation of 6 months exclusive breastfeeding¹.

Social stigma and lack of public support contribute significantly to early breastfeeding cessation^{2,3}.

Most breastfeeding education targets pregnant women and new mothers, with few resources directed to society at large.⁴

Educating school children could help normalize and generate societal support for breastfeeding.

OBJECTIVE

To engage Educators and Health Care Providers (HCP) and explore ways to integrate breastfeeding education in the Manitoba school curriculum.



METHODS

A scan of the Manitoba school curriculum and other jurisdictions was conducted to understand if and how breastfeeding is currently being discussed in classrooms⁵.

A series of focus groups and online surveys were conducted to explore needs, perceptions and anticipated barriers related to school-based breastfeeding education.

Educators were recruited at Manitoba Teachers Society Professional Development Day and via email distribution lists. HCPs were recruited through email by the Winnipeg Regional Health Authority and the Winnipeg Breastfeeding Network.

4 Educators and 8 HCPs participated in separate focus groups, and 95 surveys were completed.

REFERENCES

1) Gionet. Breastfeeding trends in Canada. 2013. Statistics Canada Catalogue no. 82-624-X

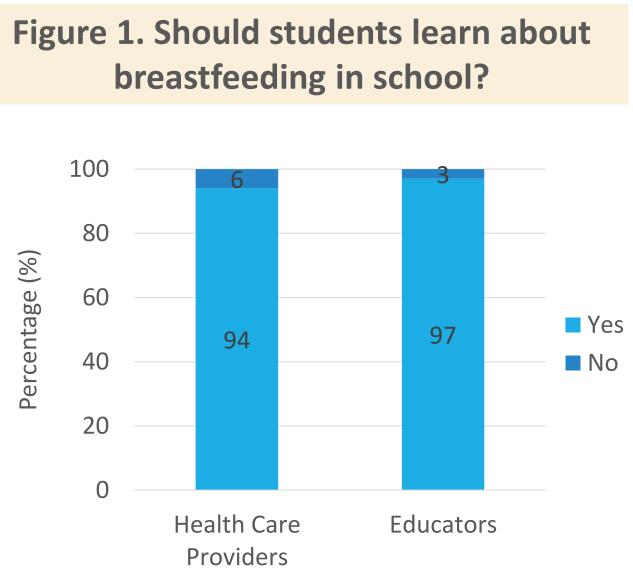
2) Victora et al. 2016. Breastfeeding in the 21st century... The Lancet, 387(10017), 475-490. 3) Sriaman & Kelams. 2016. Breastfeeding: What are the Barriers?... Journal of Women's Health, 25(7). 4) Brown, A. 2016. ...Lessons for Breastfeeding Promotion and Education. Breastfeeding Medicine 11(3). 5) La et al. 2017. Stakeholder Engagement to Inform Strategies for Improving Breastfeeding Education in Manitoba Schools [Abstract].

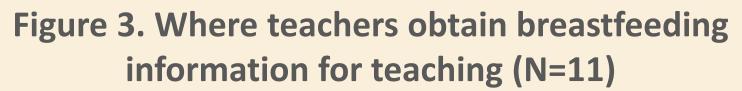
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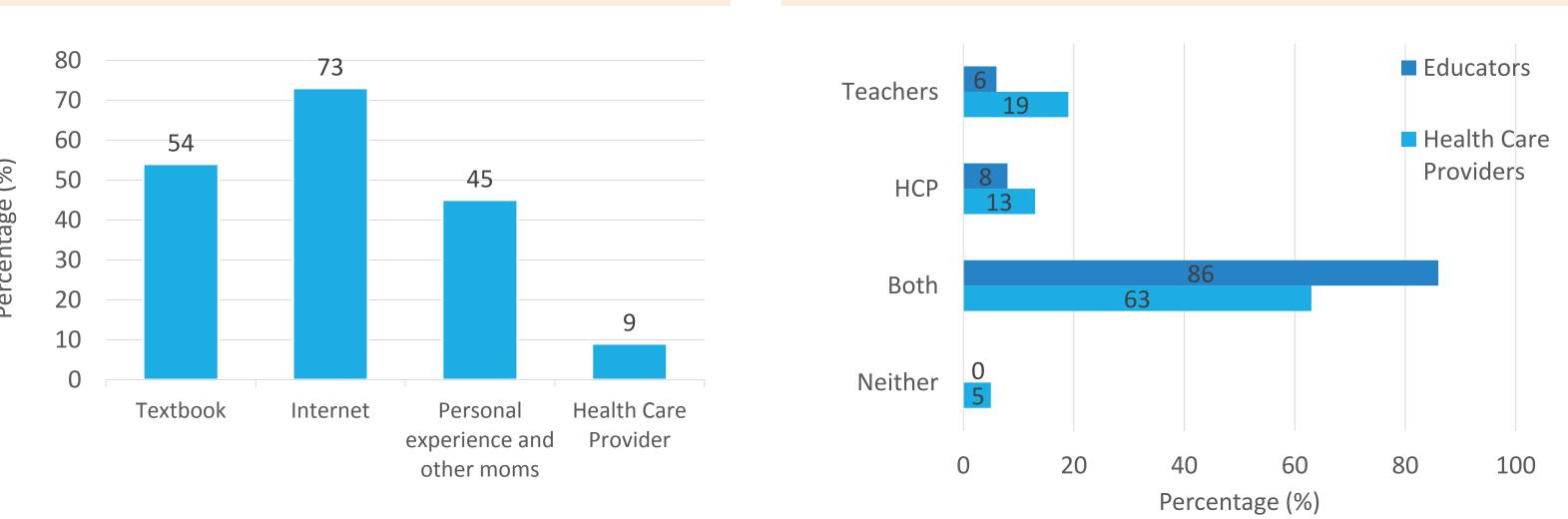
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PRELIMINARY RESULTS

