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Keeping Abreast of the Multiple Biological, Cultural, and Psycho-Social Barriers to Breastfeeding in Modern Society

KEYWORDS

breastfeeding, barriers: biological, cultural, psycho-social

ABSTRACT

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Breastfeeding provides good-quality nutrition for babies and can be very beneficial for both mom and baby. However, modern women face many challenges in breastfeeding their babies that can be attributed to today's ever-evolving cultural and psycho-social underpinnings. These multiple barriers to breastfeeding in today's society hinder women from developing a good breastfeeding relationship with their babies. The various factors that prohibit initiation and prolonged breastfeeding however can be counteracted by examining the barriers to breastfeeding and finding reasonable methods for resolving the challenges. Twenty-first century women who desire to breastfeed can be successful at achieving their breastfeeding goals with greater support by society and by having more confidence in themselves.

Not long ago the practice of breastfeeding was commonplace and was the main means for providing infants and young toddlers the nutrition necessary to grow into healthy adults. However, at the turn of the twentieth century, there became an increasing number of women who chose artificial means to feed their babies and preferred methods such as bottle feeding and using formula over breastfeeding their infants (Sanders, 2013: 71). Many of today's women still choose to forego what is free and natural nutrition through the art breastfeeding for the more expensive and artificial nutrition through the use of bottles and baby formula despite the ever-growing global campaigns to increase the rate of breastfeeding. It is therefore of utmost importance to determine what exactly is gui-

ding the decision-making of women in today's society especially for those mothers who greatly want to breastfeed their babies. Further examination of the issue results in multiple reasons why women are not choosing to breastfeed. These multifaceted reasons for choosing the bottle over the breast can be seen as barriers to successfully developing a healthy breastfeeding relationship between mother and baby that discourage both modern mothers and modern health care workers who have an interest in providing good nutrition for babies. Obstacles to breastfeeding can be broken down into several categories that often overlap including biological, cultural, and psychosocial factors.

There has been increasing research over the recent years about the health benefits of breastfeeding that exist for both mothers and babies. Some of the maternal benefits of nursing include an increased sense of bonding with one's infant, more rest, lower blood pressure, a quicker return to uterine size after birth, a decreased risk of excessive bleeding after birth, a reduced rate of ovarian and breast cancer, a reduced rate of type two diabetes, and an increased amount of weight loss after giving birth (Senie, 2014: 70). Likewise some of the benefits of breastfeeding for infants include a reduced rate of infection especially involving the ear, urinary tract, and respiratory tract which also decrease the incidence of hospitalizations and pediatrician off visitations (Alexander [et al.], 2014: 173). In addition to a healthier immune system, babies benefit from breast milk by having a reduced rate of SIDS, celiac disease, and diabetes (Perry [et al.], 2014: 634). These beneficial aspects that result from nursing occur even for babies who are only able to breastfeed a few times daily (Huggins, Ziedrich, 2007: 86). Specific returns to the society in general that come from a result of more mothers choosing to breastfeed include a decrease in health care related expenses for mothers and babies who would have otherwise developed health problems if they would not have chosen breastfeeding and the economic and environmental benefits of having less packaging and plastic bottles in circulation to fill up landfills (Cohen, Wright, 2011: 159).

The combined advantages of increased maternal and infant health for nursing mothers have contributed to the mounting campaigns in support for breastfeeding among world health agencies, breastfeeding advocates, and pediatricians. As such, the World Health Organization recommends that babies should be exclusively breastfed for the first six months of life and that breastfeeding should continue after the first six months with the addition of beginning foods up until the age of two and beyond (World Health Organization, 2014). However, even

with increasing evidence that breastfeeding is an important aspect for maternal and infant well-being, the rate of breastfeeding mothers is far below what is desired. This can be seen most apparently when the numbers of women who still breastfeed over the months after giving birth decreases substantially. For instance in the United States, only approximately 70% of women choose to initiate breastfeeding after delivering their baby and approximately 30% of those women still continued to breastfeed their babies after six months of age (Halley, 2007: 80).

