A Cultural Perspective Of The Feeding Habits

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Abstract

The change in the infant feeding habits of society has generated much debate throughout the world. Infants are fed either breast-milk or artificial breast-milk. This has become the debate in society.

The purpose of this paper is to identify the causes, both cultural and societal, for the changes in the infant feeding habits. Cultural aspects such as the presence of a male dominated focus contribute to the problem. Societal factors such as the taboos of when to start a child on breast-milk to the social acceptability of bottle feeding a child also contribute to the problem.

The conclusion is that the factors that have changed the infant feeding habits are wide and varied. The ability for a society to accept certain aspects of breastfeeding and the emergence of women's independence must all be addressed before a solution to the problem can be found.

INTRODUCTION

BACKGROUND AND SIGNIFICANCE

How will you feed your baby? This decision confronting modern mothers would never have occurred to women living in prehistory. Her only option was to breastfeed her infant, doing so herself or enlisting the aid of a lactating relative or other member of her society. Until recent times there was not thought to be a safe, effective alternative to human milk for providing an infant nutrition. In many parts of the world today, poor conditions mean that breast milk substitutes are not a safe or effective alternative. For all of our time as hunters and gatherers, more than 99.9% of our existence on earth, all human infants were breastfed. Breastfeeding is a natural process that stems from our human biological status as mammals. Human milk is specifically designed for a human child and satisfies an infant's physiological, psychological, nutritional and immunological needs. Why them the change from something that has worked for many centuries?

PURPOSE OF THE PROJECT

So why, if human milk is perfect for a human baby, must a woman make a conscious decision to breastfeed? Breastfeeding is not only a biologically driven process but also a culturalized behavior, one that can be so modified by cultural influences as to be almost unrecognizable as such. In every culture there exist a number of factors and beliefs that will affect a woman's decision on how she will feed her infant. This paper will examine the cultural difference in the infant feeding habits of mothers. The focus will consist of two areas of concern: the use of artificial breast-milk and natural breastfeeding and society's response to both forms including the economic factors involved in the decision.

REVIEW OF LITERATURE

REVIEW OF RESEARCH

THE BIOLOGICAL SPECIFICITY OF BREAST-MILK

Breast-milk, like all other animal milks, is species-specific. It has been adapted throughout human existence to meet nutritional and anti-infective requirements of the human infant to ensure optimal growth, development and survival. Human milk is not only species-specific it is child specific in that a mother's milk changes as her infant grows ([1]). As the infant matures so does the mother's milk. Then the milk gradually changes and adjusting its many components to fit the needs of the child.

In addition to its richness in nutrient proteins, nonprotein nitrogen compounds, lipids, oligossaccharides, vitamins and certain minerals, breast-milk contains hormones, enzymes, growth factors, and many types of protective agents. About 10% of human milk is solids for energy and growth; the remainder is water necessary for proper hydration ([1]).

Substances in breast-milk, including a nonspecific antimicrobial factor, Lysozyme (a germ killer) and Immunoglobulin A (IgA) have been shown to protect an infant's gastrointestinal tract and protect against bacteria such as E. Coli, diphtheria, pneumonia, salmonella (6 groups), shigella (2 groups), streptococcus, and a host of other diseases ([1]).

ARTIFICIAL BREAST-MILK

Despite the many healthful effects of breast-milk many mothers choose to feed their infants an artificial substitute. Artificial breast-milk made its debut in the mid-nineteenth century. Patented foods, such as Liebig's Food and Nestle's Milk Food, were first marketed in the United States and Europe in the 1860s. Nestle's product was a mixture of flour, cow's milk, and sugar ([1]). The concoction would be dissolved in cow's milk or water before being fed to the unsuspecting infant. Marketing campaigns were extravagant. Liebig's claims stated that its product was “the most perfect substitute for mother's milk” ([1]). The ads played on a woman's fears for the health of her infant and the wonders of modern science. In the first part of the twenty-first century artificial breast-milk is a large economic concern for their manufacturers. The ‘formula' has changed throughout the decades with the newest addition of chemicals purportedly mimicking the benefits of mother's milk.

PRESENT STATUS OF THE TOPIC

EXTERNAL INFLUENCE ON INFANT FEEDING PRACTICES

Literature on breastfeeding is primarily based on nutritional and economic factors. Promotion programs focus on education and concentrate on the immunological and nutritional superiority of human milk over artificial substitutes, especially in third world contexts. The focus of these breastfeeding campaigns are almost always directed to the mother and are based on the assumption that women are free to make their own decisions on feeding their children. Recent cross-cultural studies have shown that breastfeeding behaviors are embedded within a wider cultural context ([2]). In all cultures there exist a number of factors and beliefs not directly related to breastfeeding that nevertheless affect women's decisions on how to feed their children.

Although modern women may be chastised for abandoning or foregoing breastfeeding due to the readily available artificial breast-milk and the array of contemporary feeding paraphernalia, this is not a new issue. Every generation in civilized history has had to provide alternatives when the mother could not, or would not, breastfeed her child.

