HEALTH SCIENCE JOURNAL®

Volume 6, Issue 2 (April – June 2012)

GENERAL ARTICLE

Cultural views and practices related to breastfeeding

Maria Daglas[1], Evangelia Antoniou[1]

1. *Department of Midwifery, Technological Educational Institution of Athens (TEI), Athens, Greece - National School of Public Health, Athens, Greece*

ABSTRACT

Background: The feeding method of neonates and babies and, especially, the issue of breastfeeding is one of the most important for public health. Despite the sensitization, the intention and recommendations of the world scientific community, only 39% of babies, on an international level, are fed during the first six months of their lives exclusively with mother's milk.

Aim: The present study attempted a bibliographic review of the studies about cultural practices and beliefs for breastfeeding. The research question focused on whether cultural and social standards lead up to what degree a process as breastfeeding is accepted by the mothers in a society.

Method: We studied all articles at the period 1988-2008 in the Pubmed which associated the initiation and duration of breastfeeding with the cultural status of a certain society. The key-words were society, breastfeeding, initiation, duration, cultural status.

Results: The process of breastfeeding is often not determined by biological factors, but it is mainly based on the habits, standards and behaviors existing in each society. Views on the function of female breasts, the quality of mother's milk as well as traditional practices related to breastfeeding are often the reasons that lead to how much this process is accepted by the mothers.

Conclusion: Public health policies worldwide must take into account and study the cultural status of a society in order to create favorable conditions for the initiation and duration of breastfeeding.

Key words: Society, breastfeeding, initiation, duration, cultural status.

CORRESPONDING AUTHOR

Maria Daglas

38 Paradeisou Str.

17123 Nea Smirny

Athens, Greece

E-mail: daglam@fks.uoc.gr

E-ISSN: 1791-809X

INTRODUCTION

The objectives of public health as regards the proper diet of a child are the natural development and nutrition, the avoidance of complications related to the diet and the prevention of chronic diseases. Issues of special interest for public health include the diet of neonates and babies, as many of the causes of child mortality are due to diet practices[1,2,3].

According to Unicef[4] more than 10,000,000 children die every year, mainly from causes that can be prevented, such as diarrhea, pneumonia, measles and malaria. Some of these causes of child mortality, at least to some degree, are related to the diet of neonates and babies and more specifically, to water quality, sterilization of objects etc.

However, it is estimated that 3,500 children could be saved on a daily basis if every baby was exclusively breastfed during the first 6 months of their lives[5]. According to the best estimates, exclusive breastfeeding can prevent at least 1,300,000 deaths of children, mainly, due to the biochemical composition of mother's milk, while the mixed diet, that is breastfeeding plus artificial feeding, some 587,000 more[4]. In other words, the combination of these improvements in the diet –breastfeeding and artificial feeding- and children's care can save more than 5,000 lives per day[4]. Improper practices, however, as regards the babies' diet contribute even more to childhood malnutrition. Childhood malnutrition is responsible for half of the remaining deaths of children every year[4].

Social and cultural factors related to the initiation and progress of breastfeeding

Only 39% of the babies are exclusively breastfed on an international level during the first 6 months of their lives[6]. Furthermore, it is estimated that 63% of the babies younger than 6 months in the developing countries have not breastfed to a satisfactory degree[7]. However, in some Asian countries, such as Thailand, breastfeeding percentages increased from 90% in 1987 to 99% in 1993[8], while in countries, such as Uzbekistan, there is an increasing tendency in the breastfeeding percentages[9]. The small percentages of exclusive breastfeeding observed internationally[10,11,12,13,14] are mainly due to the fact that such a natural process is not only determined by biological factors, but it is also supported by the habits, standards and behaviors prevailing in each society[15-20]. Examples such as the lack of support and encouragement from family members, such as the mother, the grandmother,

the sister etc, the role of women in the society and their place in the workplace and the family, as well as the standards related both to the female body as well as human reproduction[21], are some of the socio-cultural changes on which the milk industry relies from time to time in order to promote the need for artificial feeding[22]. But this supposed need undermines maternity and, generally, the role that women play in the development of their children, as it creates questions and doubts to the mother about her ability, which is provided by nature, to feed her child.

This study shall mainly deal with the cultural practices and views and ideas of various cultures and the way they determine how much a natural and biological process, such as breastfeeding, is accepted.