Goals for increasing the rate of nursing by health organizations are ambitious. The Healthy People 2020 target for breastfeeding goals within the next six years include a rise in the rate of breastfeeding initiation to a little over 80%, a rise in the rate of breastfeeding at the six month mark to a little over 60%, and a rise in the rate of breastfeeding at one year to almost 35% (Healthy People 2020, 2014). In order to reach these targets, great changes must occur in the perception and attitudes toward breastfeeding on the cultural and society levels.

Biological Barriers

Biological barriers to breastfeeding consist of the anatomical and physiological differences between various women and their babies that prevent some women from become fully successful at breastfeeding. Although many of these barriers such as cleft palate, nipple inversions, and tongue tie have existed for many hundreds of years, it has only been until recent times where some of these biological barriers could be ameliorated by modern medicine through corrective surgery and use of nipple shields (Brodsky, 2008: 64). Ironically, however, modern advances in health care have also provided new biological hindrances to breastfeeding due to some of the interventions that occur during the labor and delivery process. Nevertheless, with careful support and greater education for mothers, these biological obstacles can be rectified.

One of the very first barriers to breastfeeding that modern women face can be traced back to the birth process itself especially if the birth occurs in the hospital setting. This is the entry point to where mothers first receive medical care after the birth of their babies and where many women began the process of establishing a healthy breastfeeding relationship with the baby. Along with risk factors that exist before a baby is even born that decrease a mother's ability to produce breast milk as quickly normal such as high blood pressure and hypothy-

roidism, some procedures such as cesarean sections are known to delay milk formation or lactogenesis (Simpson, Creehan, 2014: 631). With the rise in number of cesarean sections performed in first-world countries, it can easily be seen how the rate of breastfeeding has remained lower than desired (Vadeboncoeur, 2011: 8).

Another common practice that reduces the mother's ability to form breast milk at a reduced rate that inhibits breastfeeding success is induction of labor with Pitocin. In these cases, the milk supply of the mother is delayed in the first 48 hours after birth which causes frustration for the mother and baby when adequate nutritional sustenance is not given to the infant (Cook, Christensen, 2010: 318). Some women might be persuaded to give up breastfeeding after struggling with supply during these initial days after delivering their baby especially if they feel pressured by medical professionals to supplement with formula.

Health care providers can promote breastfeeding in multiple ways such as by educating their patients on the health rewards to the mothers and babies who nurse, answering questions related to breastfeeding, reducing the amount of cesarean sections performed unnecessarily, reducing the amount of induced labors that are not medically necessary, and providing frequent opportunities for mothers to nurse their infants in the period directly after birth (Alden [et al.], 2012: 609). Health care provider support is even more important than ever as breastfeeding advice is no longer as frequently handed down from mother to daughter as it has been previously done in centuries before. Lactation consultations, if available in the hospital, can be a great means to provide the initial emotional and educational support necessary to trouble shoot breastfeeding difficulties early on and reduce the risk of a woman developing issues such as mastitis and sore nipples that might dissuade her from wanting to continue nursing (Lauwers, Swisher, 2005: 15).

There are also many ways that women can increase their chances of breastfeeding their infants successfully after delivery. Women can educate themselves using books and popular evidence-based websites such as www.kellymom.com to prepare themselves about the mechanics of breastfeeding. Another simple way to promote breastfeeding immediately after birth is to be aware of the hospital's breastfeeding policies and have a plan set aside for breastfeeding similar to what is formulated in a birth plan that describes what a mother would like to have happen in regard to delivery and breastfeeding (Evans, Aronson, 2005: 414). This can be as simple as stating that the mother does not wish to have bottles or paci-

fiers given to the infant which can lead to the baby becoming nipple confused (Stein, 2013: 165). By a woman staying firm in one's decision to follow the plan set aside along that it is medically sound and agreed upon by a woman's physician or midwife, new mothers can stay more focused on their goal to develop good breastfeeding practices during the initial hours after birth.

