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(Department of Sociology)**

**A Feminist Content Analysis
of the Popular and Health Professional
Literatures on Infant Feeding, 1960-1996**

Thesis under the Supervision of

Ann Denis

by

© Sophie Soklaridis

**In Partial Fulfillment of
Requirements for a Master
of Arts (Sociology)**

August 1997



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ABSTRACT

A feminist content analysis examines how the popular and health professional literatures discuss infant feeding practises from the 1960's to 1996. Three research questions were constructed to address women's role(s) and obligations as mothers with respect to infant feeding.

The first research question examined the advantages and disadvantages associated with particular methods of infant feeding. The second research question examined how (if at all) a woman's, time, energy, and bodily fluids are appropriated, and how the development of self-actualisation might be connected to infant feeding practise. The third research question examined how the popular and health professional literatures discussed the various support systems available to the mother in order to analyse the way in which the mother is situated culturally and socially.

The results of the three were theorized and operationalized using the concepts of alienation, appropriation of women, self-actualisation, and diversity. These various concepts were found within socialist and materialist feminism and social psychology.

ACKNOWLEDGMENTS

I would like to thank Diane Pacom and Marilyn Mardiros for being a part of my committee. In particular, I owe a tremendous debt of gratitude to Ann Denis, my supervisor, who endured countless meetings in strange places (airports, loud coffee shops) in order to discuss my work. A special thanks to Paulette Arsenault and all the others too numerous to name at the department of Sociology.

Professors Edith Smith and Natalie Beausoliel were a tremendous inspiration to me. They offered me encouragement, advice and laughter just when I needed it most.

I would like to thank my family for their financial and emotional support. My grandmother deserves a special thanks for providing me with the much needed child care in order to finish this project. My husband John was unwavering in his enthusiasm, and gave me the encouragement to work those extra hours late at night when all I wanted to do was sleep!

The person that I would like to thank the most is my son Evan-Petros, who was the inspiration for my thesis. We endured and lived this thesis together. He has given me strength that I never had before. I hope in return, one day he will appreciate how much of this thesis is because of him.

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INTRODUCTION

According to Sandra Kirby and Kate McKenna, researching from the margins is “a continuous process that begins with a concern that is rooted in experience. The research process consists of planning to gather information, actually gathering it and making sense of it; concurrently the researcher engages in a process of self-reflection as one of the participants in the process of creating knowledge” (1989:44). It was through this process that I discovered my research topic on infant feeding.

Breast feeding my son was not a choice- it was part of my philosophy on motherhood. As a feminist, I am very aware of the problems pregnant women and new mothers confront when their voices are ignored by the medical profession’s hegemony over birthing practices and infant feeding. Therefore, after much research on the topic of childbearing and rearing, I was determined to make my birthing experience with minimal medical intervention and possibly none at all. My beautiful son was born in a birthing centre with the help of my partner and a midwife. Within minutes of his birth, I began to breast feed. I left the hospital early because I wanted to avoid any possibility of nurses giving my son a bottle, which in turn, could jeopardise my breast feeding routine (breast feeding on demand).

By the end of the first week my son was losing weight despite being breast fed on demand. He cried day and night, sleeping for intervals of 30-35 minutes. The only time he did not cry was when he was on the breast (therefore I would keep him on for hours at a time just to have some peace). My mother tried to sensitively tell me that she thought he was hungry, since he was crying and not wetting diapers. I was so angry with what I perceived as a lack of support, that I asked my mother to leave. I phoned a taxi to take her to the train station right away.

By the end of the second week, my son had lost almost 15% of his body weight and was losing ounces by the day. In desperation, I went to see one of my midwives, who upon seeing my son, called my doctor immediately. My doctor, who was supportive of breast feeding suggested that I continue to breast feed, but to give him a breast-milk substitute after each feed to see if it will settle him down and help him to put on some weight. She assured me that giving a milk substitute would be a temporary measure.

I called a Lactation Consultant who sold me a one hundred dollar breast pump in order to increase my milk supply. She sold me two special nipples so that my son will not be confused between the nipple and breast. I read, and was told that if you use “ordinary” nipples, the baby will prefer those to the breast since the milk runs through the rubber nipples quicker than it does through the breast. These "special" nipples she sold me, as I found out by trial and error, (a long and painful process) were designed for a much older baby (over 6 months). When I finally purchased an “ordinary” nipple, my son for the first time drank eagerly and slept. From then on, after every breast feeding session which lasted a minimum of 40 minutes on each breast, I would supplement him with one or two ounces of breast-milk substitute. My son was a content, quickly growing, healthy baby.

I, on the other hand was miserable. As far as I was concerned, I felt like a failure. When the painful decision was made to supplement, my support system crumbled beneath my feet. First, one of my midwives told me that I was negating all the benefits of breast feeding by giving a breast-milk substitute. She never called me again.

Second, my family, whom I had alienated from their grandson, were angry with the treatment they received from me. Last but not least my partner helplessly watched me cry every day for the first month after our son’s birth. Trying to comfort me was hopeless. Both my midwife and

popular literature told me that bottle feeding would make my son sick more often, with more frequent ear aches, and respiratory problems (Palmer, 1993:67). Psychologically and emotionally, he would not be as intelligent or as stable as his breast fed colleagues (World Alliance for Breast feeding Action, 1996).

This experience prompted me to theorize and politicize my situation into a Master's thesis. Therefore, I decided to perform a feminist content analysis on the popular and health professional literature on infant feeding (1960-1996). I found that breast feeding as a method of infant feeding is emphasized not only in pamphlets and posters in doctor's waiting rooms, but also in both the health professional and popular literatures. As Jane Gordon points out, "[hundreds of women did not independently arrive at the decision to breast feed. They were encouraged to make this choice by the people who provided them with advice and care]" (1989:11).

I believe that full lactation should be encouraged, but not at the expense of the mother and infant's well-being. Therefore, the challenge is to retain the empowering, informative, and enthusiastic promotion and discourse about breast feeding, while at the same time recognizing that health comes not only from breast feeding, but also from an informed mother, who is in control of her circumstance.

In Chapter One, "A Literature Review of child rearing and Infant Feeding Advice (early 1900 to late 1950's)", I examine some of the material concerning (im)proper child rearing and infant feeding techniques, from the early 1900's to the late 1950's. This will set the stage for a feminist content analysis of the health professional and popular literatures on infant feeding from the 1960's to 1996.

In Chapter Two, "The Theoretical and Conceptual Frameworks for a Feminist Content Analysis of the Popular and Health Professional Literatures on Infant Feeding", I discuss the

theoretical and conceptual frameworks for a feminist content analysis of the popular and health professional literature on infant feeding practices. I will use theoretical concepts from both socialist feminism and materialist feminism. Both theories are derived from the materialism on which Marxism is based and partly from radical feminism. In socialist and materialist feminism, Marxian concepts have been modified and applied to describe the oppression of women in capitalist, patriarchal society.

In Chapter Three, “Research Method and Methodology”, I describe the method of content analysis and how I will carry out a feminist content analysis of the popular and health professional literatures on infant feeding. In addition, I operationalise the concepts of alienation, appropriation of women, diversity and the concept of self-actualisation, and demonstrate how they will be used in my research (methodology).

In Chapter Four, “The Advantages and Disadvantages Associated with Particular Methods of Infant Feeding”, I will use content analysis as a means of examining how the popular and health professional literatures (1960–1996) discuss the advantages and disadvantages associated with breast feeding, mixed feedings, and bottle feeding. The advantages and disadvantages will be analyzed using three categories: terms that relate to **emotion**, or **affect** of both mother and baby; terms that relate to **physical health** of both mother and baby; and terms that relate to **convenience, ease or facility** of breast feeding, bottle feeding or mixed feedings. In each of these categories I document words and phrases associated with the advantages and disadvantages of each method of infant feeding practices.

In Chapters Five and Six, “Appropriation and Self-actualisation in the Popular and Health Professional Literatures”, I construct three categories: the “child-centred” reference point; the “complementary benefits” reference point; and the “mother-centred” reference point for breast

feeding, bottle feeding and mixed feeding mothers. In each of these categories, I document the phrases that suggest both the appropriation of women's time, energy, and bodily fluids, and the development of self-actualisation of the mother according to her method(s) of infant feeding.

In Chapter Seven, "The Diversity of the Mother's Social Situation and the Analysis of the Role of a Third Party in Infant Feeding", I examine how the health professional and popular literatures discuss the various support systems which are available to the mother in terms of infant feeding. Categorizing the various support systems available to the mother is a method of analyzing the way in which the mother is situated both culturally and socially.

In Chapter Eight, "Discussion", I summarize the results of the three research questions and relate them to the theoretical concepts of alienation, appropriation of women, self-actualisation, and diversity found within socialist and materialist feminism and social psychology.

CHAPTER 1 - A LITERATURE REVIEW OF CHILD REARING AND INFANT

FEEDING ADVICE

A. INTRODUCTION

In order to do a materialist and socialist feminist analysis of the health professional and popular literatures on infant feeding, from the 1960's to 1996, it is necessary to briefly review the history of advice literature on child rearing available to mothers. Therefore, I will examine some of the material concerning (im)proper child rearing techniques, from the early 1900's to the late 1950's. Advice literature encompasses both the health professional literature- primarily written for medical personnel, and the popular literature- any other sources of child rearing literature, including government publications that may have been written by health experts, but were geared towards educating mothers. I refer to the popular and the health professional literatures as "advice" literature for this particular period of time, since the popular literature was strongly influenced by the scientific revolution, which began influencing infant care in the early 1900's. By reviewing the literature, I will examine the ideologies within the advice literature given by health experts, as well as some of the psychoanalytic theories concerning the effect(s) of (im)proper child rearing, that trickled down to mothers. Although child rearing is a multidimensional occupation, I will concentrate specifically on the topic of infant feeding and infant nutrition during the first year of life.

In this chapter, I argue that the preferred method of infant feeding, from the early 1900's to the 1950's, and beyond, was breast feeding. However, this statement must be read against the background of the increasing acceptance of breast-milk substitutes, and an ever-growing market for baby food, which unavoidably, affected a mother's "chosen" method of infant feeding. Although breast feeding may have been the preferred method of infant feeding, the reasons for

emphasizing proper infant nutrition varied greatly during this time period. To analyze the various changes, I have chosen to divide this period of time into three sections. During the first period, from the early 1900's to the 1920's, infant mortality, and thus an interest in infant feeding and nutrition, were national issues. I will examine some of the reasons why the issue of infant mortality was brought to the forefront in the beginning of the century. I will consider the issue through three different lenses- the lens of the mother's responsibility for preventing infant mortality; the military's influence over the issue of infant mortality; and how immigration and racial tensions contributed to the increased awareness of the issue of infant mortality.

In the second period, the 1920's and 1930's, the rate of infant mortality decreased. The emphasis changed from saving the lives of children to creating well-behaved children, through strict regimentation. For example, strict feeding schedules were considered to be necessary for the formation of good habits. Mothers were to take control of their infants by imposing schedules that the infants would eventually follow (in)voluntarily. Although breast feeding was still the preferred method of infant feeding, breast-milk substitutes and manufactured baby foods were widely available.

In the third period, the 1940's and 1950's, the ideology concerning child rearing and infant nutrition stood the ideas of the previous decade "on their head". Mothers were now advised to follow a more "child-centred child rearing" approach. This approach consisted of allowing the infant to create his/her own schedule that the mother was obliged to follow. For example, an infant was to be fed whenever, and however often (using the infants cues as a guide), without any sort of limitations.

Despite the various and dramatic changes in child rearing techniques, breast feeding remained, and continues to remain, the preferred method of infant feeding. Although there was a tremendous decline in the rates of breast feeding during the period between 1920's to the 1950's (Van Esterik, 1989; Robin, 1996), most experts, such as doctors and other health professionals, advocated and praised breast milk rather than the use of breast-milk substitutes. However, the advice given on breast feeding and the goodness of breast milk by health professionals must be examined against the backdrop of the ever-growing infant and baby food industry. Manufacturers of breast-milk substitutes and infant foods often gave doctors and other health professionals gifts and/or money to promote their products (Baumslag and Michels, 1995). Therefore, the literature review will examine how infant feeding and nutrition were discussed within the advice literature.

1. The Issue of Infant Mortality

The scientific revolution greatly influenced the ideologies that developed concerning proper infant feeding and nutrition. According to Dally, the turn of the twentieth century marked the beginning of the scientific revolution in infant care. In Inventing Motherhood, she stated that, “[t]he old fatalism based on the idea that infant death was the will of God was giving way to a new, more scientific attitude. Awareness of germs, a passion for cleanliness and a liking for scientific measurement were all gaining ground” (Dally, 1982:81-2). Therefore, as mothers realized that they could save their infants’ lives through proper hygiene and adequate infant feeding, the demand for more information rapidly grew.

According to Arnup, “[b]etween 1900 and 1920, concern developed in Canada, as in Britain, the United States, and elsewhere, regarding the question of infant mortality” (1994:190). Many volunteer organizations, all levels of government and various health care providers, ranging from

doctors to those who worked with livestock (even those who worked with cattle were considered to be 'experts' on the issue of infant mortality), became concerned with the alarming rate of infant mortality. For example, in 1901, 160 babies out of one thousand died before the age of one in Toronto, Ontario (MacMurchy, 1910:6). In fact, Montreal, Quebec had the highest infant mortality rate in North America- one in every three babies died before reaching the age of one (cited in Arnup, 1994:190).

Helen MacMurchy, a prominent leader in the infant welfare movement in Canada, believed that breast feeding could prevent infant mortality. She stated that, "[i]f the baby is nursed by its mother, the chances are great that it will live. If the baby is fed in any other way, the chances are great that it will die... [since mother's milk is the only safe food for baby]" (1910:5). MacMurchy blamed the high rate of infant mortality almost entirely on the fact that many women did not breast feed. She warned that "any occupation that prevents this [meaning breast feeding an infant], or makes it hard, is a direct cause of Infant Mortality" (Ibid., p. 17). In other words, mothers were to abandon all other occupations that might interfere with breast feeding (since breast feeding was believed to be the safest method of infant feeding), in order to save the lives of their children. MacMurchy's approach towards decreasing the rate of infant mortality was problematic, as Arnup pointed out, "not [in] the encouragement of breast feeding as such but the focus on this solution to the exclusion of all other alternatives" (1994:192).

Truby King, a New Zealander, believed that a lack of good hygiene accounted for the death of one infant in forty every year (Dally, 1982:81). He taught mothers the value of infant hygiene, and as a result, the mortality rate due to infantile diarrhea in Dunedin dropped between 1907-22 to one baby per one thousand (ibid.). In addition to his work on proper hygiene, King was one of the forefathers of feeding schedules. He formulated the four-hour feeding schedule that mothers were

instructed to follow, both at night and during the day. According to Dally, King's rationale for a feeding schedule became popular because, "...King turned motherhood into a 'craft' that could be learned and a baby into something that could be controlled. He became so popular that nearly all members of the British middle classes were brought up by Truby King's methods' (1982:82). This type of schedule is still quite popular today, for babies who are fed with a breast-milk substitute.