Symbolisms of female breasts

In some developing civilizations, such as Mali in Western Africa, Sierra Leone and Nepal, the breast does not create sexual associations both in men as well as in women. In these countries, the breast has maintained the primary biological function; it is considered an organ used to feed neonates and babies[23]. Women expose their breasts in public places freely and without reservations, as they consider that the sexual behavior which involves the breast is unnatural and perverted; at the same time they cannot easily believe that the breast is an object offering pleasure both to men and women[23]. Such an atmosphere, of course, facilitates the initiation and continuation of breastfeeding.

On the contrary, in developed countries, such as the USA, the breast is incorporated in a wider cultural context which is mainly based on the following admissions[23]: 1) the primary role of the female breast is related to sexual behavior and pleasure; 2) breastfeeding must be restricted only to neonates; and 3) breastfeeding must take place only in private spaces, the same as sexual behavior. For the aforementioned reasons, breast enlargement procedures are a daily routine in these countries.

The above approach to an organ of the human body reflects cultural and social standards that do not often favor the initiation and progress of breastfeeding; especially when they are also accompanied by the women's fears that the changes brought upon their bodies by pregnancy and the lactation process have made them unattractive to the opposite sex and their husbands or friends. A common question raised by Greek mothers that have adopted

E-ISSN: 1791-809X

American standards and behaviors to be answered by midwives (as the competent health professionals during puerperium) is usually: "How much will the shape of the breast change if I do not breastfeed or if I stop breastfeeding early or if I breastfeed for a small period of time?" Such a question often shows the women's anxiety about whether their breasts will continue to attract the interest of their husbands-mates and fill them with pleasure and enjoyment. The aforementioned factors along with the strict rules concerning the femininity of women, their reproductive abilities and the content of social relations influence their free expression and pose often obstacles in the initiation and duration of breastfeeding.

Financial and social conditions influencing breastfeeding

The notion of "successful breastfeeding" in some developing countries mainly includes the early weaning of the child and is completely different from the one recommended by the World Health Organization. The women of the Mende tribe in Sierra Leone (Western Africa) choose to stop breastfeeding early. This civilisation believes that the sperm can contaminate mother's milk and, as a consequence, the baby can fall ill[24]. Such a belief is spread all over the Western Africa. Furthermore, such cultures believe that a man's sperm who is not the child's father is extremely harmful. The women of the Mende tribe, therefore, choose to stop breastfeeding early so that they can start their sexual life again with their mates or husbands and get rid of the responsibilities borne by them if the baby falls ill[24]. As a consequence, due to the specific ideas about breastfeeding and the children's weaning, the children die from malnutrition. Furthermore, these civilizations interpret the artificial feeding of a child by the man in a public place as a sign of the child being accepted by the father and they believe that it helps the strengthening of their emotional bonding[24].

In such civilisations, such as the Mende one, and for financial reasons mainly, a woman must have a relationship and sexual relations with a man in order to be able to survive; this happens because only a man can offer a woman the goods required for her life. Given, thus, the idea prevailing about the sperm infectivity[24], there are many women that resort to artificial feeding in order to continue their relations with their husbands or mates so that they can be financially secure[23]. We see, thus, how social conditions and the roles of the two sexes in a society create habits and

practices which are accepted as "proper" or "natural" procedures, although they do not comply with the concept of the natural function of the human body.

Attitudes and ideas concerning the quality of mother's milk

As we know the percentages of exclusive breastfeeding are supported by the habits, ideas, attitudes and behaviours prevailing in each society[15]. Some of these ideas or attitudes are related with quality of mother's milk. For example, various beliefs prevailing in Pakistan are related to the sensitivity of mother's milk to the powers of evil and similar ones exist in Bangladesh. In these countries, if a baby is sick or cries too much, the quality of mother's milk is examined in laboratories. The doctors in these countries recognize that the "insufficient milk syndrome" has a scientific basis[25]. The study of anthropologists in Bangladesh on the specific syndrome is characteristic[26]. According to Zeitlyn and Rowshan[26], the parents were concerned by their newborn baby's cries. The interpretation of their neighbors was that the baby might have been affected by the "batash" (an evil spirit or wind) and this also was confirmed by a religious healer (Hazur). The healer diagnosed that the mother's milk was "afflicted" by the batash and was stale. He advised them to stop breastfeeding and start artificial feeding.

Such civilizations consider that mother's milk is made of blood. The colostrum is also described as "thick" and is compared to pus due to its appearance[26]. As it is believed in these countries, the batash wind can afflict a baby either directly or indirectly changing the composition of mother's milk. Batash is associated with impurities and with the impure liquids of the body, such as the blood. For the above reason, the ones bleeding or breastfeeding are considered vulnerable. The feeling of weight or "swelling" that a mother can have during the lactation period is one of the symptoms that her milk has been affected by the batash spirit[26].