Cultural Barriers

Cultural barriers to breastfeeding are those obstacles that are upheld due to a woman's culture that she resides in and differs between world regions, race, and religions. How successful a woman is in developing a breastfeeding relationship can be directly related to how supportive her culture is about breastfeeding and about women's role in society (Manstead, 2007: 570). There is a clear difference in the rates of breastfeeding across many cultural subsets. Those most likely to breastfeed their babies include women who are Caucasian, in their thirties, have at least some college education, are in a marital relationship, and have a middle-class income (Lauwers, Swisher, 2010: 246). Alternatively, those least likely to breastfeed their babies include those mothers who are in an ethnic minority, young in age, have less education, employed full-time, and have less social breastfeeding support (Pence, 1997: 114). Even though cultural barriers are very specific to different world regions, there are important characteristics that are common in many areas of the world that include the ideas of oversexualization of breasts and the idea of breastfeeding as an activity only meant for the poor (Rudge, Holmes, 2010: 17-18).

One of the single most important cultural barriers to breastfeeding within the Westernized world is the sexualization of women's breasts as objects only meant for the bedroom and not for the purpose of feeding babies (Kedrowski, Lipscomb, 2007: 9). The implication of viewing breasts as only a sexual component of the body has several consequences for women attempting to breastfeed that relate to the dynamics of the family and the woman as a part of society. The first implication of viewing breasts as only sexual objects prevents some women from being able to visualize the breasts as a means to provide nutrition for their baby (Dettwyler, 2011: 109). This prevents them from initiating breastfeeding because they have been taught by their culture that breasts are only sexual. Those women that can view their breasts as having a dual purpose for sexual relations and for breastfeeding might find that their husbands or partners discourage

breastfeeding because the husband or partner cannot view the breasts as anything different than objects used in sexual foreplay (Jarman, Simpson, 1998: 30). Some spouses and partners even develop a sense of jealousy related to the infant because the breasts were objects that the spouse or partner thought of as theirs before the birth of the baby and do not want to share the breasts with the baby (Penny, 2007: 465). These challenges can result in the mother choosing not to breastfeed to reduce the conflict that either she feels about her breasts or her partner feels about her breasts.

The second implication that results in the breasts being viewed as sexual items comes from the fact that breastfeeding is not supported in the public setting in most western cultures (Harding, 1998: 25). This prevents women from being able to travel outside of the home because of their baby's demand for breastfeeding. A woman would have to pump before going into a public place in case her baby wanted to eat since breastfeeding is not socially accepted in many public venues. There have been instances where women have been asked to leave a public place such as a shopping mall or restaurant because they were breastfeeding their babies (Latteier, 2010: 75). Proponents to breastfeeding often point out that advertising images in the public often portray women who are scantily clothed; however, exposing one's breast during the act of breastfeeding is discouraged even though it is natural (Colb, 2007: 74). As such, this contradictory view of breasts in western cultures is troubling for women who want to provide breast milk for their babies while doing their normal activities such as grocery shopping and taking children to the park.

Women can overcome this cultural barrier of the over-sexualization of breasts by choosing to shop at areas where breastfeeding is acceptable. They can also become more aware of the local laws and be knowledgeable of where breastfeeding is allowed in public and where it is not. These laws differ from region to the next so it is important for women to be educated about their rights (Edelstein, Sharlin 2009: 76). Furthermore, women can help support other women in their desire to breastfeed and promote greater awareness in the public about the dual purpose of breasts so that breastfeeding can become a more culturally appropriate activity in public. Lastly, women can use methods of covering up in public or using discreet methods of breastfeeding when appropriate (Weiss, 2010: 149). Even so, methods that involve covering an baby and the breasts during breastfeeding in public or around anyone who is uncomfortable with breastfeeding can serve to only promote ignorance about breastfeeding and can a more

difficult method to breastfeed where a mother cannot properly view whether her baby has latched onto the breast correctly due to the covering or due to the baby being unable to breathe adequately due to the covering.