In the United States, Luther Emmett Holt's book on The Care and Feeding of Children was popular among American mothers. It was first published In 1864, and went through many editions thereafter. Like King, Holt believed that proper hygiene could save the lives of infants. Dally stated that, "[Holt] was obsessed with cleanliness. Much of the book was concerned with the details of dealing with teats and bottles and getting rid of germs" (1982:80). Both King and Holt's obsession with cleanliness and their teachings of proper hygiene limited the overall utility of their theories, in that they completely ignored all other aspects of childbearing, such as the importance of a mother's affection to her child(ren). However, King and Holt would argue that in an epoch of transmittable diseases which were believed to have taken the lives of so many infants, 'a loving mother was no good to her infant if she infected him with lethal diseases" (Dally, 1982:81).

Many doctors and other health experts recommended "mixed feedings"- which included both breast feeding and bottle feeding. As Rima Apple discovered, "practitioners hoped that this 'freedom' might encourage some women, especially those who were otherwise disinclined to nurse... to breast feed at least partially (1987:56-57). Again, the focus was to encourage breast feeding. However, the acceptance of bottles, teats and breast-milk substitutes, combined with the emphasis on breast feeding, relayed contradictory messages to mothers in terms of offering the best nutrition possible for infants. As Apple pointed out, "by 1910, practitioners had reached no consensus on the topic of infant feeding" (1987:70)

The emphasis on hygiene and adequate nutrition transformed the concept of motherhood from the popular late nineteenth century belief that there was a “maternal instinct” that all mothers possess, to that of a “scientific function” that all mothers could learn, if taught by health experts. Health experts, such as doctors, nurses and child welfare reformers believed that the majority of infant deaths were preventable. Their solution to this problem was to focus on educating mothers on proper infant care (Arnup, 1994). Eventually, by the early twentieth century, mothers were directed to see experts such as their pediatrician (at the time, pediatrics was a quickly growing specialty), who would oversee “medically-directed infant feeding” as one way of decreasing the rate of infant mortality (Apple, 1987:404).

B. PERIOD ONE

1. The Issue of Infant Mortality Through the Lens of the Mother

To reduce the infant mortality rate, and to ensure the production of healthier adults, mothers were bombarded with advice, and provided with literature by doctors, nurses, and other institutional health care providers concerning good hygiene and adequate methods of infant feeding. According to MacMurchy, mothers *wanted* to make use of the current technologies and advice on child rearing, and infant feeding, since it was believed to save lives. In her own words, MacMurchy stated that “[n]o one will ever convince the Division of Child Welfare that mothers do not want to learn. Thousands of mothers’ letters are on file to prove the contrary” (cited in Arnup, 1994:193). Both volunteer organisations and the Canadian government provided mothers with pamphlets and books to teach them about proper techniques for child rearing, including various techniques for hygienic infant feeding.

These pamphlets and books reached hundreds of thousands of women across Canada. For example, in March, 1917, the Ontario Board of Health published The Baby, and within two years

had distributed nearly 25,000 copies to new mothers across the province (cited in Arnup, 1994:193). In addition, The Canadian Mother's Book, which was first published in March, 1921, went into six editions, and sold approximately 800,000 copies across Canada by 1933 (Arnup, 1994:193).

It is not difficult to understand why mothers wanted to learn more about proper hygiene and adequate infant nutrition. In light of the escalating infant mortality rate, any information on how to save their child(ren)'s lives would most certainly be in great demand.

2. The Issue of Infant Mortality Through the Lens of the Military

Mothers were not the only ones with a vested interest in saving the lives of children. Government and military officials soon realised that infant mortality was more than just a women's issue. They began to realise that infant mortality had severe political implications. Recruitment for military service in Canada during the First World War brought the issue of infant mortality to the forefront, as many of the potential recruits were rejected from the service due to ill health. According to Arnup, "government officials had begun to recognise the connection between poor national health and the soaring rates of infant deaths and to implement measures designed to reduce infant mortality" (1994:19). Dr. Helen MacMurchy pointed out that: "[w]e are only now discovering that Empires and States are built up of babies. Cities are dependent for their continuance on babies. Armies are recruited only if and when we have cared for our babies" (cited in Arnup, 1994:191).

In addition to the problems the military faced in terms of ill health and recruitment, Arnup discussed some of the tragic results of the Great War on society, and in particular on young Canadian men:

Canada sustained some 250,000 casualties, of which 60,661 were fatal. With total population of only 8,148,000, this represented a significant proportion of the population lost to war. The Spanish Influenza epidemic struck a further blow, as an estimated 50,000 Canadians died from the disease brought to Canada by the returning troops. Leaders of the day could not escape the significance of these figures. Something had to be done about the state of the nation's health. And the place to begin was with the nation's babies (1994:19).

Ironically, the various wars that were responsible for the thousands of deaths of soldiers and civilians, actually saved the lives of infants, by stressing the urgent need to seriously examine the issue of infant mortality. The issue of infant mortality could no longer be ignored by the government and military officials.

3. The Issue of Infant Mortality Through the Lens of Race

In addition to military concerns, there was a racial tableau which loomed in the background of those concerned for the lives of Canadian infants. Therefore, one could argue that the concern over Infant mortality must be interpreted against the backdrop of racial tensions. For example, during the last decade of the nineteenth century, the number of British-born Canadian citizens steadily decreased, while at the same time, the number of Asian and European Canadian citizens had approximately doubled (Light and Parr, 1983:5). In addition, between 1901 and 1921, immigration exceeded the natural increase in population (Driedger, 1989:73). Thus, to many of the leaders at the time, the future of the nation was in jeopardy. British-born Canadians were encouraged by health experts to follow the advice literature concerning proper infant nutrition in the name of saving the "civilized" race from the "uncivilized" races that were swarming into Canada. This was clearly illustrated in MacMurchy's special report on *Infant Mortality* (1910). She warned that, "[t]he future of our Province, the future of our country, the future of our Empire, the future of *our race* [my italics], is signified by the same sign, and that sign is a child"

(MacMurchy, 1910:36). However, immigration from 1921-1931 increased the population by only 12.6 percent, and those who immigrated to Canada were largely of Northern European descent (Dreidger, 1989:71-76).

The (unjustified) racial tensions between the British-born Canadians (including Canadian-born of British origin), and those of other ethnic origins increased the importance of infant mortality as a national issue. Therefore, any attempt at decreasing the rate of infant mortality should consider the issue through the lens of race.

C. PERIOD TWO - 1920's - 1930's

1. The Issue of Normal Child Development and Infant Feeding

By the 1920's and 1930's, "scientific" motherhood was firmly established. The issue of infant mortality was waning in importance as the infant mortality rate continued to decline. Now, the emphasis was placed on the possible behavioral problems children might acquire due to the lack of proper scheduling and regularity. Regularity for infants was considered to be essential for the formation of good habits. Mothers were responsible for ensuring the development of good habits through regimentation for feeding, sleeping, bathing and toilet training. In the 1920 edition of The Baby, the Toronto publication offered this piece of advice to mothers for infant feeding and schedules:

[f]eed regularly by the clock, even if the baby must be wakened. You will soon train him to awaken at the proper time. Regularity in habits not only makes the baby comfortable and keeps the milk secretion uniform, but lays an early foundation for regularity in other habits. (cited in Arnup, 1994:199)

Behaviorist psychologists who were interested in infant and child development approved of the "by the clock" approach. John B. Watson was one of the many behaviorist psychologists who

advocated this approach. Unlike Luther Emmett Holt and Truby King, who were concerned that too much physical affection might transmit deadly germs from the mother to the infant, Watson believed that too much cuddling and affection would “spoil” an infant. For example, as Thurer explained, “[p]icking up a baby between scheduled feedings... was to invite future moral laxity” (1994:237). Jessie Bernard found an extreme example that illustrated the rigidity of feeding schedules in a *New Yorker* cartoon. A mother is looking at her watch, supposedly waiting for feeding time, while holding a bottle in her hand, as her baby cried in the crib (1975).

On the surface, it seemed that bottle-feeding an infant using a specially designed formula, with sterile bottles and nipples, became the preferred method of infant feeding. After all, measuring, mixing, sterilizing, and warming formula converted infant feeding into a glorified analytical chemistry. This method of infant feeding seemed to follow the general belief that infants needed a “scientifically-correct” regimen, which included regular intervals for feeding with “scientifically-proven” formulas.

However, the advice literature consistently recommended breast feeding as the safest and most “natural” method of infant feeding. For example, Stella Pines wrote in *Cbatelaine* magazine how, “It is only the mother who is a whole mother by giving her baby his birthright in *natural* [my italics] feeding...” (cited in Arnup, 1994:68). Despite the recommendations by health professionals, the rate of breast feeding continued to plummet. Many health professionals therefore placed the blame directly on the mother for the rapidly declining rate of breast feeding.

However, while the mother was blamed and held personally accountable for not breast feeding, there was a lack of research done on the impact of both the scientific revolution, and the rapid growth of the market for infant foods on a mother’s decision to not breast feed. When infant feeding was discussed in terms of lowering the death rate through the development of

‘scientifically -proven’ nutritional products, breast milk, In comparison, may have appeared to be a “risky” endeavor. For example, in the 1930’s, at the Hospital for Sick Children in Toronto, Drs. Tisdale and Drake were in the process of developing the “perfect” infant food, in order to reduce infant mortality and morbidity (Van Esterik, 1989:118). Engineering the “perfect” baby food in a “science-worshipping” society may have given the impression that breast-milk substitutes were solely responsible for reduced infant mortality and morbidity.

To increase the rate of breast feeding, many health professionals used guilt to “encourage” the mother to breast feed. Dr. John McCullough was a breast feeding advocate and a former chief medical officer of health for the Province of Ontario. He warned that women who did not breast feed their infants were the greatest cause of the death of babies, and therefore, were synonymous with lack of maternal care (Arnup, 1994:97). At the same time, theories concerning the infant’s psychological well-being were beginning to develop. For example, Freud, although he did not directly deal with mothers or motherhood in his various theories, believed that the baby’s primary bond to the mother was derived through the feeding experience. In his own words:

the desire to suck includes within it the desire for the mother’s breast, which is therefore the first object of sexual desire; I cannot convey to you any adequate idea of the importance of this first object in determining every later object adopted, of the profound influence it exerts, through transformation and substitution, upon the most distant fields of mental life (Freud, 1924:323).

This quotation demonstrated the enormous power and influence the mother was believed to have over the psychological well-being of the infant. According to Freud, the breast, being the first object an infant has intimate contact with, will determine how that infant will relate to other objects throughout his/her life. Thus, a child’s ability to interact appropriately with others depended solely on the mother’s ability to nurse, and eventually properly wean the infant from the

breast without traumatizing the infant. Therefore, a child who did not relate well to others was believed to be the product of an insensitive mother.

For centuries, mothers have been blamed for their children's behavioral problems (Arnup, 1994). However, the influence of the burgeoning scientific revolution, and the overwhelming acceptance of psychoanalysis and behaviorist theories about childhood, used guilt to "encourage" mothers to follow the dominant ideologies concerning proper infant feeding and nutrition.

D. PERIOD THREE 1940's - 1950's

1. "Child-Centred" Child Rearing and "Demand Feeding"

The ideology concerning infant feeding during the 1940's and 1950's was quite different from the astringent, scientific method of the previous decades. Experts advocated a less structured approach called "demand feeding". Demand feeding consisted of allowing the infant to create his/her own feeding schedule. According to Couture, demand feeding "proved to be very satisfactory, but in this case one cannot of course, predict the hours which the baby will adopt or the spacing between feedings. However, eventually the child will establish its [sic] own regular feeding times and then its [sic] program should be adhered to" (1940:110). Mothers were encouraged to listen to their baby's cues, to learn how to interpret these cues and to immediately gratifying their infant's needs. For example, in the 1948 edition of The Care of the Infant and Young Child, mothers were told to, "be guided by the baby's individual needs and rhythms" (cited in Arnup, 1994:105). As Thurer pointed out, "[f]rom now on, the child was to set the pace of child care, with mom in tow, loving, nurturing, sensing every need, seeking tactfully to guide it toward becoming a cooperative member of a happy family, and, all the while, 'having fun'." (1994:248).

Mothers were instructed to follow their maternal instincts- those same instincts that were shunned in the first three decades of the twentieth century. Dr. Benjamin Spock was perhaps the best-known advocate for an “instinctual” child rearing philosophy. He urged mothers to have faith in their own judgment. He wrote: “[d]on’t be afraid to trust your own common sense... We know for a fact that the *natural* [my italics] loving care that kindly parents give their children is a hundred times more valuable than their knowing how to... make a formula expertly” (cited in Dally, 1982:83).

Dr. Spock, like most other health experts, continued to recommend breast feeding as the preferred method of infant feeding. However, in the first edition of Baby and Child Care (1946), he devoted many pages to bottle feeding. In fact, most of the advice literature discussed both breast and bottle feeding. For example, The Canadian Mother and Child (1940) discussed how to calculate the caloric value of formula, while the author of The Early Years (1957) provided ten pages of how to hygienically prepare formula, and sterilize bottles and teats (Arnup, 1994:100). Although expert advice advocated breast feeding, breast-milk substitutes were an acceptable method of infant feeding.

The ideology of “child-centred” child rearing continued in popularity after World War II. At this time, women were encouraged to return to the domestic sphere, as returning soldiers demanded their prewar jobs back. In addition, there were concerns about the waning economic situation which was believed to be exacerbated by the second largest flow of immigration since the early 1900’s. Between 1946 and 1961, two million immigrants came to Canada (Driedger, 1989:73). This was the backdrop to which theories of maternal deprivation and attachment theories began to develop.

John Bowlby was one of the most prominent theoreticians after the war. He worked on the effects of children being orphaned and as a result, being institutionalized, in addition to studying the behavioral characteristics of monkeys. Yet, more than anyone else, he influenced mothers and health professionals in the area of child care (Dally, 1982). In his 1951 monograph for the World Health Organization, he stated that a mother's loving and caring relationship with her infant was the basis for good mental health. Bowlby believed that "children who were either totally deprived of maternal care and love or those who had early contact with their mothers but were then separated would suffer severe psychological sequelae" (Birns and Hay, 1988:50). These psychological disorders were due to what he called "maternal deprivation".