One way to protect neonates is the placement of specific objects under the mattress during their sleep. Such objects are usually a match box (because it is considered that fire scares and drives the spirits away), a bone from an animal sacrificed by the Muslims on specific days and a few hairs from a broom used to drive the batash influence away[26].

When a breastfeeding baby in Bangladesh falls ill, the popular belief attributes the illness to the mother's behavior that has either failed to

E-ISSN: 1791-809X

maintain the temperature of her body or has eaten foods that are not considered proper for breastfeeding or behaved in such a way that made her and her baby vulnerable to spiritual powers afflicting the milk. Therefore, the most proper and popular way of sending the evil spirit away in such civilizations is the initiation of artificial feeding[26].

The attitude of women in our country

Nowadays, the increased social roles, on the one hand, that the Greek woman is asked to play and, on the other, the factors related to the production, trade and disposal of mother's milk substitutes as well as the state, professional and hospital practices existing in our country do not facilitate women to choose breastfeeding. Therefore, although there are increased percentages in the initiation of breastfeeding, as it is shown in various studies, Greek women end breastfeeding early[27,28].

A study[27] of the mothers' intention and of the actual progress of breastfeeding in 2001 in Greece shows that 85.8% of the newly born infants were breastfed (52.9% exclusively breastfed and 32.9% with a mixed diet) at the maternity hospital. The percentage of infants of foreign mothers breastfeeding for more than a year is quite high in relation to the one of the Greek mothers.

According to Daglas et al[29], Greek mothers usually refuse to breastfeed or stop breastfeeding because they smoke. They are very much concerned about the weight and diet of their babies, and at the same time they are afraid that their breasts will change very much. Also the following factors as the initiation time of breastfeeding, the natural and pleasant delivery, and the fact that the women do not administer mixed diet after being discharged from the maternity hospital, appears to have a positive effect on the period of time that the Greek mothers breastfeed. Other side, smoking are negatively associated with the duration of breast-feeding.

Very often, women attribute the failure of breastfeeding to the fact that nature did not "endow" them enough so as to have the proper quantity of milk for the neonate[27], and they claim that they either did not have sufficiently big breasts or they had inverted, flat or sore nipples[27].

Conclusions

When looking into the breastfeeding issue from a more anthropological-social point of view, we observe that the cultural practices and beliefs prevailing in a society are the ones that determine to a considerable degree which procedure will be considered natural

and, therefore, accepted by people. For this reason, health public policies and, more specifically, the promotion and support policies of breastfeeding worldwide must always take into consideration the cultural status of a society, that is the attitudes and beliefs prevailing in a place about diseases and health, the traditional practices related to diet, the values and ideals promoted by the society so that the said practices can be more effective and efficient for the implementation of the objectives of public health.

BIBLIOGRAPHY

1. Edmond KM, Zandoh C, Quigley MA, Amenga-Etego S, Owusu-Agyei S, Kirkwood BR. Delayed breastfeeding initiation increases risk of neonatal mortality. Pediatrics 2000;117(3):380-6.
2. Gordon AE, Saadi AT, MacKenzie DA, Molony N, James VS, Weir DM, Busuttil A, Blackwell CC. The protective effect of breastfeeding in relation to sudden infant death syndrome (SIDS): III. Detection of IgA antibodies in human milk that bind to bacterial toxins implicated in SIDS. FEMS Immunol Med Microbiol 1999;25(1-2):175.
3. Howie PW. Protective effect of breastfeeding against infection in the first and second six months of life. Adv Exp Med Biol. 2002;503:141-147.
4. Unicef. Breastfeeding and Family Nutrition with Affection and Hygiene/Giving other foods while Breastfeeding continues. Press release, Breastfeeding week, 1-7 November 2005.
5. Lawrence RA. A Review of the Medical Benefits and Contraindications to Breastfeeding in the United States. National Center for Education in Maternal and Child Health, Arlington, 1997.
6. Unicef. 25th Anniversary of the International Code of Marketing Breastmilk Substitutes. Press Release, Breastfeeding Week, 1-7 November 2006.
7. Department of Health and Human Services (US). Healthy People 2010: Understanding and Improving Health. U.S. Government Printing Office, 2nd ed., Washington, 2000.
8. World Health Organization. Global Data Bank on Breastfeeding. Breastfeeding: The Best Start. Nutrition Unit, WHO. Geneva. 1996.