Another influential cultural barrier to women breastfeeding includes the idea that breastfeeding is only meant for the poor and those who cannot afford formula (Holmes, Rudge, 2010: 17). Since breastfeeding is less costly than formula feeding, some assume that the poor must breastfeed because they do not have the means to purchase formula. This is culturally significant because breastfeeding in some areas results in a dual stigmatization of poverty and breast milk that consequentially leads to less women desiring to breastfeed. However, even this cultural barrier is changing as the effects of modernization and marketing of infant formula in third-world countries result in less women choosing to breastfeed as more people in the world have access to formula than ever before in human history (Chrisler, 2012: 276).

Psycho-Social Barriers

Psycho-social obstacles to breastfeeding consist of a large component of why women choose to not breastfeed (Dalzell [et al.], 2010: 47). This class can be further broken down into two parts which are attributed to the psyche of the mother and the social aspects of what is like to be a new mother in today's busy society. As such, these two fragments of the barriers relating to psychology and society are deeply intertwined when one affects the other in a self-denigrating spiral that prohibits a woman's ability to successfully breastfeed her baby.

The many psychological barriers to breastfeeding can prove to be equally as challenging and detrimental to forming a good breastfeeding relationship as biological and cultural obstacles. These hurdles come in multiple forms however concentrate on the idea of perceived hardship that a mother will face if she chooses to breastfeed over bottle feed with formula. Some of the more common psychological reasons for a women who choose not to breastfeed include having an embarrassment regarding the act of breastfeeding, having a lack of confidence in the ability to breastfeed, having a fear that breastfeeding will result in less freedom, having a fear that the woman's body cannot produce an adequate supply of milk, having a fear that breastfeeding will result in breasts that are unattractive, and fear that breastfeeding is painful (Littleton-Gibbs, Engebretson, 2009: 708).

One of the keys to dissolving psychological barriers lies in the fact that some of the beliefs regarding breastfeeding might not even be true and, in fact, simply a belief that is grounded in a fear that the woman has chosen to take on either through her cultural upbringing or education. The mother feels that the negative beliefs that prevent her from breastfeeding are real, and this further promotes an environment and circumstances where breastfeeding becomes an impossible activity. Only by reexamining a negative belief about breastfeeding that might turn out as false, can a woman overcome her own barrier to breastfeeding. This can be achieved by reflecting back on where the belief was picked up whether or childhood or through television programming and evaluating honestly to oneself if the belief about breastfeeding makes sense or is even true (Carr, 2011: 95). Having a good understanding of the breastfeeding process through education either by healthcare professionals or by actively seeking reading material through books or online can prove to be enlightening.

Nonetheless, there are other psychological factors that may involve more than simply changing a belief to create a positive change. One such instance that can make breastfeeding more difficult includes that of postpartum depression which can increase the anxiety and feelings of loneliness that a woman has after giving birth making it more difficult for the woman to take care of herself and her baby (Riordan, Wambach, 2010: 349). In these cases where the psychological burden greatly affects a mother's ability to provide to cope with daily life, interventions may include medication to help treat the depression, formal therapy, and bolstering the support received by family and friends (Nonacs, 2006).

Social barriers, such as the need for women to have employment outside of the home, include one of the main causes of women to stop breastfeeding (Kedrowski, Lipscomb, 2008: 8). Returning to work represents a period of learning on how to juggle the needs of the woman, family, baby, and job-related responsibilities that did not exist in tandem before the woman gave birth. Many women do well with breastfeeding while on maternity leave however find that the growing demands and pressures of the workplace leave little time for fostering the breastfeeding relationship at home and for pumping breast milk at work. Consequently, this is when many women who were previously successful in breastfeeding give up and turn to infant formula as the answer to their breastfeeding crisis. As such, of those women who return to work before their babies turn four months old, only forty percent are still breastfeeding by the end of the babies first year of life (Eiger, Olds, 1999: 228).