Bowlby's work did not encourage one method of infant feeding over another, since he believed the mother to be much more than a mere provider of food. His work concentrated on mother-infant attachment, and he believed that "feeding, holding, smiling, touching, and playing, would lead to the normal development of infants, who would grow up to be healthy, well-adjusted adults" (1964:51). Bowlby's work most certainly influenced many women in the postwar period to leave the public sphere of paid work, and return to the domestic sphere of unpaid child care work.

Although Bowlby did not advocate any particular method of infant feeding, others theorized that non-breast feeding mothers lacked psychological maturity. Thus, to add insult to injury, a mother was not only responsible for her child(ren)'s psychological (mis)behaviors, but she too was accused of somehow being deficient. For example, a 1949 child rearing manual stated that:

[s]ome women fear that in nursing a baby they lose their attractiveness to men in general and to their husbands in particular. On the contrary such "womanliness" is actually attractive to most men. Many women who do not want to nurse their babies are sexually

frigid which further bespeaks their incomplete understanding and acceptance of sex matters and of their role as mothers. (cited in Apple, 1987:124-5)

The author equated women who did not nurse their infants to psychological deviants who were unable to understand and fulfill their “womanly”, “motherly” and “wifely” roles.

A group that was heavily influenced by theories of maternal deprivation and the “womanly” role of the mother was the La Leche League. The League was founded in 1956 in Chicago, Illinois by seven stay-at-home, breast feeding mothers of large families. This group promoted breast feeding as the preferred method of infant feeding. Their philosophy included breast feeding on demand, which meant allowing the baby to determine the frequency and time spent on the breast, without limits. For the League, “the womanly art of breast feeding” was every infant’s right and every caring mother’s responsibility.

This style of mothering required the woman to be with her infant twenty-four hours a day, seven days a week, since the group strongly discouraged women from giving the baby a bottle. Both bottles of formula and bottles of breast milk were unacceptable (especially the former), according to La Leche League, because the use of bottles might compromise the baby’s desire to nurse (Gorham and Andrews, 1990:244). The concept of twenty-four hour mothering required a decrease in maternal employment. This concept corresponded harmoniously with the postwar “ideology of motherhood” that emphasized the importance of women being home with children. However living in accordance with this ideology of motherhood was not feasible to all women. Much of the literature assumed that the readers were white, married, middle-class women, and consequently it did not address the needs and concerns of racial minority and immigrant mothers, working-class mothers, and single mothers. In fact the postwar lives of Black women in the

United States and Canada provided a powerful counter-narrative to the ideology of motherhood and the nuclear family.

E. CONCLUSION

Ideas and theories that developed from the early 1900's through to the late 1920's concerning infant feeding and nutrition were influenced by the scientific revolution, war, and the concept of race. These factors continued to influence the advice literature on infant feeding and proper nutrition from the 1930's to the 1950's. However, the emphasis changed between the 1920's and the 1930's from reducing infant mortality to raising psychologically-secure children through strict regimentation. From the 1940's to the late 1950's, the ideologies concerning infant care were against imposing schedules on the infant. Rather, the infant was to create his/her own schedule that the mother was obliged to follow.

Despite the various changes in ideologies concerning proper infant care, breast feeding remained the preferred method of infant feeding for the physical and psychological well-being of infants. By the late 1950's, twenty-four hour mothering, and breast feeding on demand formed a harmonious, symbiotic relationship with the postwar ideology of motherhood. However, not all women were willing, or able to adopt this particular style of mothering. In fact, breast-milk substitutes became widely used and, as a result the rate of breast feeding decreased between the 1920's and late 1950's (Apple, 1987). The declining rate of breast feeding among mothers was used by some health experts and psychoanalytic theorists to marginalize, pathologize and blame mothers for their child(ren)'s behavior.

This brief literature review of child rearing and infant feeding advice from the 1900's to the late 1950's sets the stage for a feminist content analysis of the health professional and popular

literatures on infant feeding from the 1960's to the late 1990's. However, before examining the literatures, I will discuss the theoretical approaches which will inform the analysis. A materialist and socialist feminist perspective, and social psychology will provide the tools for constructing both an analysis and a critique of the literatures concerned with infant feeding.

CHAPTER 2 - THE THEORETICAL AND CONCEPTUAL FRAMEWORK

FOR A FEMINIST CONTENT ANALYSIS OF THE POPULAR AND HEALTH

PROFESSIONAL LITERATURES ON INFANT FEEDING

A. INTRODUCTION

Whether we call it mythology, ideology, or folk wisdom, there exist in all societies ideas about good mothers, women who are nurturant kind, and selfless. These ideas about good mothers coexist with powerful myths about bad mothers, who are typified by the image of the wicked stepmother, who is vain, selfish, and at times sadistic, neglectful, and abusive. These myth become formalized in academic theories about motherhood, which in turn mutate the empirical research that becomes translated into the advice experts give to women about how to mother... [W]hen the advice fails, mothers feel anxiety, guilt, and sometimes despair, which in turn powerfully affects their experience of motherhood. (Birns and Hay, 1988:4)

The tensions between the advice given by experts concerning infant nutrition and care, and a mother's (in)ability to conform to the advice given, remain virtually unchanged from the beginning of the twentieth century to the present. During the period between the 1900's and the 1990's an enormous amount of information about infant nutrition and care has been accumulated. Although ideologies concerning appropriate care and nutrition for infants have evolved, the image of the "good" mother, remains frozen in time.

Chapter One set the foundation upon which a feminist theoretical framework can be developed and elaborated. In Chapter One, I briefly examined the various ideas and theories that developed concerning infant feeding and nutrition from the early 1900's through to the late 1950's. I argued that despite the various changes in ideologies and fluctuating fashions concerning infant care, breast feeding was the preferred method of infant feeding for the physical and psychological well-being of infants. However, the rate of breast feeding decreased between the 1920's and 1950's, as breast-milk substitutes became widely available and acceptable. The declining number

of breast feeding mothers was used by some psychoanalytic theorists and health experts to blame mothers for their child(ren)'s (mis)behavior. This brief literature review of child rearing and infant feeding from the early 1900's to the late 1950's set the stage for developing a theoretical framework for analysing and critiquing the health professional and popular literatures on infant feeding from the early 1960's to the late 1990's.

However, selecting a theoretical framework for a feminist content analysis of the health professional and popular literatures on infant feeding is not an easy endeavor. Therefore, I will be using theoretical concepts from both socialist feminism and materialist feminism. Both theories are derived from the materialism on which Marxism is based, and partially from radical feminism. In socialist and materialist feminism, Marxian concepts have been modified and applied to describe the oppression of women in capitalist, patriarchal society.

The concepts of *alienation*, as used by socialist feminist Allison Jaggar (1988) will describe how infant feeding methods contribute to the alienation of mothers from other women, their bodies, and society. The concepts of *individual* and *collective appropriation* as used by materialist feminist Collette Guillamin (1995) will be used in discussing the appropriation of women's time, energy, and the products of their bodies (including children and such bodily fluids as milk). Maslow's hierarchy of needs will be used to describe the development of a self-actualised mother with respect to her infant feeding practices. Maslow's theories are neither Marxist nor feminist, however, I wanted to examine how the literatures describe some of the social/psychological characteristics of women who breast feed or bottle feed. I found his theory on the development of self-actualisation to be particularly helpful in examining how images of women who either breast feeding or bottle feeding are appropriated in the literatures of infant feeding.

The concept of *diversity* is acknowledged in materialist feminism, but is discussed in greater detail within socialist feminism. Such black feminist scholars as Patricia Hill Collins (1991) and Angela Davis (1993) have adopted the principles of socialist feminism to develop feminist theories concerned with the different experiences women of colour face as a result of the combination of their gender, race, and class. All women, but especially women of colour have different cultural experiences and different social support networks and, according to many feminist scholars, these differences should not be ignored (Donovan, 1985:156). It is important to examine how the health professional and popular literatures discuss the various emotional and material support systems which are available to the mother in terms of infant feeding. Thus, I will be examining how the popular and health professional literatures on child rearing and infant feeding deal with the divergent experiences of women.

The purpose of this chapter is twofold. First, I will discuss the meaning of each of the theoretical concepts which will inform my feminist content analysis of the health professional and popular literatures on infant feeding. Second, I will apply these concepts as a means of describing and critiquing the possible effects the literatures may have on the concept of motherhood.

B. THEORETICAL CONCEPTS

1. The Concept of Alienation

Karl Marx used the concept of alienation to describe the working conditions, and relationships between the proletariat and the bourgeoisie. Wage workers (the proletariat were alienated because the product of their labour was taken away from them by capitalists (bourgeoisie), and because they had little or no control over their working conditions. According to Marx:

[l]abour is external to the worker, i.e. it does not belong to his essential being; ... In his work therefore, he does not affirm himself but denies himself, does not feel content but unhappy, does not develop freely his mental and physical energy but mortifies his body and ruins his mind (cited in Arthur, 1992:17).

In addition, Marx believed that capitalism, and the conditions of waged labour, alienated wage workers from one other. According to Jaggar, “[t]he structure of the capitalist mode of production makes other people seem to workers to be simply competitors for scarce resources, either competitors for their jobs or employers who are attempting to exhaust their life energies” (1988:2 16). Hence, the waged worker becomes alienated humanity as a whole.

Traditional Marxists used the concept of alienation to describe relationships between the worker and the capitalist, and the conditions of *waged* labour in the *public* sphere. Therefore, women engaged in unpaid labour, such as child rearing could not, in the traditional Marxist sense, be described as being alienated from the products of their labour , their bodies, and society. However, some feminist theorists revised and extended the concept of alienation to describe the working conditions of women as unpaid workers in the private, domestic sphere. The concept of alienation has been used by socialist feminists to describe “the ways in which women are alienated as sexual beings, as mothers, and as wives” (Jagger, 1988:308). According to Jaggar, “in contemporary society, women are alienated from all aspects of their own labour, from other women and from children” (1988:316). For the present study, I will concentrate on how women are alienated as mothers from their bodies, other women, and society as a result of their chosen method of infant feeding.

i. Breast feeding and Alienation

The revitalization of feminism in the 1960’s prompted a widespread uproar against various barriers placed on women’s choices in the areas of both the private and public spheres. One of the

many barriers mothers faced (and to a lesser degree still face), is that of breast feeding in public. Thus, the woman's health movement, and the feminist movement urged mothers to exercise their rights by using breasts for their intended purpose, and to reject the sexual objectification and exploitation of breasts by a male audience (Gordon, 1989:10). Breasts, it is argued are for breast feeding- anytime and anywhere (although some feminists, as Jane Gordon (1989) would argue that this statement may be seen as a form of biological determinism). Therefore, a mother should be able to nurse her infant at work, in the park, on the bus, at the shopping centre, without fear of being regarded committing a sexual indecency.

If a mother is restricted to breast feeding in the private sphere, she is alienated from other women and society. Women who are forced to stay at home in order to breast feed, because acceptance of breast feeding in public is not universal, have very limited access to the public world. Thus, the isolating nature of breast feeding is an indicator that breast feeding is a form of alienated labour.

Some feminists maintain that if breast feeding in public becomes the norm, it will be one of the few unalienated activities in a capitalist patriarchal society. Many feminists believe that breasts used for their intended purpose would empower women by giving them confidence in their bodies to provide nutritionally for their infants, instead of relying on "man-made" products such as expensive breast-milk substitutes (Van Esterik, 1989; Palmer, 1993). Breast feeding is used as a metaphor to gaining control over one's own labour. Thus, were women able to control their labour in this way (breast feeding wherever they want to), the act of breast feeding would not be considered as alienated labour.

On the other hand, women who, for whatever reason, are unwilling or unable to breast feed, also experience alienation from their bodies, other women and society. Although much work still needs to be done for acceptance of breast feeding. In public, there has been widespread advocacy of breast feeding by both the medical community and various women's groups. As Gordon points out:

breast feeding is emphasized in pamphlets and brochures available in the waiting room and the posters hanging on the walls. The written material emphasized the health benefits to the baby; the photographs presented a Madonna-like image of mother and child- happy, satisfied and in perfect harmony (1989:11).

The emphasis on breast feeding through the use of pictorial displays, and pamphlets creates a kind of subculture in which membership is required. Those who do not breast feed are alienated from other mothers who do, and from a society which supports and "encourages" breast feeding, while disregarding all other options.

Discussing breasts, breast milk, and breast feeding in the absence of the woman as a whole contributes to alienation. For example, the La Leche League discusses the mother's sore nipples in the absence of the mother. They write, "[s]ome mothers have given up breast feeding because of sore nipples. This is unfortunate because it isn't necessary (1991:126). This sentiment confirms that a woman's body does not belong to her. A mother's breasts are a fragmented entity, separated from her being. Her lactating breasts belong to her infant; "problem breasts" (ones that are experiencing lactation difficulties) belong to the health professionals; a mother's sore or cracked nipples are referred to a lactation consultant and her engorged or infected breasts are something her physician or midwife can "fix", in order for her baby to reap the benefits of her breast milk. The mother- alienated from her breasts, is nowhere to be seen.

Mothers who bottle feed using a breast-milk substitute, in addition to being alienated from their bodies, are alienated from other women and society. Pediatricians, obstetricians, family physicians, nurses, midwives, and even manufacturers of breast-milk substitutes, state that breast feeding is the best method of infant feeding. In fact, the slogan “breast milk is best” or “breast feeding is recommended as the first infant feeding choice” is written on every breast-milk substitute container. When breast feeding is supported by the medical community, and society, the social pressure *to* breast feed becomes enormous. Thus, mothers who do not follow the dominant ideology concerning the “best” method of infant feeding, become alienated from other women and society.

2. The Concept of Appropriation

Colette Guillamin (1995) discusses the appropriation of women, their time, their bodies, and the products of their bodies (including children and such bodily fluids as milk). She calls this the concrete expression of appropriation, which corresponds to “the appropriation of women’s *physical* material individuality, and their bodies” (my italics, Guillamin, 1995:10). In order for physical appropriation to occur, women, their time, and the products of their bodies, must be objectified. An object is passive, easily manipulated, and above all, can be owned. Thus, as material property, a discourse about and against (definitely not *for*) women is developed. Guillamin believes it is this discourse that allows men to “obtain continuous physical services from women... to the eventual exercise of de facto rights over our physical integrity and our lives” (1995:232).