E-ISSN: 1791-809X

9. Fleischer Michaelsen K, Weaver L, Branca F, Robertson A. Health and nutritional status and feeding practices. In : Fleischer Michaelsen K, Weaver L, Branca F, Robertson A (eds). Feeding and Nutrition of Infants and Young Children: Guidelines for the WHO European Region, with Emphasis on the former Soviet Countries. Copenhagen: World Health Organization, 2003:10-37.
10. Li R, Ogden C, Ballew C, Gillespie C, Grummer-Strawn L. Prevalence of exclusive breastfeeding among US infants: the Third National Health and Nutrition Examination Survey (Phase II, 1991-1994). Am J Public Health. 2002;92:1107-1110.
11. Li R, Zhao Z, Mokdad A, Barker L, Grummer-Strawn L. Prevalence of breastfeeding in the United States: the 2001 National Immunization Survey. Pediatrics. 2003;111:1198-1201.
12. Breastfeeding in Australia. Australian Bureau of Statistics, Canberra, 2003, Report No: 4810.0.55.001.
13. Griffiths LJ, Tate AR, Dezateux C and the Millennium Cohort Study Child Health Group. The contribution of parental and community ethnicity to breastfeeding practices: evidence from the Millennium Cohort Study. Inter J Epidem 2005;34:1378-1386.
14. Cattaneo A, Yngve A, Koletzko B, Guzman LR. Protection, promotion and support of breastfeeding in Europe: current situation. Public Health Nutrition 2004;8(1):39-46.
15. De Almeida JA, Novak FR. Breastfeeding: a nature-culture hybrid. J Pediatr (Rio J). 2004;80(5 Suppl).119-125.
16. Kong S.K.F, Lee D.T.F. Factors influencing decision to breastfeed. J Adv Nurs, 2004;46(4):369-379.
17. DiGirolamo AM, Grummer-Strawn LM, Fein SB. Do perceived attitudes of physicians and hospital staff affect breastfeeding decisions? Birth. 2003 Jun;30(2):94-100.
18. Swanson V, Power KG. Initiation and continuation of breastfeeding: theory of planned behaviour. J Adv Nurs. 2005;50(3):272-82.
19. Riva E, Banderali G, Agostoni C, Silano M, Radaelli G, Giovannini M. Factors associated with initiation and duration of breastfeeding in Italy. Acta Paediatr. 1999;88:411-15.

20. Celi AC, Rich-Edwards JW, Richardson MK, Kleinman KP, Gillman MW. Immigration, race/ethnicity, and social and economic factors as predictors of breastfeeding initiation. Arch Pediatr Adolesc Med. 2005;159(3):255-60.
21. Badinter E. Um amor conquistado: o mito do amor materno. Rio de Janeiro: Nova Fronteira 1985.
22. Almeida J. A. G. Amamentaηγo: Um hvbrido natureza-cultura. Rio de Janeiro, Editora Fiocruz, 1999.
23. Dettwyler K. A. Beauty and the beast: The cultural context of breastfeeding in the United States. In P. Stuart-Macadam, & K. A. Dettwyler (Eds.).Bιocultural Perspective. New York, Aldine De Gruyter, 1995.
24. Bledsoe CH. Side-stepping the postpartum sex taboo: Mende cultural perceptions of tinned milk in Sierra Leone. In: The cultural roots of African fertility regimes, proceedings of the Ife conference. Philadelphia, Pennsylvania, University of Pennsylvania, Population Studies Center, 1987(8):101-24.
25. Mull D. Mothers Milk and Pseudo Scientific Breast Milk Testing in Pakistan. Social Science and Medicine. 1993;34:1277-1290.
26. Zeitlyn S, Rowshan R. Privileged knowledge and mothers' 'perceptions': The case of breast-feeding and insufficient milk in Bangladesh. Medical Anthropology Quarterly. 1997;11(1):56-68.
27. Antoniou E, Daglas M, Iatrakis G, Kourounis G, Greatsas G. Factors associated with initiation and duration of breastfeeding in Greece. Clin Exp Obstet Gynecol. 2005;32(1):37-40.
28. Pechlivani F, Vassilakou T, Sarafidou J, Zachou T, Anastasiou CA, Sidossis LS. Prevalence and determinants of exclusive breastfeeding during hospital stay in the area of Athens, Greece. Acta Paediatr. 2005;94(7):928-34.
29. Daglas M, Antoniou E, Pitselis G, Iatrakis G, Kourounis G, Creatsas G. Factors influencing the initiation and progress of breastfeeding in Greece. Clin Exp Obstet Gynecol. 2005;32(3):189-192.

E-ISSN: 1791-809X