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Breastfeeding and the Challenge of Cultural Change

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Culture is incredibly complex. To help us get a handle on that complexity, we can consider culture as having dimensions: concepts that all cultures address but with different potential approaches. For example, every society has an approach to time, social interaction, relating with nature, human activity, and human nature, among many other concepts. These approaches impact breastfeeding.¹ The match between culture and the biology of breastfeeding varies among societies. Many of the frustrations experienced and the questions pondered by health care providers working to protect, promote, and support breastfeeding are related to the mismatch of culture and biology, particularly in Western or Westernized societies. In the mainstream culture of the United States (US), for example, we tend to focus on the future; hence, we schedule infant feeding and sleep. We tend to emphasize independence; hence, we have a lot of physical and social separation of mother and baby. We tend to mistrust and try to control nature; hence, we mistrust and try to control breastfeeding and the development of babies and children. We tend to emphasize the accomplishment of "productive" tasks with tangible outcomes; hence, breastfeeding and child rearing do not meet our cultural criteria of productive human activity (see my quote in Sara Corbett's [May 6, 2000] "The Breast Offense" in the New York Times).² And, we tend to see human nature as inherently bad; hence, a belief in "manipulative" babies in danger of being "spoiled" is common in our society.

Social distance in the US—including our degree of body contact (waking and sleeping) with babies and young children—reflects our individualistic approach to social interaction. Most of us here in the US were raised with parenting approaches that involved high social distance: we slept in cribs in a room away from our parents, were carried in strollers (and now in car seats with handles), ate in high chairs, played in playpens, were left regularly with baby sitters, were fed formula in bottles (often propped up without anyone holding us), and were fed formula in the NICU if we were premature, etc. Due to the nature of culture, these practices (or some version thereof) are *understandably* what feels normal, right, appropriate, and desirable to many people. They are what "makes sense." They are what many of us have internalized through generations of experience, modeling, and play. Three generations of mothers basically didn't breastfeed or breastfed minimally. Now, new generations are trying to relearn the lost art of breastfeed.⁴ But, the biology of breastfeeding challenges the cultural beliefs and practices of these pioneers—as well as of their mothers and grandmothers, not to mention their friends, neighbors, other relatives, health care providers, governmental representatives, religious leaders, employers, strangers on the street, etc. When cultural practices are challenged and changed, it is normal to feel uncomfortable, confused, and even threatened.¹ Cultural change—at the personal and societal level—can be very

hard work (complex factors beyond the scope of this essay influence the ease or difficulty of cultural change).^{1,5} And, that work often goes unrecognized by the individual and by others.

It is truly a challenge to protect, promote and support breastfeeding in any culture or subculture that is poorly matched with the biology of breastfeeding and human development. Respecting and effectively responding to a mother's cultural distress while encouraging and helping her to breastfeed is no easy task. Those who are not doing this kind of work may not understand how fine an art this is. They may not understand how important breastfeeding is. And they may offer us little or no support and appreciation for our difficult task. That's one of the reasons, I think, that health care providers working with breastfeeding mothers need peer support. So, pat yourselves on the back for hanging in there through all the complex biocultural challenges of this field. The breastfeeding information and support that you provide matter profoundly.

References

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² Corbett, S. The breast offense. *New York Times*, May 6, 2001. Full text: <http://www.nytimes.com/2001/05/06/magazine/06NURSING.html>

³ Simpson-Herbert, M. Breastfeeding and body contact: To breastfeed or no—why do different cultures value the practice so variably?" *Population* 1980;7(2):17-22.

⁴ Good Mojab, C. Relearning the lost art of breastfeeding: Obstacles and resources for Iranian and American women. *Andisheh* 1999;1(10):4-6. Full text: <http://home.comcast.net/~ammawell/brstfdiranamer.html>

⁵ Prochaska J., DiClemente C., Norcross J. In search of how people change. *Am Psychol* 1992; 47:1102-4.



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