According to Guillamin, the most important aspect of physical appropriation is the fact that “in this *relationship there exists no form of measurement of the preemption of the labour*

power. This labour power contained within the limits of the individual material body, is taken as a whole, without evaluation. The body is a reservoir of labour power, and it is as such that it is appropriated” (1995:180). To illustrate her point, Guillamin uses the concepts of the appropriation of time, and the appropriation of the products of the body. To relate these two concepts to my research, I will examine how infant feeding practices may contribute to the physical appropriation of women.

i. The Appropriation of Time and Energy

Your place is here, you are the queen of the house, the magician in the bed, the irreplaceable mother. Your children will become autistic, psychotic, idiots, homosexual, failures, if you don't stay at home, if you are not there when they come home, if you don't breast feed them until they are three months, six months, three years old, etc. In brief, you are the only one who can do all this; you are irreplaceable (most of all, by a male).
(Guillamin, 1995:197)

The work of unpaid child rearing, as opposed to paid work in the public sphere, is not discussed in terms of hours. In the paid labour force, people are required to work a set number of hours- usually no more, and definitely no less. Even those with the most demanding jobs have some nights and holidays (Labour day, Thanksgiving day, Christmas day, New Years day) for rest and relaxation before returning to the public sphere. However, women who are involved in child rearing are on-call twenty-four hours a day, seven days a week. Guillamin believes that in addition to mothers, the appropriation of time also involves wives (common-law, partners), sisters, grandmothers, daughters, aunts, etc. (1995:182). However, a mother's time and energy is particularly appropriated. As Seccombe (1974:2 1) explains, the mother

is not part of any union and the withdrawal of her labour power is considered to be a crime by law. She is, in effect, under a constant injunction forbidding her from striking under the threat of losing her children. The law, in any case, is a formal structure

relatively seldom invoked because the ideology of motherhood operates pervasively to deter her from even considering such action. For the housewife rebellion is often, at one and the same time, objectively unattainable and subjectively unthinkable.

Time is appropriated by child rearing in that there are no time limits, nor any concrete measurement of that time. In addition, there is no concrete measurement of the emotional energy expended by women in child rearing since mothers are expected to look after and feed the children. In the area of infant feeding, we saw in Chapter One, that feeding the infant was and remains solely the mother's responsibility. Either she is the sole provider of nourishment through breast feeding, or she is responsible for providing the breast-milk substitute. The concept of "breast feeding on demand", whereby a mother is to feed the infant whenever, however often, and as long as the infant "demands" the breast is a perfect illustration of the appropriation of women's time and energy. Although unrestricted breast feeding is beneficial for the baby by ensuring a good milk supply from the mother, (Palmer, 1993:106), it also implies that there are no limits placed on the use of a woman's time or her emotional and physical energy levels.

ii. The Appropriation of the Products of the Body

But Phallocentric culture tends not to think of a woman's breasts as hers. Woman is a natural territory; her breasts belong to others- her husband, her lover, her baby. It is hard to imagine a woman's breasts as her own, from her own point of view, to imagine their 'value' apart from measurement and exchange. (Young, 1991:192)

Guillamin uses the example of the marriage contract between husband and wife to illustrate *individual appropriation* of the products of the body. She states that in marriage, "*the number of children is not the subject of contract*, is not fixed or subjected to the wife's approval" (1995:182). It is the husband who decides how many children the wife will "give" him. However, the care and feeding of those children remains in the realm of the mother's responsibilities and

duties. Although it is the mother who is responsible for child rearing, the husband is the “owner” of the children. As Guillamin points out, “[t]he ownership of children, a ‘production’ of women, in the last resort is juridically in the hands of men” (1995:183).

The ownership or control over a woman and the products of her body, extends itself to include a mother’s infant feeding choices. As Iris Young (1991) observed, breasts do not belong to women- they are the property of others. If, for example, a husband is repulsed by the idea that his wife wants to breast feed, he will try to impose his infant feeding preferences upon her. In fact, father’s rights seem to be more important than the mother’s rights or feelings concerning infant feeding. Shan Evans discovered that, “doctors who push breast feeding as a duty will often accept ‘My husband won’t hear of it’ without question- a man has a right, apparently, to decide what’s permissible for the body he married and his rights come before the baby’s [and the mother]” (1984:51). In a book called The Tender Gift (1973), Dana Raphael quotes one man as saying, “Breast feeding? I’d cut my wife’s tits off if she ever tried it (cited in Evans. 1 984:5 1). This illustrates the concept of *individual appropriation*, whereby a man has direct control over the products of his wife’s body.

However, in addition to individual appropriation, there exists *collective appropriation* of women’s bodily products. Collective appropriation means that the appropriation of a woman’s body is not restricted to that of the wife or companion in the domestic sphere (Guillamin, 1995). It is a generalized relationship between a woman and society as a whole. Mothers may be pressured into breast feeding by individuals outside of the marriage contract, because of the literature and social policies that overwhelming support breast feeding. In addition to fathers who may believe that the baby has a right to mother’s milk, physicians and other health professionals

are in a position to enforce their authority on the subject. For example, Gordon quoted one senior physician who said that *his* mothers would breast feed (1989: 11). These attitudes are fueled by the fact that much of the literature quotes statistics which indicate that only 3-5% of women cannot breast feed (although I have yet to see a scientific reference that validate this percentage). Thus, the majority of the mothers should/must breast feed, since according to the medical community and health experts, it is healthier, cheaper, and more “natural” than any substitute (Palmer, 1993; Van Esterik, 1988). If breast milk is good for babies, then it is a mother’s responsibility to provide the milk.

In addition, institutional policies such as those practiced in hospitals have also changed to include breast feeding as part of hospital routine and schedules. Thus, medical advice, along with institutionalized practices are powerful mechanisms in shaping decisions concerning infant feeding, and the collective appropriation of the products of the body for the good of society (producing healthy babies).

C. THE CONCEPT OF SELF-ACTUALISATION

1. Social Psychology and Maslow’s Concept of Self-Actualisation

According to the Penguin Dictionary of Psychology , social psychology is defined as, “[t]hat branch of Psychology that concentrates on any and all aspects of human behavior that involve persons and their relationship to other persons, groups, social institutions and to society as a whole” (Reber, 1985:709). Social psychology and sociology are both concerned with the relationship between society and the individual. Therefore, incorporating Maslow’s concept of self-actualisation into the socialist and materialist feminist theories found in sociology added a

new dimension and perspective in my feminist content analysis of the popular and health professional literatures on infant feeding.

Humanistic psychology (one area of social psychology) believes that, unlike animals, humans are characterized by an awareness of themselves as distinct beings who strive to develop to their fullest potential (Ruch, 1984:22). Abraham Maslow was one of the founders of humanistic psychology. He believed that the subject matter in psychology was too concerned with that which was neurotic and disturbed. Therefore, Maslow believed that the best, healthiest and most mature examples of human species must be studied in order to examine how we can develop to our full potential (Schultz, 1977:60). As part of this approach he developed the concept of self-actualisation. *Self-actualisation* is defined as “the innate human tendency to develop maximally the capacities for love, self-expression, creativity, and other positive values” (Ruch, 1984:669).

According to Maslow, there are four prerequisite needs which must be satisfied in order to achieve self-actualisation. The first need that must be satisfied is referred to as the *physiological needs*. Human beings all need food, water, air, sleep, and sex for perpetuating the species (Schultz, 1977:62). Once the physiological needs are taken care of, humans are motivated by *safety needs*. These include needs for security, stability, protection, order, and freedom from fear and anxiety (Schultz, 1977:62).

When a certain level of security is achieved, humans are motivated to satisfy the *belonging and love needs*. Joining a social group or club, and establishing an intimate relationship with another person are illustrations of trying to gain a sense of belonging and love. Satisfying the need to belong and love may be difficult. However, once these needs are satisfied, humans need a *sense of esteem*. According to Maslow, there are two types of esteem: esteem derived from others

(external esteem) and self-esteem (internal esteem) (Schultz, 1977:63). External esteem can be based on status, fame, and social success. In short, it is grounded on how others perceive us. In order to have internal esteem, we must have the ability to objectively assess our strengths and weaknesses, and know who and what we are (Schultz, 1977:64). Once these needs have been satisfied to a sufficient degree, the highest need: the need for *self-actualisation* can be achieved. For self-actualisation to exist “we must become what we have the potential to become” (Schultz, 1977:64).

2. Women and the Concept of Self-Actualisation

For women, motherhood is often described as the “desirable goal” or “sacred calling” that they must achieve in order to enjoy a “full life”. The socialization of women as mothers is so pervasive that women themselves are defined in terms of children. As Adrienne Rich points out,

we have no familiar, ready-made name for a woman who defines herself, by choice, neither in relation to children nor to men, who is self-identified, who has chosen herself. ‘Unchild,’ ‘childless’, simply define her in terms of a lack; even ‘child-free’ suggests only that she has refused motherhood, not for what she is about in and of herself (1986:249).

Therefore, it is possible that the societal definition of motherhood influence the development of self-actualisation for women. In the case of women, I will be examining the possibility that what constitutes the concept of self-actualisation might actually be the denial of the self to serve others. It is giving, even when it is at considerable cost to the self. Perhaps this could be seen as a deformation of Maslow’s original concept of self-actualisation.

When a woman becomes a mother, she becomes a person with a “single-minded” identity who can find her “chief gratification in being all day with small children, living at a paced tuned to theirs” (Rich, 1986:22-23). This “gratification” can be paralleled with Maslow’s concept of self-

actualisation. Following Maslow's hierarchy of needs, the feeling of being physically and emotionally secure, having a sense of belonging and love, and feeling worthy and competent are the prerequisites for achieving self-actualisation. Women are socialized to believe that these needs can be satisfied through motherhood (Rich, 1986). Becoming a mother ensures that at least one person in this world will be physically and emotionally attached to you (at least for a period of time). It also provides a "membership" or sense of community with other mothers. For example, there are play groups and other support groups such as The La Leche League that are available to women with children.

The concept of achieving self-actualisation can be applied in the analysis of specific tasks involved with motherhood, such as infant feeding. For example, breast feeding is often described as a physiological need for both the mother and the baby. For the baby, the obvious need is food for survival. For the mother, the need is not so much for survival as it is for physical comfort. As the mother's breasts may become engorged with milk, there is a physiological need to nurse her infant in order to relieve the fullness. As the mother breast feeds, she not only relieves the fullness of her breasts, she also experiences hormonal changes which physically help her to cope with mothering (La Leche League, 1991:13). The mother who bottle feeds experiences neither hormonal changes, nor the physical need to feed her infant since bottle feeding is described as a "non-biological response" (15).

All humans need a certain degree of security, stability, and freedom from anxiety. Breast feeding is often described as satisfying these safety needs. Breast milk is described as being nutritionally complete and safe (from contamination) for infant consumption. Bottle feeding mothers do not have the same sense of security that formula is safe and uncontaminated, since

they do not control the product. This could cause a feeling of discomfort to the bottle feeding mother and may affect the progress of satisfying her safety needs.

The third need is the belonging and love need. According to Schultz, Maslow believed that “[w]e satisfy our love needs by establishing an intimate, caring relationship with another person... and in these relationships it is just as important to give love as to receive it” (1977:63). Breast feeding is often described as a method of satisfying these needs. For example, the La Leche League describes breast feeding as a way of achieving “psychological oneness with the child, which allows the mother to satisfy her own dependency needs [needs to be cared for and loved] at the same time she meets the baby’s dependency needs” (1991:13). According to Palmer, everyone needs to be stroked or touched. Breast feeding allows for the emotional and psychological closeness to develop successfully between mother and baby. Bottle feeding does not give the baby the opportunity to feel love through the mother’s warm body, nor does it give the mother the sensuous experience of suckling a baby(1993:78-79).

Lastly, there is the need for a sense of esteem, derived externally and internally. According to Penny Van Esterik, breast feeding can help a woman to satisfy esteem needs because “it encourages women’s self-reliance, confirms a woman’s power to control her own body, challenges models of women as consumers and sex objects, requires a new interpretation of woman’s work, and encourages solidarity among women” (1989:68). In other words, breast feeding gives women confidence and security in themselves, which can translate into feelings of adequacy and self-worth.

Overall, it seems that breast feeding mothers are described as being better equipped than bottle feeding mothers to satisfy all of these needs. They have the ability to feed and comfort their

baby with their bodies, which gives them a feeling of competency and self-worth. Breast feeding mothers (more so than bottle feeding mothers who are not described in the literature as having the same confidence in their bodies or themselves) seem to have the potential to achieve the highest need: the need for self -actualisation. There is a general impression in the literature implying that bottle feeding mothers may not be able to sufficiently satisfy lower-level needs, and thus may not ever achieve self -actualisation.

D. DIVERSITY

Women of colour have a different cultural history and continue to have a different cultural experience than white women, especially middle-class white women who dominate feminist organizations. Blacks and other women of colour are concerned that these differences not be ignored or rendered invisible, for this would deny the reality and validity of their identity... White women's ignorance of other women's experience is one of the primary forms of racism that women of colour decry in the women's movement (Donovan, 1985:156).

In the early years of the woman's movement, many feminists made claims concerning the universal and the uniform characteristics of all women's oppression. However, a growing voice of women of colour and of different religions, classes and geographical locations began to argue that feminism must take into account the diversity and complexities of women's experiences and lives, with respect to these various specificities. According to Eisenstein (1983:xvi), "[m]ore recently, there has been something of a retreat from universalism, and an acknowledgment of the diversity of women's experiences and situations [within feminism and feminist literature]".

However, the literature that is written for women concerning child care and infant feeding seems to be speaking to, and written for a white middle-class audience. The ideology of motherhood, whereby the white, middle-class married woman stays home, and assumes sole

responsibility for infant care, during the first six months (or more) is still quite prevalent, and encouraged. For example, a group that is heavily influenced by the ideology of motherhood is the La Leche League. The League was founded in 1956 in Chicago, Illinois by seven stay-at-home, breast feeding mothers of large families. This group promoted breast feeding and consequently advocated a certain style of child care. As the group's motto "Good Mothering Through Breast feeding the World Over" strongly suggested the benefits of mother's milk are not only nutritional. The League advocates breast feeding on demand to mothers. This allows the baby to determine the frequency and time spent on the breast without interference, as an integral part of "good mothering". According to The Womanly Art of Breast feeding, a woman's "true fulfillment" lies in her role as a wife and mother (La Leche League, 1962).

The League also stresses the important, yet very different roles men and women assume for child rearing. The 1962 edition of in The Womanly Art of Breast feeding by the La Leche League offered this advice to women:

[t]he kind of man the family needs: a good provider so the mother may devote herself to the needs of the children without distracting worries; a protector who will shield her from the doubting Thomases by having her, confidence that God knew what he was doing when he sent milk along with the baby... a companion because the joys of parenthood are meant to be shared (117).

Thus, there is an assumption that the mother is in a nuclear family situation, with full paternal participation in terms of economically providing for the mother, who is the sole provider of infant care and nourishment. In more recent literature the La Leche League seemed to acknowledge that for a growing number of families, living on one income can be difficult. Their advice to women is to "make the decision that best reflects your own families needs" (1991:190). However, their philosophy on full-time motherhood has not drastically changed since the early 1960's, as on the

same page they warn women who are in the process of deciding whether to return to the paid labour force to be “as cautious in your decision-making as you would be with a major investment—the investment here is a critical period in your life and that of your baby. The early months and years set the course for the rest of your child’s life, and they can never be recaptured” (1991:190). Therefore, the La Leche League implicitly supports differentiated gender roles.