Participant Characteristics		
Overall	n/N	%
Female	95/97	98
Has children	77/97	79
Breastfed	74/77	96
Educators	35/97	36
Health Care Providers	62/97	67
Educators		
Teacher	26/35	74
Administrator	3/35	9
Other ¹	6/35	17
Subject		
Math	7/35	20
English	8/35	23
Social Studies	12/35	34
Science	10/35	28
Physical Education	3/35	8
Home Economics	8/35	23
Other	12/35	34
N/A	6/35	17
Currently teaches about breastfeeding		
Yes	11/35	31
No	24/35	69
Health Care Providers (HCP)		
Doctor	6/62	10
Dietitian	7/62	11
Nurse	28/62	45
Lactation Consultant	15/62	24
Midwife	3/62	5
Other	3/62	5
4		

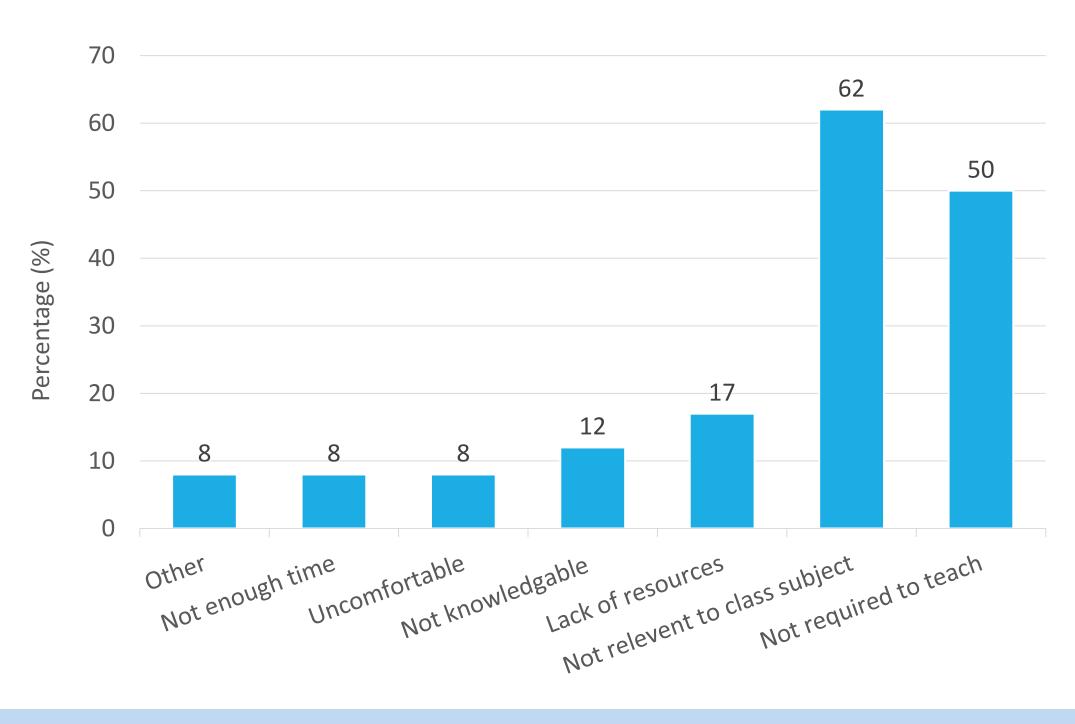






¹curriculum writer, guidance counselor, community coordinator

Figure 5. Why teachers do not currently teach about breastfeeding



Quotes From Participants

"The younger we can start this type of education the better. When students learn this young, and hear the same messages repeated year after year, it becomes engrained in them. If students hear that breastfeeding is important for growth and development it will become part of their own thinking."