THE INTRODUCTION OF A WET NURSE

Hammurabi's code, from about 1800 BC, contained regulations regarding wet nursing, the practice of breastfeeding another woman's child, often for hire. The epic poem of Homer (c. 900 BC) contains references to wet nurses, and a treatise of pediatric care in India (c. 200 AD) explains how to qualify a wet nurse when the mother could not provide milk ([1]). An ancient feeding vessel was discovered in an infant's grave in France, circa 2000-1500 BC, and similar instruments have been uncovered in Germany (c. 900 BC) and in the Sudan, North Africa (c. 400 BC) ([3]).

Wet nursing has been in continual existence from earliest times although its popularity has been inconsistent. In England and Europe in the fifteenth and sixteenth centuries the middle classes began employing wet nurses, a luxury formerly afforded only to the elite. Often infants were sent to live with wet nurses in the country and would not see their parents again until weaned, providing they lived. By the latter part of the 1700s wet nursing was on the decline in North America and England, largely due to increased public concern regarding the moral character of wet nurses and the care they provided ([4]).

INTERVENTION AND INTRODUCTION OF ARTIFICIAL BREAST-MILK

In the 1970s, the detrimental effects of manufactured baby milks on infant health and survival became better appreciated, and the role of advertising in spreading the use of such milks became increasingly suspect. In 1981 the World Health Organization, by a vote of 118 to 1, with the United States as the sole dissenter, approved the International Code of Marketing of Breast-Milk Substitutes ([5,6]). The Code provides a model of marketing practices that permits the availability of manufactured baby milk but forbids their advertisement or free distribution directly to consumers. It also seeks to balance the information provided by infant-milk manufacturers in both written “educational” material and in the text or picture on containers of the product ([1]).

THE IMPACT OF CULTURE ON FEEDING HABITS

CULTURAL USES OF THE COLOSTRUM

The cultural impacts on the acceptance of breastfeeding an infant are varied and complex. Cultural influences regarding

breastfeeding vary greatly from one society to another. Many concern taboos regarding colostrums and reach back to the dawn of civilization. For approximately three days post-partum, a mother's breast produces colostrum. Colostrum is thicker, creamier and more yellow in color than the thin bluish-white of mature milk. Compared to mature milk colostrum is richer in protein, including many immunoglobulins, and higher in some water-soluble vitamins such as A, E, and K, and lower in carbohydrates and fat ([1]).

Most ancient primitive peoples let several days lapse before putting the baby to the breast, with exact times and rituals varying between tribes ([3]). Some cultures respect these taboos even today. Certain tribes in South America believe that colostrum is either evil or dirty depending on the locale ([3]). In Central Asia, certain cultures believe in collecting the colostrum for future use. These Asian cultures believe that drinking the colostrum will allow a woman who cannot provide breast-milk to being production ([3]).

CULTURAL DIFFERENCE IN FEEDING POSITIONS

Feeding positions are varied as well. Armenian and some Asian mothers lean over the supine infant, resting on a bar that runs above the cradle for support to feed their babies. This is due to the belief that nutrients are heavier and will move into the infant fast. Many cultures hold their babies while seated to nurse them and still others carry their infants on their backs and swing them into position for frequent feedings ([1]).

Each cultural has its own infant feeding rituals passed down in either written or oral form. Even in the most advance Western Culture, feeding practices are generally passed down from mother to daughter. This is even the case when massive literature and advertisement campaigns used to influence mothers on how to feed their child ([7]).

BREASTFEEDING VERSUS BOTTLE FEEDING

The decision to breastfeed or bottle-feed a child is equally influenced by society. The emancipation of the Western woman, beginning in the 1920s, was symbolized by short hair, short skirts, contraceptives, cigarettes, and bottle-feeding. By the latter part of the twentieth century, women have sought to be well informed, and want the right to make their own decisions in regards to feeding their baby as well as control over their bodies.

Despite the feelings of liberation that Western women claim to feel, their actions are still bound in part by a male-dominated society. The same society that will allow publication of pornographic pictures in newspapers, movies, and offers nude women as entertainment in nightclubs, will insist on the arrest or removal of a mother who discreetly nurses her baby in public on the grounds of indecent exposure. These breastfeeding promotion posters originally commissioned for a midwifery association in the United States with catchy slogans such as “The only food group your baby needs” and “For a healthy baby, see attached” had to be sold to a Canadian organization when the midwives were told they could not be displayed in the United States due to their “pornographic nature” ([3]). In Breastfeeding: A Guide for the Medical Profession Lawrence and Lawrence write, regarding the female breast, “In the eyes of the beholder, babies see food, men see sex, physicians see disease, business sees dollar signs, religion sees spiritual symbols, and psychoanalysis places them in the center of the unconscious” ([3], p. 197, 1999).

In developing countries the emphasis tends to be less on the breast and more on the failure of women as a whole and the wonders of modern, male-dominated science. In some societies women are informed that they are unclean, and unable to properly nourish their children. Free artificial breast-milk is widely distributed, in violation of the World Health Organization Code, with the international company Nestle being the chief culprit. Consideration is not given for the lack of clean, sanitary water with which to mix the substitute. Once a child is given the free milk substitute for a certain period of time the mother's breast, due to lack of stimulation, will cease milk production. This leaves the family no choice but to then purchase the artificial breast-milk, often at enormous expense to the family.

