

Breastfeeding behaviour

Introduction

Due to its composition, breastmilk optimally meets babies' needs. Particularly in the first months of life, it provides almost all nutrients that a child needs, as well as liquids and substances that support development of the immune system. Breastfeeding therefore contributes to healthy growth and the prevention of various illnesses. For example, children who were breastfed have a lower risk of infectious illnesses, particularly respiratory, urinary tract and middle ear infections, as well as asthma, allergies and obesity as compared to children who were not breastfed (Heinig, Dewey 1997; Friedman, Zeiger 2005; Ip et al. 2007; Rubin 2013). Breastfeeding is also associated with health benefits for the mother. In addition to helping the uterus return to its prepregnant state more rapidly, breastfeeding is also connected to a decreased risk of breast and ovarian cancer (Heinig, Dewey 1997; Abou-Dakn, Strecker 2003). Moreover, it strengthens the bond between mother and baby.

In 2004, the National Breastfeeding Committee published official recommendations on breastfeeding (National Breastfeeding Committee at the Federal Institute for Risk Assessment 2004). According to these recommendations, babies should be fed exclusively with breast milk until the beginning of their fifth month. Supplementary food should be introduced at this time at the earliest, or by the beginning of a baby's seventh month at the latest.

Indicator

In KiGGS Wave 1, data on breastfeeding habits was collected using the following questions: "Was your child ever breastfed?", "Until which month of life was your child breastfed?", "In which month of life did you start giving your child water, tea or juice in addition to breast milk?", and "In which month of life did you start giving your child baby formula, porridge, jars of baby food or other supplementary food in addition to breast milk?" (the commenced months of life were recorded in each case). If the child was still being breastfed at the time of the survey, the question on breastfeeding duration was not asked. It was possible to determine from the data whether the child had ever been breastfed (breastfeeding rate) and the amount of time for which it was breastfed

(breastfeeding duration) (von der Lippe et al. 2014). It was also possible to determine whether the child was fed exclusively with breast milk until it was four months old. When a child is fed exclusively with breast milk, this means that it does not receive any liquids or foods other than breast milk.

Data for children aged from 0 to 6 years (years of birth 2002 – 2012) is evaluated below. The tables include the breastfeeding rate, the average breastfeeding duration, and exclusive breastfeeding for at least four months, broken down according to sex and the mother's level of education. The level of education is categorised according to the international classification "Comparative Analyses of Social Mobility in Industrial Nations" (CASMIN) (König et al. 1988; Lechert et al. 2006).

Key results

- ▶ 82.1% of 0 to 6 year-old children were ever breastfed (83.5% of girls, 80.8% of boys); the average duration of breastfeeding was 7.5 months.
- ▶ 34% of children were exclusively breastfed for at least four months.
- ▶ Boys and girls are about equally likely to be breastfed.
- ▶ Children of mothers with low levels of education were breastfed significantly less often and for shorter duration than children of mothers with high or medium levels of education.

Conclusion

In KiGGS Wave 1, 82.1% of children born between 2002 and 2012 were ever breastfed (83.5% of girls, 80.8% of boys). The average duration of breastfeeding was 7.5 months. 34.0% of children were exclusively breastfed for at least four months. While the children's sex did not have a significant impact on breastfeeding behaviour, a consistently significant difference was observed with respect to the mother's level of education. Children of mothers with low levels of education were breast-

fed significantly less often and for shorter durations than children of mothers with high or medium levels of education. This finding is reflected in various studies (Kersting, Dulon 2002; Callen, Pinelli 2004; Mandal et al. 2010), including the KiGGS baseline study, which was conducted between 2003 and 2006 (Lange et al. 2007). The breastfeeding rate of the baseline study for the years of birth 1996 – 2002 was 77.9 %. This means that the prevalence of breastfeeding in Germany has increased slightly over the last number of years. In contrast, the duration of breastfeeding has remained the same at an average of 7.5 months (Lange et al. 2007; von der Lippe et al. 2014).

Other (regional) studies from Germany show significantly higher breastfeeding rates than KiGGS Wave 1 with rates between 90 to 97 % (Deneke et al. 2008; Rebhan et al. 2008; Foterek et al. 2013). These differences can probably be explained by different data collection methods; especially the participation criteria of the studies. For instance, mothers who did not start breastfeeding due to their state of health were usually excluded from the studies. Therefore, comparing the breastfeeding rates is only possible with limitations.

Overall, the results of KiGGS Wave 1 show that the majority of children in Germany are breastfed. However, the low proportion of children exclusively breastfed for four months indicates that the National Breastfeeding Committee's recommendations have still not been fully implemented. Because willingness to breastfeed develops during pregnancy (Kools et al. 2006), promotion of breastfeeding should start before a child's birth and continue after the birth. Mothers (to be) should be supported by midwives, maternity clinics and resident doctors – this applies in particular to mothers with low levels of education.

Note: A detailed description of the study as well as explanations on the method are available on the KiGGS study website www.kiggs-studie.de, and in Lange et al. (2014). You can find further results on breastfeeding in von der Lippe et al. (2014).

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Table 1

Breastfeeding behaviour of mothers with 0 to 6 year-old girls (born between 2002 – 2012) by educational status of mother

	Breastfeeding rate (ever breastfed)		Average breastfeeding duration in month		Exclusively breastfed for at least 4 month	
	%	(95%-CI)	Mean	(95%-CI)	%	(95%-CI)
Girls	83.5	(80.3–86.2)	7.7	(7.4–8.1)	36.5	(33.3–39.8)
Educational status of mother						
Low	72.5	(64.2–79.5)	6.6	(5.6–7.6)	28.1	(21.1–36.4)
Medium	85.2	(82.4–87.6)	7.6	(7.2–8.0)	35.5	(32.1–39.1)
High	96.4	(94.5–97.7)	9.5	(8.9–10.1)	53.1	(48.2–58.0)
Total (girls and boys)	82.1	(79.8–84.2)	7.5	(7.2–7.8)	34.0	(31.8–36.4)

Table 2

Breastfeeding behaviour of mothers with 0 to 6 year-old boys (born between 2002 – 2012) by educational status of mother

	Breastfeeding rate (ever breastfed)		Average breastfeeding duration in month		Exclusively breastfed for at least 4 month	
	%	(95%-CI)	Mean	(95%-CI)	%	(95%-CI)
Boys	80.8	(77.4–83.9)	7.3	(6.9–7.7)	31.7	(28.6–34.9)
Educational status of mother						
Low	63.8	(52.9–73.5)	5.3	(4.1–6.5)	12.6	(6.6–22.6)
Medium	83.9	(81.3–86.2)	7.2	(6.8–7.6)	34.1	(31.0–37.4)
High	92.9	(90.0–95.1)	9.2	(8.6–9.9)	46.9	(41.8–52.1)
Total (girls and boys)	82.1	(79.8–84.2)	7.5	(7.2–7.8)	34.0	(31.8–36.4)

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