The lives of black women provided a powerful counter-narrative to the image of the nuclear family with the stay-at-home mother. Collins’ essay on ‘Black Women and Motherhood’ (1991) describes mothering from a Black feminist perspective. In African-American communities, communal mothering is an integral part of child care. Collins described the importance of shared mothering, as opposed to assigning full responsibility of child care to the biological mother. According to her, in African-American communities, “[g]randmothers, sisters, aunts, or cousins act as ‘othermothers’ by taking on child-care for one another’s children” (1991:219).

In addition to familial support, Collins discussed how child-care responsibilities often extended beyond to include “fictive kin”, such as neighbours and friends. Since cultural diversity and extended social support networks are interrelated, I will examine how the popular and health professional literature discuss the emotional and material support systems which are available to the mother in terms of infant care.

E. CONCLUSION

In terms of theory, I found that materialist feminism and socialist feminism were particularly helpful for identifying the limitations and problems associated with universalizing women’s experiences (Guillamin, 1995; Hartsock, 1993; Jaggar, 1988). The concepts of alienation,

appropriation of women (both individual and collective), self -actualisation and diversity were used as the conceptual framework which will inform my research questions.

Marx first used the concept of alienation to describe the relationship between the waged worker and the capitalist in the public sphere. Socialist feminist theories have had ongoing debates with Marxist theories. They have expanded and revised the concept of alienation to include unwaged workers in the private sphere. For example, traditional Marxism describes alienation of the waged worker in the public sphere. Socialist feminist theorists point out that the unwaged work done by women in the domestic sphere (reproducing and rearing the next generation, feeding and caring for the wage worker etc...) can also contribute to alienation of the unwaged worker. Thus, the unwaged work that women perform is not exempt from being classified as alienated labour. In this chapter, I examined flow infant feeding practices (one aspect of child rearing as unwaged labour) may have contributed to the alienation of mothers from other women, their bodies and society.

For Guillamin (1995) the work of child rearing is an example of the appropriation of women, specifically of their time, energy, and their bodily fluids, such as milk. A woman's time and energy are appropriated in child rearing in that there are no time limits, nor any concrete measure of that time or energy input. Feeding infants up to six months of age (and beyond) can be time-consuming and exhausting, and is usually the sole responsibility of the mother. "Breast feeding on demand" not only illustrates how a mother's time and energy are appropriated, but how the products of her body are appropriated. If, according to health experts and the literature on infant feeding, breast milk is "best", then it is a mother's responsibility to provide the milk, for the good of society (producing healthy babies).

Maslow's concept of self-actualisation was a particularly helpful analytical tool for describing how all women are identified as (potential) mothers. Feminists have argued for the equation of women and motherhood. Maslow's theory underlines some of the rhetoric about this equation and its significance for individual women. As Rich (a radical feminist) explained, women are defined as either "mothers" or "nonmothers" (1986:249). Maslow's hierarchy of needs was used to describe how infant feeding practices affect the development of a self-actualised person.

Socialist feminists, such as Patricia Hill Collins, use a Black feminist perspective to critique the lack of diversity in the child rearing literature. There is an assumption in most of the child rearing and infant feeding literature that the mother is a white, middle-class, married woman who is economically supported by her husband. Economic support allows the mother to assume the sole responsibility of infant nutrition and care. Collins pointed out that in African-American communities, child rearing responsibilities often extend beyond the biological parents to include grandmothers, sisters, cousins, neighbours and friends. Since the roles and responsibilities of child rearing are extended to more than one provider, it is important to examine the emotional and material support given to mothers with respect to their infant feeding practices.

Chapter Two discussed the theoretical and conceptual frameworks for a feminist content analysis of the popular and health professional literature on infant feeding practices. In Chapter Three, I will operationalize these concepts, and show how they will be used in my research (methodology).

CHAPTER 3 - RESEARCH METHOD AND METHODOLOGY

A. INTRODUCTION

According to Kirby and McKenna, “good research includes making observations, recording them fully, reporting on them in an understandable way and distributing the information to others” (1989:43). In order to do good research, a researcher also needs a method and a methodology. A research method is “a technique for gathering evidence”, and a methodology is “a theory and analysis of how research does or should proceed” (Harding, 1987:3). Chapter Three describes the method and methodology that will be used for the analysis of the literatures on infant feeding.

The purpose of this chapter is threefold. First, I will describe and evaluate the method of feminist content analysis. Second, I will operationalize the concepts of alienation and appropriation of women, and demonstrate how they will be used in my research (methodology). In this section, I will also briefly explain the steps taken to ensure *reliability* and *validity* of the variables used to measure these concepts. Lastly, I will identify the sample of documents that will be analyzed. For the purpose of my research, a qualitative and quantitative feminist content analysis will be carried out on scientific literature and popular literature (1960-1996's) concerned with infant feeding practices.

B. FEMINIST CONTENT ANALYSIS

Content analysis is a research technique that can be applied to virtually every form of communication (Babbie, 1986:2 66). Among the endless possible media for study are books, Journals, newspapers, laws, as well as a combination or collection of two or more. The goal of content analysis is to develop *systematic* and *objective* criteria for providing highly reliable quantitative and qualitative analyses of a collection of work. Systematic refers to “the inclusion or

exclusion of content or categories done according to consistently applied rules” (Holsti, 1969:4). In other words, material must be selected to give each case in the population a known chance of being sampled (i.e.: probability sampling), not just of the data that supports the hypothesis. Objectivity, according to Holsti, refers to the need for the researcher to carry out each step in the research process on the basis of explicit rules and formulations, which in turn minimizes the possibility that the results will reflect the researcher’s “biases” and not the actual content (1969:3-4).

To analyze the actual content, a researcher must be able to classify words and phrases within the context being analyzed. There are two elements described by the content categories- the *recording units* and the *context units*. Recording units may be words, themes, phrases, or characters, while the content units contain the meaning and define the recording units (Carney, 1972:39). Once these units of analysis have been determined, categorization and classification can take place. According to Carney, “[o]nce it is known how to classify individuals in relation to the group, a start can be made at classifying groups in terms of the relationships existing within them” (1972:155).

Kirby and McKenna point out, all methods of research are “value laden [and] contain implicit assumptions about the world. Different research methods are in fact different ways of classifying people and organizing the world” (1989:33-34). A feminist content analysis does not deny “inherent biases” in the research process. In fact, these “biases” are viewed as a valuable means of preserving, examining, and accounting for the researcher’s experience, and its important role in the research process.

Feminist research places value on women’s experience. As feminist scholars, we bring to our research experiences of race, class, ethnicity, religion, geographical location, age, etc. These

experiences become part of the research. Rakow points out that “we are what we study” and that the reflection and acknowledgment of one’s own biases become part of the research findings (cited in Shields and Dervin, 1993:67). Therefore, an important aspect of feminist research is the acknowledgment that experiences (for myself, being emotionally unprepared for the possibility of NOT breast-feeding my son) will affect the choice of research questions, and may affect interpretation of the data. On the other hand, I believe that my experience with breast feeding has made me more sensitive to women’s (in)voluntary experiences with infant feeding.

Academic feminism has made a commitment to creating research methods which centre on women’s perspectives and experience. By doing so, research for women becomes emancipatory. Duelli Klein points out that research for women is “research which tries to take women’s needs, interests and experiences into account and aims at being instrumental in improving women’s lives in one way or another” (1983:90). Lather adds that “the overt ideological goal of feminist research in the human sciences is to correct both the *invisibility* and *distortion* of female experiences in ways relevant to ending women’s unequal position” (1988:571). I believe that the feelings of “devastation” and “failure” that I experienced with breast feeding could have been avoided (or at least made more tolerable) had I been better informed about infant feeding by the literature that was available to me at the time. However, my experiences will not be used to discredit important work which has been accomplished by health care providers and others with an interest in infant feeding. An analysis of the popular and scientific literatures on infant feeding is an attempt to both expand the existing discourse, and reveal ways in which literature that claims to be liberatory or *for* women may simultaneously be contradictory to liberation.

According to Bruner and Kelso, a content analysis is used to “uncover the *meanings* of the message” (cited in Singleton and Singleton, 1988:385). These meanings will differ depending on

the theoretical framework that informs the analysis. My thesis will examine the literatures on infant feeding through the lenses of socialist and materialist feminism and social psychology by using the concepts of alienation, appropriation, self-actualisation, and diversity, to see if there is an association between the type of infant feeding advocated, and explicit characteristics attributed to mothers depending on their method of infant feeding.

However, knowing the content and uncovering meanings, does not mean that the *effect* of the content on infant feeding is known. Analyzing the effect that the literature on infant feeding has on the concept of motherhood, requires triangulation- the use of a multi-methods approach of data collection. This type of research combines interviews, participant observation, surveys, etc. which reveal the multifaceted structure of unequal social relations (Reinharz, 1983). However, a feminist content analysis of the literature on infant feeding is a step towards examining how the dominant ideologies of infant feeding and nutrition are institutionalized in the form of books, articles, and pamphlets, and how these ideologies *have the potential* to shape women's behaviour and/or perception of motherhood. My study will make a contribution to the ongoing feminist research that concerns itself with the role that power and ideology play in influencing women's reproductive behaviour. I hope that by expanding that framework into the area of infant feeding, I will demonstrate how the individual woman may make her decision on infant feeding with respect to the ideological assumptions about mother's roles found within the popular and health professional literatures.

Although there were a variety of different computer programmes available that might be useful in my research, I will be using a manual method of content analysis. I found that the initial costs of buying the program and preparing the data for computer analysis to be excessive.

C. OPERATIONALIZATION OF THE CONCEPTS

1. Alienation

To examine how infant feeding practices contribute to alienation, it is important to analyze how each option of infant feeding is described within the health professional and popular literatures (with specific emphasis on its advantages and disadvantages). As Jane Gordon points out, “individual choice [with respect to infant feeding methods] is only made within socially defined limits, and ... the area of reproduction is powerfully controlled by ideology and those experts socially empowered to make decisions in this area” (1989:10). Thus, my first research question asks: **How do the health professional and popular literatures address the advantages and disadvantages associated with particular methods of infant feeding ?**

A Qualitative content analysis is used to examine this question. I will record words or phrases (as I go along) used to describe infant feeding practices according to age range (i.e. what is said at one month, two months... up to six months of age). For the purpose of my research, the *recording units* will be the words and phrases, and the *context units* will be the sections devoted to the advantages and disadvantages of particular methods of infant feeding. Thus, the words and phrases used to describe the advantages and disadvantages associated with each method of infant feeding are the *recording units*, while the sections describing the advantages and disadvantages are the *context units*.

For example in a popular literature book called What to Expect in the First Year (pp. 2-5), under the advantages of breast feeding (context unit), positive words and phrases (recording units) were categorized and classified as follows:

TERMS THAT RELATE TO EMOTION OR AFFECT FOR BABY AND MOTHER: less stress, joyful, exhilaration, best, wonderful.

TERMS THAT RELATE TO PHYSICAL HEALTH: NUTRITIONAL COMPOSITION OF MILK; DIGESTION AND ELIMINATION; AND IMMUNOLOGICAL OR OTHER HEALTH ASPECTS FOR BABY AND MOTHER: ideal nutrition (composition of milk), sweet smelling bowel movements (digestion and elimination) protection against infection (immunological and other health related aspects).

TERMS THAT RELATE TO CONVENIENCE, FACILITY OR EASE: allowing for mobility, less effort, convenience, bargain.

The same will be done for the section under the disadvantages of breast feeding (if mentioned), and for advantages and disadvantages of bottle feeding (and any other method(s) or a combination of methods of infant feeding mentioned).

The favouring of one method of infant feeding (by the popular and health professional literature, and thus society) to the exclusion of other alternatives may contribute to the alienation from other women and society of mothers who do not practice the preferred method. For example, if breast feeding is supported to the exclusion of other alternatives in the popular and health professional literatures, the social pressure to breast feed becomes enormous. Thus, mothers whose choices do not conform to the dominant ideology concerning the preferred method of infant feeding might be expected to become alienated from other women and society. In addition, if breasts and the advantages of breast feeding are discussed in the absence of the mother (for instance, by only examining the benefits of breast feeding and breast milk for the baby and not for the mother), she may experience alienation from her body.

2. The Appropriation of Women's Time, Energy, the Products of Her Body, and Self-Actualisation

To analyze how infant feeding practices may contribute to the appropriation of women's time, energy, the products of their bodies (including children and such bodily fluids as milk), and self-actualisation, we must examine how the mother is portrayed in the health professional and popular literatures. It has been established by many feminists and non-feminists alike that there exists a universal image of the "caring, selfless mother" (Ferguson, 1989; Eisenberg et al., 1989; Swigart, 1991; Eyer, 1992; Arnup, 1994; Gotch, 1994; Thurer, 1994). This type of mother is often referred to as "child-centered" and is believed to be more concerned with their infant's welfare and the establishment of a "bond" between herself and the baby than "mother-centred" mothers (Losch et al., 1995). According to Losch, "mother-centred" mothers are concerned with their own convenience and comfort, and being able to have assistance with feeding responsibilities, as opposed to the "child-centred" mothers who are motivated by concerns about the baby's welfare (1995: 511).

The feeding of infants takes an enormous amount of time, and is usually the sole responsibility of the mother (Rich, 1976; Jaggar, 1988; Rothman, 1989). Therefore, it will be interesting to investigate if the image of the "child-centered" mother is connected to particular infant feeding practices. Thus, Question Two asks: **Are particular characteristics attributed to women on the basis of their method(s) of infant feeding?** I expect to find that, in order to "encourage" women to practice the preferred method of infant feeding, the literatures on infant feeding and child rearing will attribute particular characteristics to mothers depending on their method of infant feeding.

To examine the characteristics of the mother, I will have three main categories: breast feeding mixed feedings (breast or bottle); and bottle feeding women. There will also be three sub-categories: child-centred mother; mother-centred mother; and complementary benefits for both mother and child under each of the main categories. It is in each of the sub-categories where phrases concerned with *woman's time, energy, bodily fluids* and *self-actualisation* will be counted. A qualitative and quantitative content analysis will be used to classify words and phrases within the context being analyzed. My context units will be either chapters or sections that pertain to infant feeding in popular and health professional literatures on child rearing and infant feeding.