There are multiple reasons why breastfeeding becomes unsuccessful during the time where a woman returns back to work. Shorter lengths of maternity leave due to using up time meant for postpartum leave during the pregnancy because of health issues related to pregnancy that make women unable to safely work also contribute to the growing stress of mothers returning to work (Pollard, 2008: 105). This is true especially during the first six weeks after giving birth where establishing a mature milk supply is most important for continued breastfeeding success (Hark [et al.], 2014: 140). The prolonged periods of separation that constitute work also contributes to women choosing formula since greater periods of not breastfeeding often result in a decreased milk supply since the act of breast milk formation operates on a supply and demand cycle (Simpson, Creehan, 2014: 586). Therefore the less amount of time that a woman devotes to breastfeeding means the less milk that a woman can produce for her baby.

An increase in support from the workplace has been sited to help alleviate some of the challenges of breastfeeding and working (Hall [et al.], 2012: 146). Employers of new mothers can promote breastfeeding in a multitude of ways that do not have to be necessarily costly. For employers in countries where health insurance is provided as part of a benefit package for employees, employers can align with insurance companies that provide coverage for breastfeeding supplies such as breast pumps that are necessary for woman who work outside of the home. Additionally, employers can be more flexible in their demands of women returning to work after having a baby and allow them to work from the home if possible or have unconventional shifts that cater more to a new mother's schedule (Spark, 2007: 213). Businesses can furthermore ensure that women have adequate time to pump their breast milk by allowing them sufficient breaks that align closely to what the baby's schedule (Meek, Yu, 2011: 185). This would be very beneficial since issues of low or reduced milk supply can be reduced if the pattern of pumping can be carried out in a similar manner to what a natural breastfeeding pattern would be. Although a more costly alternative, employers can offer childcare services on site of the place of employment which provides a means for promoting a healthy breastfeeding relationship since mothers would have greater access to their babies (Ying, 2005: 38).

Business companies can also do more to provide clean and comfortable areas for breastfeeding women to pump their milk at work and to provide an area for women to store their breast milk and pumping supplies (Cowley, 2008). Many women feel that pumping their breast milk in the bathroom is unsanitary and

uncomfortable and others have insufficient means to store their breast milk in areas that do not create conflict in the workplace since some coworkers might not want to share their lunch refrigerator with a woman's breast milk (O'Reilly, 2010). Ultimately, the more unrestricted that breastfeeding can become by allowing greater freedom in the workplace, the more that motherly exhaustion and health issues such as breast engorgement and mastitis can be avoided (Pairman [et al.], 2010: 646).

Women can become advocates for themselves in the workplace by speaking with their employers ahead of time about how they can fit in their pumping within their work schedule and emphasizing how important breastfeeding is for the well-being of their baby. They can also speak to their employers about private areas where they can pump without being disturbed or pressured to give up that location to someone else before they are finished pumping. This will help reduce some of the embarrassment that some women have about pumping at their workplace when coworkers do not understand what they are doing (Littleton-Gibbs, Engebretson, 2009: 723). They can likewise ask about the possibility of working at home so that they can remain close to their babies. Furthermore, mothers can maximize their pumping time at work by using a dual electric pump, or preferably a hospital-grade pump, where milk can be more easily and quickly expressed in order to minimize the time that is needed to take out of the busy work day (Boswell-Penc, 2006: 113).

Conclusion

Although breastfeeding provides superb nutrition to babies as well as health benefits to breastfeeding women, it is ultimately up to the mother to decide what kind of infant nutrition is best suited for the individual needs of the mother and baby. For those mothers who wish to breastfeed but find that the process is too daunting compared to bottle feeding, exposing the challenging to breastfeeding and finding common sense ways to dissolve the barriers, mothers can enjoy a greater rate of success with nursing. The multiple challenges of breastfeeding are often interrelated and include the spheres of biology, culture, psychology, and sociology. It is difficult to separate the areas of barriers; however, once the specific areas of concern are identified, simple methods for overcoming the challenges can be attained. Ultimately, by keeping abreast of the current obstacles that exist for today's women, breastfeeding can become more commonplace and benefit society as a whole.