– Elementary School Teacher

"There are many priorities for students of Manitoba. The burden of poor mental health and limited life skills teaching (e.g. lack of curriculum on food skills, nutrition promotion, mental health first aid) should be prioritized in schools (rather than solely breastfeeding)."

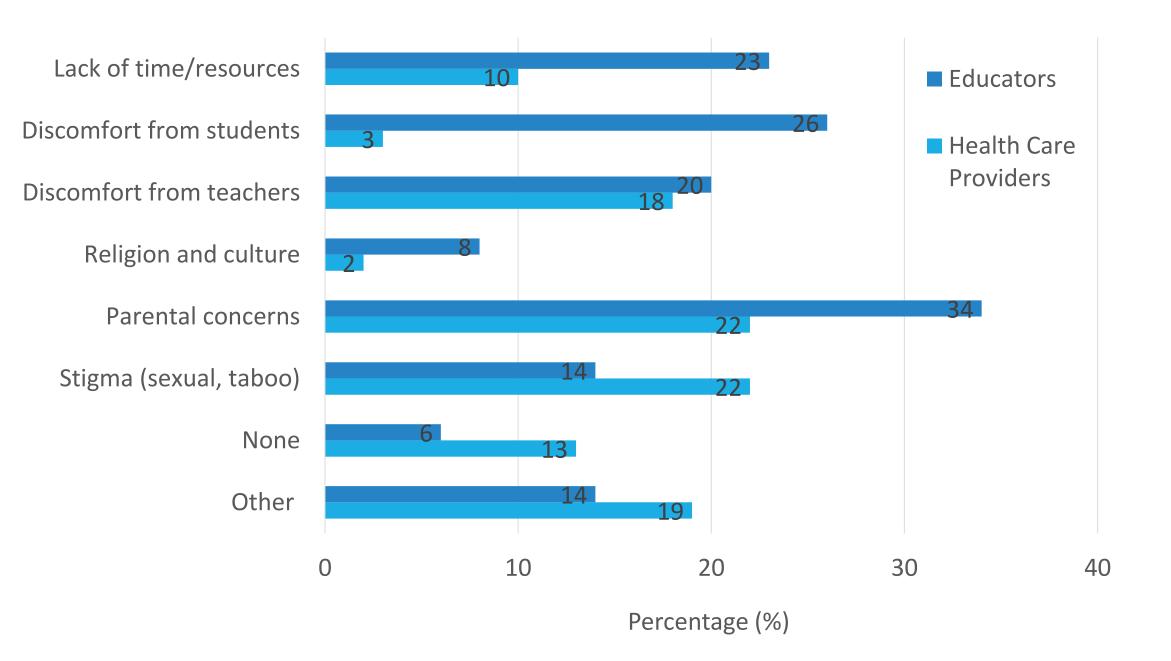
Focus Group and Survey Results

Figure 2. Why should students learn about breastfeeding? Educators Part of Health Care Prepare future parents Providers Normaliz Yes De-sexualiz

Figure 4. Who should deliver breastfeeding education in schools?

Percentage (%)

Figure 6. Anticipated barriers to teaching students about breastfeeding



– Health Care Provider

"Whether or not students have children one day - being informed on the topic, will allow them to make decisions and also understand the positives of breastfeeding for both mother and child."

– High School Teacher





KEY FINDINGS

Nearly all educators (97%) and HCPs (94%) supported the idea of teaching students about breastfeeding.

There was roughly equal support for having teachers or HCPs provide this education.

Primary motivations were:

- normalizing breastfeeding
- preparing students as future parents
- providing accurate information about

benefits, challenges and choices associated with breastfeeding

Perceived barriers and concerns included:

- lack of teaching time and resources
- inadequate training/discomfort of educators
- cultural and religious sensitivities
- non-breastfed students may feel stigmatized
- competing priorities in the curriculum
- shaming mothers who do not breastfeed

CONCLUSION

Engaging with educators and HCPs has provided critical information on how to potentially integrate breastfeeding in the school curriculum.

LIMITATIONS & FUTURE DIRECTIONS

Nearly all participants were women and most had personal breastfeeding experience. This selection bias could influence generalizability.

Next steps:

- Consult with Manitoba Education and Training about curriculum development.
- Assemble a team of health care professionals to help deliver breastfeeding education in schools.
- Educate teachers about breastfeeding and the science of breastmilk.
- Provide teachers with educational materials related to breastfeeding.

Ultimately our goal is to encourage societal support for breastfeeding, improve breastfeeding rates and enhance maternal-child health in Manitoba.

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