The first sub-category is the “child-centered” reference point, whereby the mother is defined as one who thinks about infant feeding only in terms of the infant’s welfare (with respect to infant feeding). Priority is given to the infant’s needs. For example, in John Bowlby’s book Childcare and the Growth of Love, (1964) (child rearing: health professional literature), the breast feeding, “child-centered” mother provides the needed food substance in her own milk in exactly the right combination for the baby (1963:18). This illustrates how the baby benefits from the appropriation of a woman’s bodily fluids.

The second sub-category is the “complementary benefits” reference point, whereby both the mother and infant benefit from the method of infant feeding. For example, in Breast feeding: A Guide for the Medical Profession (1985) (Infant feeding: health professional literature), the breast feeding mother and infant both benefit since a good experience with breast feeding can ensure intense interaction and synchronous response of giving and taking (1985:153). Therefore, self-actualisation is achieved by the mother through both herself and her baby.

The third sub-category is the “mother-centred” reference point. In this category, the mother’s needs are either given priority, or there are direct inferences made about her personality with

respect to her method of infant feeding. For example, in Lawrence's book, she writes that women who wish to bottle feed believed that the male role was more satisfying than the female role (1985:149). Therefore, according to Lawrence, a woman's self-actualisation and self-worth may determine the method of infant feeding.

3. Diversity

Question Three examined the diversity of a mother's support system. The research question asks: **To what extent, and in what ways (if at all) do the health professional and popular literatures discuss the presence of third parties as a factor contributing to successful infant feeding? What is the role of the third party (if a third party is mentioned) in relation to a mother's choice of infant feeding methods?** The third parties will be categorized as follows: i) A social parent, who may be a biological parent, of the opposite sex (husband); ii) Same-sex social parent (lesbian relationship); iii) Other family support (mother, grandmother, mother-in-law, siblings, "othermothers" etc.); iv) Non-family support (same-sex or opposite sex friend, or other mothers); v) Institutional support (clinics, daycare, community health nurses, doctors, midwives etc.); vi) No mention of a third party.

These nominal categories are used as a method of analyzing the way in which the mother is situated socially. I will use a Quantitative content analysis to count how often each of these categories are mentioned either exclusively, or in combination.

The third research question will examine how the health professional and popular literatures discuss the various support systems which are available to the mother in terms of infant care. Literature that recognizes the importance of different support systems, such as those described by Collins (for example, see Chapter Two which discusses "othermothering", are considered to be more inclusive and sensitive to the diversity of women's lives. Literature that discusses infant care

only in terms of mother and father is denying the realities of single parenting, lesbian mothering, race, ethnic, and class differences amongst women. However, literature that describes support systems only in terms of other women as a group may be reinforcing the collective appropriation of women.

D. RELIABILITY AND VALIDITY

According to Holsti, “[i]f research is to satisfy the requirement of objectivity, measures and procedures must be reliable... Reliability is a function of coders’ skill, insight and experience, clarity of categories and coding rules which guide their use; and the degree of ambiguity in the data” (1969:135). Carney adds that, “if themes are being used as units [of analysis] in conducting the analysis, findings will be more open to debate than if words are the units. The latter are easier to count, and different analysts can be relied upon to produce the same count” (1972:194). Therefore, explicit, clear-cut categories and unambiguous units of analysis are essential for reliability in content analysis. In short, Kirby and McKenna summarize reliability in research as “the trust or confidence we have when speaking about the description and analysis of our data” (1989:35).

However, subjectivity in the research process is inevitable. Carney writes that, “There is no such thing as the ‘content’ of a document- ‘content’ that is independent of the person examining the document. The same document can mean wholly different things to different users. ‘Content’ is produced by the interaction between reader and document” (1972:197). In other words, it is through personal experience, awareness, and sensitivity towards your research that you will interpret events. For this reason, it is important for the researcher to recognize how her own experiences play a role in the construction of categories and the choice of units of analysis. For this research project, I chose my categories to reflect various key concepts within the framework

of materialist and socialist feminist theory. I chose words and phrases as the units of analysis, which made it easier to count and can be generally relied upon to produce the same count by others.

To ensure reliability, Carney suggests that someone else tests the counting by redoing them independently (1972:200). Therefore, I asked two people to examine one of the books with research question #3 in mind. I gave them the chapters and/or pages that were analyzed, and the nominal categories. Then, I asked them to count how often (if at all) there was a third party mentioned, and the role of the third party in relation to successful management of infant feeding. Both parties produced the same number of units. Thus, the results indicated that the question and categories ensured 100% reliability. However, since Question Three was the least problematic (it required counting), I also gave each party a few pages of the same book, and instructed them search for words or phrases that related to research Question One. The results indicated that the question and categories were both high in reliability (approximately 95%).

According to Singleton and Singleton “validity refers to the extent of matching, congruence, or ‘goodness of fit’ between an operational definition and the concept it is purported to measure (1988:115). Holsti defines validity as “the extent to which an instrument is measuring what it is intended to measure” (1969:142). In order to measure events appropriately, the researcher must ensure that the sample chosen from the universe is valid. *Content validity* or *face validity* is most frequently relied on by content analysts. Holsti explains that “content validity is usually established through the informed judgment of the investigator. Are the results plausible? Are they consistent with other information about the phenomena being studied?... At minimum, one would want to ask a series of questions about the research process that led to such a conclusion: Was the sample of documents analyzed representative... [w]ere the categories adequate for the purpose of the

study? Was the coding reliable?” (1969:143). According to Carney, “*sampling validity* assesses the degree to which available data are either an unbiased sample from a universe of interests or sufficiently similar to another sample from the same universe so that the data can be taken as statistically representative of that universe” (1972:157). Therefore, in order to make unbiased choices, the researcher must describe each step that was taken to ensure a representative sample. In the section below, I describe exactly how I identified the population of documents in order to ensure a valid sample.

E. SAMPLING TECHNIQUES: IDENTIFYING THE POPULATION OF DOCUMENTS

1. Sampling the Health Professional Literature

In order to identify the population of documents that will be sampled, the universe communication must be described. According to Holsti (1969:130),

[o]nce the universe of relevant communication has been defined, a single-stage sampling design may suffice. More often, a multistage sample is required. This may involve as many as three steps: selecting the source of communication, sampling documents, and sampling within documents.

This universe is composed of textbooks which are available to doctors, nurses, midwives and other health professionals.

For the textbooks, my universe of communication (step one) consisted of textbooks found in the University of Toronto’s science and medical library. Only literature published between 1960 and the present and written in the English language that applies to full-term human babies in industrialized societies (i.e.: Canada, England, Australia) was included in the universe. A stratified random sample of eight books was selected, with the stratification being by date of publication and focus of the book. Berleson describes stratified random sampling as a means of “stratifying

the universe according to important correlates of the problem under study. It may thus be possible not only to assure the inclusion of important characteristics of the universe in the sample but also, if desirable, to provide for their inclusion in their correct proportion” (1952:183).

The universe was limited to books published since the 1960 because there was a re-emergence of breast feeding within certain circles of the feminist movement which began in the early 1960’s (Evans, 1984:50). The two strata, the four books from 1960-1976 and the four from 1977-1996, based on year of publication were chosen in order to examine any relations with the 1977 campaign to boycott Nestle (please see Appendix #4 for a brief outline concerning the “breast-milk substitute controversy”). It will be interesting to observe whether the boycott produced any changes in ideology concerning infant feeding. Thus, a stratified random sample was drawn of textbooks published between 1960 and the present.

Within each period, a list of textbooks was generated by a computer search based on subject categories. To choose which textbooks to analyze, I divided the textbooks into two groups: infant feeding and child rearing. However, a search of textbooks using the heading “infant feeding” did not yield any entries in the University of Toronto library. Therefore, the universe of titles for this subject focus was all those identified by a computer search using four category headings: breast feeding (47 titles), infant formulas (7 titles), bottle feeding (3 titles), and baby foods (4 titles).

After excluding issues such as premature infants; infants with congenital diseases (i.e., cleft palate); adolescent mothers; lactation disorders such as mastitis; chemical agents found in breast milk; milk intolerance; allergies; sterilization of bottles; hygiene; law/legislation for Developing countries; comparisons between formulas; and immunology, the universe of infant feeding textbooks for 1960-1976 included 6 items. The universe for 1977-1996 included 24 items. All exclusions were based on one or more of these topics as being the primary focus of

the book.

A search on child rearing revealed 466 titles. A further search (not within the universe of child rearing) was conducted using the terms infant (12 titles), and infant care (3 titles). These textbooks concerned with infant, infant care and child rearing constitute the second universe on the child rearing of infants.

After excluding issues such as social development; discipline; education; daycare; family policy; problem children; children over the age of one; child abuse; anger management; sibling rivalry; case studies and various parenting styles (Christian child rearing, nonsexist child rearing), the universe of textbooks on child rearing for 1960-1976 included 15 items. The universe for 1977-1996 included 13 items. A random numbers table was used to choose two textbooks from each group for each of the two time periods (step three). The population of texts in each stratum were not listed in alphabetical order by author, by date, or by sub topic when I drew the sample.

2. Sampling the Popular Literature

As a first step in sampling the popular literature, two Toronto bookstores (The World's Biggest Bookstore, and the Toronto Woman's Bookstore) were selected. The World's Biggest Bookstore boasts that it has the largest selection of books available in Toronto. Indeed, their section devoted to pregnancy, birth and child care was impressive. The universe for popular literature on infant feeding included 7 items. The universe for the popular literature on child rearing included 48 items. All books were written between 1983- 1996. The sample only included books that were on the shelves of the bookstores, and were not necessarily in alphabetical order.

I chose The Toronto Woman's Bookstore because it is a feminist business managed by women, for women. I wanted to see if there were any additional books on child rearing and infant feeding that would not normally be found on the shelves of more general bookstores. However, there

were no additional books at the Toronto Woman's Bookstore that could not also be found at the World's Biggest Bookstore. A stratified random sample of two books from each group (infant feeding and child rearing) was drawn. The population of textbooks in each stratum listed was listed in alphabetical order by author.

The chapters/pages that were analyzed for both the popular and the health professional literature samples were chosen based on any information they contained on breast feeding, bottle feeding, mixed feedings, and support networks.

F. THE PATH NOT TAKEN

For the present study, I chose to analyze textbooks found in general bookstores and the science and medical libraries at the University of Toronto. However, as a part of the evaluation of sampling choices, I briefly explored the internet. Using the Yahoo, a search engine, a key word search on breast feeding and feminism offered some suggested readings. There was some overlap between the suggested readings on the Internet and the feminist literature I used for the conceptual basis of my feminist content analysis on infant feeding. For example, Emily Martin's The Woman in the Body (1992) was a listed reading on the internet, in addition to being a source I used as a part of the feminist analysis of infant feeding. Some listed readings on the Internet also overlapped with the popular literature found in both The Toronto Women's Bookstore, and The World's Biggest Bookstore. For example, The Womanly Art of Breast feeding (1991) by the La Leche League was present on the internet's list of readings, and in both bookstores.

A separate search on the internet using the term "bottle feeding" yielded three titles of which two had also been generated by the "breast feeding and feminism" search. The third source was a popular literature book called Bottle Feeding Without Guilt (1996) by Penny Robin, which did

not get added to the universe of popular literature from which my sample will be drawn.

However, I may draw upon this book for any additional information. Although I did not include books found on the internet in the sampling universe, I was curious to see what was available to mothers with respect to infant feeding.

G. CONCLUSION

The purpose of this research is to use quantitative and qualitative feminist content analysis to give a systematic description of the infant feeding literature. According to Morgan, “quantitative content analysis begins with predetermined codes, locates these codes through mechanized search procedures, and treats the resulting counts as all that needs to be known about the data... [while] qualitative content analysis uses code categories that emerge from the data themselves, applies these codes through careful readings of the data, and treats counting as the detection of patterns to guide the further interpretation of the data” (1993:116). For the purposes of my research, using the techniques of both quantitative and qualitative content analysis allowed me to describe what patterns there are in the data, in addition to interpreting why these patterns are there.

I claim that I am doing “research from the margins with a feminist perspective for two reasons. First my research began from a personal experience. According to Sandra Kirby and Kate McKenna:

researching from the margins is “a continuous process that begins with a concern that is rooted in experience. The research process consists of planning to gather information, actually gathering it and making sense of it; concurrently the researcher engages in a process of self-reflection as one of the participants in the process of creating knowledge (1989:44).

It was through this process that I discovered my research topic on infant feeding.

Second, feminist research not only describes, but challenges ideologies that contribute to women’s oppression. The concepts of alienation and appropriation of women were

operationalized in order to analyze how the literature on infant feeding may contribute to the oppression of women. Mothers have been bombarded with information concerning “proper” methods of infant and child care (Arnup, 1994). Those in power, in this case the “health experts” and/or the authors of infant feeding and child rearing manuals, have what Noam Chomsky would call the “domination of the flow of information” (1981:140). As I stated earlier, I do not wish to discredit important work which has been accomplished by health care providers and others with an interest in infant feeding. However, I do wish to examine the literature on infant feeding with a critical eye.

Like Rich, I imagine “a world in which every woman is the presiding genius of her body” (1976:292). This would place the scientific and popular literature on infant feeding and child rearing in a less authoritative position relative to women’s experiences. Thus, the repossession of our bodies begins with a critical analysis of dominant ideologies discussed in the literature concerned with infant feeding and child rearing. The literature that I have chosen to analyze covers both the professional health literature- used by nurses, doctors and midwives in training but not easily available to mothers, and the popular literature that is easily found in various bookstores. It will be interesting and informative to examine how the health professional and the popular literatures intersect and diverge on the topic of infant feeding

CHAPTER 4 - THE ADVANTAGES AND DISADVANTAGES ASSOCIATED WITH PARTICULAR METHODS OF INFANT FEEDING

A. INTRODUCTION

To examine how the popular and health professional literatures discuss the advantages and disadvantages associated with breast feeding, mixed feedings, and bottle feeding, three categories were constructed. The first category consists of words and phrases that relate to **emotion or affect** of the baby, the mother or both. For example, in The Womanly Art of Breast feeding (LLL, 1991), words and phrases such as “fulfillment” (of mother), “happier baby”, and “comforting (for baby)” were used to describe some of the advantages of breast feeding.

The second category consists of words and phrases that relate to the **physical health** of the baby, the mother or both. This category was divided into three subheadings: *the nutritional composition of milk* (breast and formula); *digestion/elimination*, and *immunological or other health related issues*. For example, in Nursing Your Baby (1963), Pryor mentions one disadvantage of bottle feeding in terms of digestion and elimination is that bottle fed babies have trouble digesting formula (1963:8).

The third category consists of terms that relate to **convenience, ease, or facility** for mother, baby or both. For example, in Infants (1979), McCall mentions that one disadvantage of breast feeding is that it can be restrictive in terms of having to find a private spot to nurse when the mother is outside of the home (1979:37).