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Bieżące dyskusje na temat różnorodnych barier biologicznych, kulturowych i psychospołecznych wobec karmienia piersią w społeczeństwie współczesnym

Streszczenie

Nie tak dawno jeszcze karmienie piersią stanowiło powszechną praktykę służącą karmieniu niemowląt. Jednakże u progu XX wieku coraz więcej kobiet zaczęło stosować sztuczne metody karmienia. Obecnie wiele kobiet nadal preferuje tego rodzaju metody zamiast naturalnych, nawet pomimo kosztów, jakie trzeba ponieść w tej kwestii, oraz szeregu kampanii promujących zdrowe karmienie dzieci. Dalsze badania tego problemu wskazują na szereg powodów, dla których kobiety nie wybierają karmienia piersią. Co więcej, wybór sztucznego pokarmu postrzega się jako barierę wobec zbudowania zdrowej relacji łączącej matkę oraz dziecko. Bariery niesprzyjające upowszechnieniu się praktyki karmienia piersią można podzielić zaś na kilka kategorii: biologiczne, kulturowe i psychospołeczne. Bariery biologiczne wynikają z różnic o charakterze anatomicznym oraz fizjologicznym pomiędzy kobietami i ich dziećmi uniemożliwiających skuteczne karmienie piersią. Dopiero od niedawna istnieją metody zabiegów chirurgicznych, które owe różnice niwelują. Paradoksalnie, pojawiły się też nowe bariery natury biologicznej, wynikające z rozwoju medycyny i związane z interwencjami chirurgicznymi podczas samego porodu. Można je jednak przewyż-

żyć, stosując inne metody chirurgiczne. Opieka medyczna może udanie promować karmienie piersią poprzez edukację na rzecz zalet zdrowotnych wynikających z tej metody, udzielać informacji na ten temat, redukować liczbę niepotrzebnie wykonywanych cesarskich cięć i współtworzyć większe możliwości dla matek decydujących się na naturalne metody karmienia. Do barier kulturowych zaliczyć z kolei możemy te przeszkody, które wynikają z modelu kulturowego, w jakim funkcjonuje dana kobieta, oraz jej uwarunkowań rasowych czy religijnych. Wyniki badań w tym zakresie sugerują, że częściej skłonne do karmienia piersią są białe kobiety w wieku około 30 lat, posiadające co najmniej wykształcenie średnie, zamężne i posiadające średni dochód. Przeciwnie rzecz ma się w przypadku młodych kobiet pochodzących z mniejszości etnicznych, słabo wykształconych, zatrudnionych na pełen etat i nieposiadających wsparcia społecznego w tej materii. Do przypadku barier psychospołecznych zaliczyć należy problem kobiet, które świadomie wybierają sztuczny pokarm. Bariery te można dalej podzielić ze względu na konstrukcję osobowości matki oraz aspekty społeczne odnoszące się np. do roli młodych matek w społeczeństwie współczesnym. Dodać należy, iż oba te aspekty przenikają się nawzajem. Przykładem takich barier może być niechęć wielu kobiet do karmienia piersią w miejscach publicznych. W świetle powyższej typologii, stwierdzić możemy, iż pomimo tego, że karmienie piersią dostarcza dziecku pełnowartościowego i naturalnego pokarmu, nadal w gestii samej matki pozostaje wybór, jaki rodzaj pożywienia dostarczy ona swojemu dziecku. Dzięki przewyciężeniu zarysowanych powyżej problemów i barier możliwe jest spopularyzowanie naturalnych metod karmienia także w dobie szybkiego rozwoju społeczeństw zachodnich.