THE INFLUENCE OF SOCIETY ON FEEDING HABITS

Medical personnel told this Pakistani woman, the mother of twins, that she could not properly nourish both infants. In her culture breastfeeding was the preferred method of feeding and, being a patriarchal society, the male child was of more value than the female. On medical advice she nursed her son and bottle-fed her daughter ([8]).

Russian breastfeeding rates drop yearly, largely due to the influence of advertising by German artificial breast-milk manufacturers. This trend is despite the Russian government actively promoting breastfeeding and assuring paid maternity leave for eighteen months. Japanese mothers,

following an unmediated birth, initiate breastfeeding at almost 100% but have dropped to around 50% by three months. In Sweden all students learn the benefits of breastfeeding and contraception in secondary school. Midwives attend 95% of births and 98% of mothers breastfeed. Swedish women receive a year's leave with pay following their baby's birth ([1]).

In the United States, following a medicated birth attended by a physician, American women are allowed up to twelve weeks leave from their jobs. The current breastfeeding rate is 64%, dropping to 33% at three months ([1]).

THE INFLUENCE OF THE UNITED STATES GOVERNMENT ON FEEDING HABITS

The United States Department of Agriculture, the largest purchaser of artificial breast-milk in the world for its Women, Infant, and Children Program, estimates it would save the United States taxpayers nearly $50 million dollars each year if every new mother enrolled in the Woman, Infant and Children Program were to breastfeed for one month. Should breastfeeding ever rise to the United States Surgeon General's goal of 75%, an estimated $3.6 billion dollars would be saved annually on the treatment for three childhood illnesses: otitis media, gastroenteritis, and necrotizing enterocolitis ([9]).

The breastfeeding rate among those women in the Woman, Infant and Children program, in the United States, have historically been lower than those not in the Woman, Infant and Children Program. “For example, 57 percent of the WIC [Women, Infant and Children Program] women initiated breastfeeding while in the hospital in 2002, compared to 78 percent of the non-WIC [Woman, Infant and Children] women” ([10], [11]). Additionally, the rates of continued breastfeeding by Woman, Infant and Children Program mothers compared to non-Woman, Infant and Children Program mothers again were considerably different. “Rates of breastfeeding at 6 months of age were also lower ... (20 percent [for Woman, Infant and Children Program women] versus 41 percent [for non-Woman, Infant and Children Program women]” ([10],[11]).

METHODOLOGY

Research for this project included a review of literature for cultural difference in the infant feeding habits of mothers. Review of the literature focused on two areas. First, the research focused on the use of artificial breast milk. Second, the research focused on natural breastfeeding habits. The goals of this project were: 1) to identify articles and describe the current health care issues associated with the use of artificial breast milk versus natural breastfeeding, 2) to identify articles and describe the past issues and debates surrounding the use of both forms in the United States and abroad and 3) identify governmental articles and studies and research articles on the medical advantages and disadvantages of the use of natural and artificial breastmilk. Review of literature included search of PubMed database: Medline, PreMedline and HealthStar, and publisher supplied citations using keyword including “artificial breastmilk”, “breastfeeding”, “infant feeding”, “feeding habits” and “child rearing, both alone and in several combinations. A search of the Internet with publisher supplies citations using keyword same keywords”, both alone and in combinations. I also reviewed the references of the articles selected using this search method to identify other publications not already identified in this process. Only those publications and Internet sites that specifically identified and described the goals stated above were included in the final review of the topic.

RESULTS

Cultural differences in infant feeding habits have become more prevalent in recent decades. The introduction of artificial breast-milk, aggressive advertisement campaigns from manufactures, government intervention, societal beliefs have all lead to the development of changing feeding habits. Based on the literature surveyed, the changes in infant feeding habits have created several problems that have not been and continued not to be addressed in society. The introduction of diseases to an infant from lack of immunological immunity from the mother or from the preparation of artificial breast-milk by using water from a non-purified source is a major problem. Even if the artificial breast-milk is made using purified water, the economic factors can be a limitation to either the individual or the government. The worldwide disagreement on the problem further complicates the issue.

The cultural aspects of what roles the male and female play complicates the issue. As seen, societies that favor a male over a female, as in some developing countries, tend to have the male breastfed, while the female gets the artificial breast-milk. While more developed countries are struggling with the emergence of a strong, self-willed female population.

CONCLUSION

The culprit is society in general from the male dominated

cultural aspects to the manufactures of artificial breast-milk to the advertising departments who want to do nothing but sell the product, no matter how the product is re-hydrated for use. Infant feeding habits have changed over the past several decades. This has been due to many factors, including cultural or societal beliefs, government intervention and economic circumstances. The overall problem is that the children of the world are not becoming healthy from the foods being prepared for them as infants. In many cases, those children are dieing.

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