In addition, I will document the frequency of the words and phrases used to describe the advantages and disadvantages associated with each method of infant feeding. For example, in Breastfeeding: A Guide for the Medical Profession (1985), Lawrence mentions four times how one of the advantages of breast feeding in terms of health benefits for the baby is that breast fed

babies have fewer respiratory infections (1985:2,20,20,118). It will be interesting to document how often (if at all) the literatures in the samples cite the same advantages and disadvantages, with similar frequencies.

B. THE POPULAR LITERATURE

1. ADVANTAGES OF BREAST FEEDING:

i. EMOTION OR AFFECT

The Womanly Art of Breast feeding (LLL, 1991) is the most descriptive and passionate of the four books in the sample. Breast feeding is “comforting” to the baby (1991:14,14,53) and provides a “special closeness” for both the mother and baby (8,14,14,15,15,53). Lagace-Lambert agree that breast feeding provides the baby with both “warmth and comfort” (1992:34,38) and “close body contact” (38).

The La Leche League authors further describe breast feeding as a source of relaxation and comfort for the baby. Breast feeding is an “excellent tranquilizer” (1991:235). It has a “gentling effect” (388) on the baby, because it provides an “island of peace” for the baby (388). They write that “a few minutes of nursing can soothe an upset child’s feelings of fear and anger” (14). Breast feeding has a “timeless quality” (388) that “cannot be duplicated” (357,360,361).

The term “natural” is used prolifically to describe breast feeding. Breast feeding is frequently described as the most “natural way” to feed infants (LLL,1991:8,8,11,12,15,195,340,362,363,388). They add that it is not only the “most natural way” to feed infants, but it is “the ideal” (LLL, 1991:195) and “optimal” (12) way to feed and nurture babies. Moody and Shime also mention how breast feeding is the “most natural method” of infant feeding (1990:82). Kitzinger describes breast feeding as the “world’s greatest natural economic resource” (1994:74).

Two of the four books describe breast feeding as being “pleasurable” for the mother. Moody and Shime mention that “[o]nce the baby is feeding well and putting on weight... you may even find that breast feeding is a source of pleasure” (1990:83). The La Leche League authors write how “[n]ursing mothers find that breast feeding is a naturally pleasurable experience” (1991:8).

ii. PHYSICAL HEALTH

Two of the four books use the phrase “breast milk is the best milk” from a nutritional standpoint (La Leche League, 1991: 8,9,12,357,357,368; Lagace-Lambert, 1992:5,32,40). Kitzinger believes that breast milk is a “nutritionally ideal food” for baby (1994:80). Human milk is described as being a source of “superior nutrition” (La Leche League, 1991:8,10,339,345,357,362) because it is “custom made” (340) or “uniquely designed” (340,349,360,361) in “ideal proportions” (339) for baby. Nutritionally, it is a “healthy” (8), “pure” (9), and “perfect” (340,362) food.

Lagace-Lambert agrees that breast milk is an “exceptional food” (1992:33) since it is “always fresh” (38) and “healthy” (38). She describes breast milk as “close to perfection” (39) since it has “marvelously adapted to the infant’s needs” (5,32). Kitzinger also describes breast milk as a “nutritionally ideal food” (1994:80).

a. COMPOSITION OF MILK

Two of the four books discuss the composition of human milk in detail. The Womanly Art of Breast feeding (1991) and Feeding Your Baby in the Nineties (1992) mention how vitamins and minerals A, C, E, zinc, selenium, iron, B12, B6, and fluoride are present in breast milk in a perfect balance (La Leche League, 1991:345-348; Lagace-Lambert, 1992:34-39). Both authors discuss how lactose is more abundant in breast milk (La Leche League, 1991:345; Lagace-Lambert, 1992:35,39).

Lagace-Lambert mentions how human milk contains linoleic and linoleic acid which helps in brain development (1992:35,39). The Womanly Art of Breast feeding (LLL, 1991) also discusses brain development. Although the La Leche League authors do not make direct reference to linoleic acid, they do discuss the importance of long chain fatty acids and the development of the brain and the nervous system (1991:343). They do make direct reference to the appropriate ratio of amino acids in breast milk. For example, taurine is an amino acid that is found in high concentrations in breast milk. The La Leche League authors write that “[e]vidence is accumulating that taurine has an important biological role in the development of brain tissue as well as the stability of the retina” (1991:342).

b. *DIGESTION AND ELIMINATION*

Three of the four authors write how breast milk is “easily digestible” (La Leche League, 1991:8,340,340); Lagace-Lambert, 1992:34; Kitzinger, 1994:95). Lagace-Lambert specifies that it is the protein found in breast milk that is easier to digest than those found in cow’s milk (1992:34,39).

All three books give attention to the topic of elimination. Lagace-Lambert states that the bifidus factor in breast milk helps intestinal flora to develop (1992:37). This has two benefits for the baby and indirectly for the mother. First, the baby’s bowel movements are not unpleasant smelling (LLL, 1991:345). Second, the breast fed baby cannot be constipated, and usually is safeguarded against diarrhea (LLL, 1991:345,349,356; Lagace-Lambert, 1992:37; Kitzinger, 1994:95).

c. *IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS*

All four authors discuss how breast milk contains immunoglobulins that help the infant guard against infection and other germs (LLL, 1991:8,10,12,12,12,340,341,345,348,349,354;

Lagace-Lambert, 1992:5,34,36,337,340; Kitzinger, 1994:79; Moody and Shime, 1990:82).

According to the La Leche League authors, “breast feeding prolongs [the baby’s] natural immunity... to respiratory infections” (1991:348). Three of the four authors discuss how breast milk decreases the incident of infantile allergies (LLL, 1991:8,8,349,357,363,364,364,365,368; Lagace-Lambert, 1992:37; Moody and Shime, 1990:82).

The La Leche League authors further discuss how breast milk protects the infant from a variety of infections and diseases. Breast milk protects Infants from “haemophilus influenza type B” (1991:352,356). It “lowers rates of ear infections” (356), “lowers rates of pneumonia” (356), “juvenile diabetes” (357), “celiac disease [severe liver disease]” (370), and “lowers rates of childhood cancer” (370). Breast milk helps “control/prevent physiological jaundice” (289), and reduces both the mortality and morbidity rates among infants (340,353,356). It also helps to “strengthen”, “sustain” and “fill out” the baby (340). Breast milk is “nature’s vaccine” (349).

iii. CONVENIENCE, EASE OR FACILITY

Three of the four authors mention that one advantage to breast feeding is that it is very “convenient” for the mother (La Leche League, 1991:383; Lagace-Lambert, 1992:38; Moody and Shime, 1990:83). Breast milk is “always the right temperature” (La Leche League, 1991:9,383; Lagace-Lambert, 1992:38; Moody and Shime, 1990:83). It is “ready to serve” (Lagace-Lambert, 1992:38), “requires no preparation” since it is “sterile” (Moody and Shime, 1990:83), and comes in “unlimited” amounts (La Leche League, 1991:9). In addition, by breast feeding the mother “saves money” (La Leche League, 1991:8,383,383,383).

2. DISADVANTAGES OF BREAST FEEDING

There is very little written about the disadvantages of breast feeding. Moody and Shime use the terminology “problems with breast feeding” as opposed to the “disadvantages of breast feeding”.

i. EMOTION OR AFFECT

Only Kitzinger describes how our society is an “anti-breast feeding” culture, and that “feeding baby with milk from one’s own body is treated as obscene or polluting... [or as an] act of aggressive sexual display” (1994:82).

ii. PHYSICAL HEALTH

a. *COMPOSITION OF MILK*

Lagace-Lambert briefly mention that there may be PCBs or traces of pesticides found in breast milk (1992:39-40).

b. *DIGESTION AND ELIMINATION*

None of the authors discuss the disadvantages of breast feeding in relation to digestion or elimination.

c. *IMMUNOLOGICAL OR OTHER HEALTH RELATED ASPECTS*

Only Moody and Shime discuss some of the problems the mother may confront with breast feeding. A mother may experience “sore nipples”, “cracked nipples”, “engorgement”, “plugged ducts”, “leaking”, “not enough milk”, “feeling tired” (1990:90).

iii. CONVENIENCE EASE OR FACILITY

None of the authors discuss the disadvantages of breast feeding in relation to convenience, ease or facility.

3. ADVANTAGES OF BOTTLE FEEDING

There is very little written about advantages of bottle feeding. Lagace-Lambert (1992) uses the terminology “aspect of bottle feeding” rather than “advantages of bottle feeding”.

i. EMOTION OR AFFECT

None of the authors discuss the advantages of bottle feeding in relation to terms associated with emotion or affect.

ii. PHYSICAL HEALTH

a. *COMPOSITION OF MILK*

Lagace-Lambert provides a list of nutrients that are present in formula that is specifically designed for infants. Most formulas contain “lactose”, “essential fatty acids for brain development”, “mineral content adjusted to the baby’s needs”, and “vitamin D”(1992:66).

Overall, Lagace-Lambert states that “milk-based formulas meet the nutritional requirements of healthy, full term babies and are associated with normal growth and development” (1992:66)

b. *DIGESTION ELIMINATION*

None of the authors discuss the advantages of bottle feeding with respect to digestion and elimination.

c. *IMMUNOLOGICAL OR OTHER HEALTH RELATED ASPECTS*

Moody and Shime briefly mention that “bottle fed babies can thrive just as well as breast fed babies... however, hygiene is essential with bottle feeding” (1990:95).

iii. CONVENIENCE, EASE OR FACILITY

Formula is also described as a “convenient” way to feed an infant (Lagace-Lambert, 1992 :67; Moody and Shime, 1990:92). Lagace-Lambert states that “ready to serve formula is expensive but

quite convenient when traveling” (1992:67). In addition to being convenient, Moody and Shime write that bottle feeding is “not time-consuming”, nor “difficult to manage” (1990:92).

4. DISADVANTAGES OF BOTTLE FEEDING

i. EMOTION OR AFFECT

Both the La Leche League and Lagace-Lambert believe that formula is the “second best choice” compared to breast milk (1991:360; 1992:65). In fact, in The Womanly Art of Breast feeding, mothers are warned that “the newborn receiving foreign food is on an uncharted course” (LLL, 1991:362).

ii. PHYSICAL HEALTH

a. *COMPOSITION OF MILK*

Formula “does not supply all that is necessary in ideal proportions” (La Leche League, 1991:339). The La Leche League states that “some fats in formula may be biologically inappropriate and less than optimum for the infant” and that the “proteins in formula are potential trouble makers” (1991:343).

Lagace-Lambert found that “formulas contain more toxic metals than breast milk” and that “they retain more radioactive iodine [than breast milk]” (1992:40).

b. *DIGESTION ELIMINATION*

The La Leche League briefly mentions that formula “falls short in terms of being easily digestible” (1991:340).

c. *IMMUNOLOGICAL OR OTHER HEALTH RELATED ASPECTS*

La Leche League and Kitzinger believe that formula feeding poses some major health risks to the infant. The La Leche League writes that formula fed infants are at a “three times greater risk of dying [than breast-fed babies]” (1991:354). Kitzinger mentions how more bottle fed babies die

than breast fed babies (1994:79). Both authors mention that respiratory illness is greater in formula fed babies than in breast fed babies (Kitzinger, 1994:79; La Leche League, 1991:356). According to the La Leche League, “death from respiratory infection was 120X greater for formula fed babies than among breast fed ones” (1991:356). Formula fed babies are also hospitalized more often than breast fed babies (La Leche League, 1991:356). Kitzinger states that there is a greater incident of “gastroenteritis”, “convulsions”, and “intestinal illness” for formula fed babies (1994:79). Lastly, the La Leche League notes that “there seems to be a greater prevalence of allergies in infants brought up on formula than in those brought up on the breast” (1991:364).

iii. *CONVENIENCE, EASE OR FACILITY*

According to the La Leche League, “formula is expensive” (1991:383), and formula can spoil” (385). Lagace-Lambert warns mothers that formula, bottles and nipples must be washed, warmed, and cared for properly in order to be safely used by the infant (1992:38).

Moody and Shime warn the mother to not “prop the bottle” for the sake of convenience, since the baby may choke on the milk (1990:92).

5. ADVANTAGES AND DISADVANTAGES OF MIXED FEEDINGS

None of the authors discuss advantages or disadvantages associated with mixed feedings.

C. HEALTH PROFESSIONAL LITERATURE- GENERAL CHILD REARING BOOKS

1. THE ADVANTAGES OF BREAST FEEDING

In Child Care and the Growth of Love (1964), John Bowlby does not offer any advantages or disadvantages associated with breast or bottle feeding. In Mothering (1977), Rudolph Schaffer briefly states that breast feeding “may have physical advantages, but there are no distinct psychological advantages” (1977:12). In How to Parent (1970), Dodson sums up the so-called

breast-bottle controversy by emphasizing that “there is absolutely no scientific evidence that one method is better for infants than the other, either physically or psychologically” (1970:22). In Infants (1979), McCall does go into some detail concerning the advantages and disadvantages of breast and bottle feeding and his treatment of the subject is now analyzed.

i. EMOTION OR AFFECT

Mecca does not mention the advantages of breast feeding in terms that relate to emotion or affect.

ii. PHYSICAL HEALTH

a. *COMPOSITION OF MILK*

McCall points out that ‘the protein composition is better in breast milk than in formula’ (1979:35). However, he also states that “mother’s milk may not be as pure as people think (since whatever the mother ingests goes to baby i.e.: caffeine, nicotine]” (35).

b. *DIGESTION AND ELIMINATION*

McCall states that “the proteins in breast milk are easily digested and better [than formula] for growth” (1979:35).

c. *IMMUNOLOGICAL OR OTHER HEALTH RELATED ASPECTS*

Breast milk is described as being better than formula in terms of its “immunizing characteristics” (McCall, 1979:34). It is “purer” and is “hygienically perfect” (35). Lastly, McCall states that breast fed babies are less likely to grow into obese children (1979:35).

iii. CONVENIENCE EASE OR FACILITY

None of the authors mention breast feeding in terms that relate to convenience, ease or facility.

2. DISADVANTAGES OF BREAST FEEDING

i. EMOTION OR AFFECT

None of the authors discuss the disadvantages of breast feeding in terms that relate to emotion or affect.

ii. PHYSICAL HEALTH

None of the authors discuss the disadvantages of breast feeding in terms that relate to physical health.

iii. CONVENIENCE, EASE OR FACILITY

Breast feeding can be “restrictive” since it can be “inconvenient to seek privacy while nursing” (McCall, 1979:37). Breast feeding can also be restrictive in that “the mother is constantly on-call... total reliance of breast feeding [is therefore] difficult [for the mother]” (37).

3. ADVANTAGES OF BOTTLE FEEDING

i. EMOTION OR AFFECT

None of the authors discuss the advantages of bottle feeding in terms that relate to emotion or affect.

ii. PHYSICAL HEALTH

a. *COMPOSITION OF MILK*

None of the authors discuss the advantages of bottle feeding in terms that relate to the nutritional composition of milk.

b. *DIGESTION AND ELIMINATION*

None of the authors discuss the advantages of bottle feeding in terms that relate to digestion and elimination.

c. *IMMUNOLOGICAL OR OTHER HEALTH RELATED ASPECT*

McCall briefly points out that “not every bottle-fed baby is overweight” (1979:35).

iii. CONVENIENCE, EASE OR FACILITY

McCall states that “formula can be safe and sanitary” if the bottles and nipples are kept clean (1979:35).

D. HEALTH PROFESSIONAL LITERATURE-INFANT FEEDING BOOKS

1. ADVANTAGES OF BREAST FEEDING

i. EMOTION OR AFFECT

Two of the four authors discuss the advantages of breast feeding using terms that relate to emotion or affect. Lawrence states that breast feeding is “the natural choice” (1985:153), while Pryor claims that not only is breast feeding “the right” and “virtuous thing to do” (1963:5), but that the baby has an “inalienable right to mother’s milk” (18).

Pryor uses words like “joyful”, “happy”, “creative”, “intense”, and “satisfaction” (1963:3-5) to describe breast feeding. She states that “nursing is an art, a domestic art, perhaps, but one which like cooking or gardening brings to a woman the release and satisfaction that only creative work can give” (1963:3-4).

ii. PHYSICAL HEALTH

a. *COMPOSITION OF MILK*

Three of the four authors discuss the nutritional composition of breast milk. Scowen and Wells (1982:23) and Willis (1964:77) mention that there is no danger of protein calorie malnutrition in breast fed babies due to the efficiency of protein utilization. Willis adds that the lower solute load in breast milk has clinical advantages such as “low obligatory water losses through renal

excretion, and [therefore] leaves larger portions of water intake available for extra-renal needs” (1964:77). Lawrence dedicates an entire chapter to the biochemistry of human milk (Chapter Four). She discusses the importance of long-chained fatty acids for the infant’s brain development, cholesterol content, and lipases (1985:52). Scowen and Wells add that the fat in breast milk is well absorbed (1982:23). Lawrence discusses various proteins such as methionine/cysteine ratio, the importance of taurine for brain and the retina development, casein, whey proteins, lactoferrin, immunoglobulins, and lysozyme. She writes about the presence of carbohydrates, nucleotides, minerals, trace elements, pH and osmolarity, vitamins and enzymes in human milk (1985:44-71).

b. *DIGESTION AND ELIMINATION*

Willis, Lawrence, and Pryor discuss stool flora and the bifidus factor. Willis states that “[h]uman milk produces a lower stool pH, a largely gram positive fermentative stool flora, and other factors such as higher serum gamma globulin levels, all of which may contribute to greater infant resistance to infection” (1964:77). Lawrence adds that “[w]hen the number of pathogenic bacteria are kept low, the immune antibodies can keep the growth under control and prevent the absorption of bacteria through the gut wall into the bloodstream” (1985:86). According to Pryor, “[the] byproducts of bifidus metabolism make the infant’s intestinal tract even more resistant to the growth of other, invading organisms” (1963:52).

Pryor states that “[doctors] often interpret the normal breast-fed baby’s stool as diarrhea, or the normal tendency of older breast-fed babies to empty their bowels once every three or four days as some kind of constipation” (1963:88). However, diarrhea [and constipation] is believed to be uncommon in breast fed babies (Lawrence, 1985:20). In addition, the stool of the breast-fed baby is often characterized as “sweet smelling” (Pryor, 1963:78)

c. IMMUNOLOGICAL OR OTHER HEALTH RELATED ASPECTS

Lawrence dedicates an entire chapter to the immunological significance of breast milk (Chapter Five: Host-Resistance factors and immunological significance of human milk). The other three authors do not go into nearly as much detail when discussing the immunological benefits of breast milk. However, there are some benefits that each mention in their respective books. All four authors mention that breast milk protects the infant against infection and allergies (Lawrence, 1985:2,20,24,135; Scowen and Wells, 1982:23; Willis, 1964:76; Pryor, 1963:59,62). Lawrence (1985:2,20,118,135), and Pryor (1963:59) both cite studies that show how breast fed babies have fewer respiratory infections. Lawrence (1985:118,124,137), Pryor (1963:59-60), and Scowen and Wells (1982:23) all point out that since human milk provides local protection on the mucus membrane of the gastrointestinal tract, there is a lower incident of enteric or gastrointestinal infection. Lawrence (1985:137) and Pryor (1963:60) mention the importance of enzymes in breast milk. The enzyme lysozyme which is found in human milk has the ability to dissolve certain kinds of bacteria (entero-bacteriaceae and gram-positive bacteria). Therefore, is it possible that the enzyme lysozyme contributes to the antibacterial effect of human milk.

According to Willis (1964:76-77) and Pryor (1963:104), breast fed babies have lower mortality rates and morbidity rates. Lawrence cites studies that show how breast fed babies have “less of a chance of tuberculosis”, “necrotising enterocolitis”, “neonatal meningitis”, and SIDS (sudden infant death syndrome) (1985:135-137).

iii. CONVENIENCE, EASE OR FACILITY

Pryor claims that “[n]ursing is infinitely more practical than bottle feeding while you [the mother] are on the move” (1963:226). When the mother breast feeds, she does not have to worry about clean bottles, nipples, or the safety of formula. Therefore according to Pryor, “[t]he

breast-fed baby is the only baby who can be safely taken traveling in the Near East, Africa, rural Latin America, or other spots where sanitation is poor (1963:226-7).

2. DISADVANTAGES OF BREAST FEEDING

i. EMOTION OF AFFECT

In her chapter “Contraindications to and Disadvantages of Breast feeding”, Lawrence has three paragraphs that discuss the disadvantages of breast feeding. In terms that relate to emotion or affect, she cites surveys that indicate a declining rate of breast feeding due to “feelings of shame, modesty, embarrassment and distaste” for breast feeding on the part of the mother (1985:163). Lawrence believes that more research needs to be done in order to address and deal with these issues (163). Pryor adds that breast feeding at six months and beyond is generally “not as pleasurable” (1963:163).

ii. PHYSICAL HEALTH

a. *COMPOSITION OF MILK*

None of the authors discuss problems or disadvantages associated with the nutritional composition of human milk.

b. *DIGESTION AND ELIMINATION*

None of the authors discuss problems or disadvantages associated with the digestion or elimination of human milk.

c. *IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS*

Scowen and Wells mention potential dental problems for the breast fed baby. They cite research that has found “[c]ases.. of dental caries caused by unrestricted breast feeding where the babies have been allowed to suck for several hours, even sleeping with the nipple in their mouths... it has been found very difficult to convince some breast feeding mothers that this is the case” (1982:23).

iii. CONVENIENCE, EASE OR FACILITY

According to Lawrence, there are no real disadvantage to breast feeding except “those perceived by the mother as being an inconvenience” (1985:163). She states that “[o]ur society has created a milieu for the mother to develop concerns. In cultures in which nursing in public is commonplace, nursing is not considered inconvenient, since the infant and the feeding are always available” (163).

3. THE ADVANTAGES OF BOTTLE FEEDING

i. EMOTION OR AFFECT

None of the four authors discuss the advantages of bottle feeding in terms that relate to emotion or affect.

ii. PHYSICAL HEALTH

a. *COMPOSITION OF MILK*

Willis believes that modified cow’s milk is very similar to human milk. He states that “[a]lthough cow’s milk contains most of the nutrients required for infant nutrition, it is usually modified to adapt it to the infant’s physiological capacities. Such modifications almost always make it more nearly similar to human milk, with different types of formula varying in the degree to which the composition and levels of constituents are modified” (Willis, 1964:86).

b. *DIGESTION AND ELIMINATION*

None of the authors discuss advantages associated with the digestion or elimination of infant formula.

c. *IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS*

None of the authors discuss immunological or health benefits of infant formula.

iii. CONVENIENCE, EASE OR FACILITY

None of the authors discuss convenience, ease or facility with respect to bottle feeding.

4. DISADVANTAGES OF BOTTLE FEEDING

i. EMOTION OR AFFECT

None of the authors discuss the disadvantages of bottle feeding in terms that relate to emotion or affect.

ii. PHYSICAL HEALTH

a. *COMPOSITION OF MILK*

Lawrence discusses the fatty acid composition of formula (1985:51), the intake of protein and calories of formula (189), and lipids in formula (50). Pryor points out that “cow’s milk has twice as much protein as human milk” (1963:48). The formula fed baby also needs extra water, especially in hot weather (50). The fat content in formula is approximately the same as human milk, but the carbohydrate content in formula is usually galactose and glucose, while in breast milk it is lactose (51). Formula fed babies need vitamin drops, since cow’s milk has virtually no vitamin C (54). Cow’s milk has more calcium than breast milk, but this does not seem to have any long term benefits (55-56). In addition, human milk contains very little or no iron. Pryor points out that “[b]abies on cow’s milk formulas receive even less iron from their diet than do breast-fed babies” (56).

b. *DIGESTION AND ELIMINATION*

Pryor states that babies fed on formula have trouble digesting the milk (1963:8). In addition, the stools of a formula fed baby has an unpleasant odour (78). Lawrence point out that formula fed infants are more prone to diarrhea (1985:20,138), and blood in their stools (138).

c. IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

All four of the authors discuss the increased liability to infection, and allergic disorders such as eczema, urticaria and asthma in bottle fed babies (Pryor, 1963:9; Willis, 1964:76; Scowen and Wells, 1982:50; Lawrence, 1985:1,138). Lawrence (1985:11-14), Willis (1964:76-77) and Pryor (1963:104) mention higher morbidity and mortality rates for bottle fed babies. In addition, Lawrence gives an extensive list of potential health problems associated with bottle feeding. She cites studies that show how bottle fed babies have an increased risk of “respiratory infections” (1985:20), “otitis media” (20,137), “pneumonia” (20,18), “gastroenteropathy” (138), “rhinitis”, “eosinophilia”, “colitis”, “failure to thrive” and sudden infant death syndrome (SIDS) (138).

Scowen and Wells discuss how bottle fed babies who sleep with a nipple (whether human or bottle) in their mouth are more prone to dental caries (1982:23). Lawrence does not discuss tooth decay, but she does mention how bottle fed babies tend to “spit up” and “vomit” more often than breast fed babies (1985:138).

Pryor discusses some of the potential medical problems that bottle fed babies may face in the future. She states that “some psychiatrists maintain, such grown-up habits as smoking, drinking, and even talking, are but substitutes for the suckling at our mother’s breast that was denied to us in infancy” (1963:14). She also blames the high level of mental illness on failure of lactation (14). Obesity (infantile and adult) are blamed on bottle feeding (Scowen and Wells, 1982:22; Pryor, 1963: 13-14).

iii. CONVENIENCE, EASE AND FACILITY

Three of the four authors warn mothers against “propping the bottle up” to feed the baby. Scowen and Wells warn that “prop feedings are dangerous because the baby can choke and drown in the milk inhaled by the lungs” (1982:50). Lawrence states that “propping the bottle may be a

cause of otitis media” (1985:137). Pryor does not warn the mother about “propping the bottle” to feed the infant because she assumes that all bottle feeding mothers will eventually “prop the bottle.” She claims that bottle feeding mothers believe that “the baby is more fun to be with at other times” (1963:13) and that bottle feeding quickly becomes an “annoying chore” (8).

Scowen and Wells warn mothers about the potential dangers of not sterilizing bottles and nipples properly. They state that “two of the most dangerous hazards of bottle feeding are inadequate hygiene and failure to follow the dried milk powder manufacturer’s instructions” (1982:53). They add that “[i]t is important to emphasis that over concentrated or under diluted feeds given during the first months of life may permanently injure a baby” (52).

5. ADVANTAGES AND DISADVANTAGES OF MIXED FEEDINGS

Two of the four authors discuss mixed feedings. Scowen and Wells and Lawrence both agree that giving a bottle in the early days of the infant’s life may aggravate lactation problems (1982:40; 1985:209). Lawrence elaborates by stating that supplementary feedings are a “marker of insufficient milk production... [and] may doom lactation to failure” (1985:209). Therefore, Scowen and Wells believe that “mixed feedings should be discouraged and ceased as soon as breast milk is well established” (1982:42).

E. DISCUSSION

There are many similarities in the discussion of the advantages and disadvantages associated with particular methods of infant feeding between the popular literature and the health professional literature. The Womanly Art of Breastfeeding (LLL, 1991) used the word “comforting” seven times to describe one of the advantages of breast feeding for the baby. Kitzinger and Lagace-Lambert also used the word “comforting” when describing breast feeding. In The Womanly Art of Breast feeding (LLL, 1991), the term “natural” was used ten times to

describe the advantages of breast feeding. Both Moody and Shime and Kitzinger also used the term “natural” to describe the advantages of breast feeding. In the health professional literatures, the books on general child rearing did not discuss the advantages of breast feeding in terms that relate to emotion or affect. The sample of infant feeding books use terminology similar to that found in the popular literature to describe the advantages of breast feeding in terms that relate to emotion or affect. However, the discussion is not nearly as passionate, nor descriptive as in the popular literature. Lawrence used the phrase “the natural choice” to describe breast feeding as a method of infant feeding.

In terms of physical health, the La Leche League authors use the phrase “nutritionally breast is best” and breast milk is “superior nutrition” six times. Lagace-Lambert use the phrases “breast is best” three times, and “exceptional food” once to describe the nutritional quality of human milk. In the health professional literature, Willis uses the phrase “the superiority of human milk” to describe the physical benefits of breast milk.

In terms of the nutritional composition of milk, both the popular and health professional literatures mention the importance of long chain fatty acids for the development of the brain, and taurine for the retina. Both literatures discuss how breast milk is easily digestible. The La Leche League authors mention this fact three times. In addition, both literatures mention that constipation and diarrhea are not problematic for breast-fed babies. In terms of the bowel movements of breast-fed babies, both literatures describe the bowel movements as “sweet smelling” or “not unpleasant smelling”.

In the popular literature, the La Leche League authors state eleven times that breast feeding will “safeguard [the infant] against infection”. Both Lagace-Lambert (five times) and Moody and Shime (one time) echo this phrase. In the infant feeding literature, Lawrence (four times), Scowen

and Wells (one time), Willis (one time), and Pryor (one time) also discuss how breast-fed infants have a “lower susceptibility to infection”. The La Leche League authors (eleven times), LagaceLambert (five times), and Moody and Shime (two times) mention that breast fed babies have a “decrease incident of infantile allergies”. In the infant feeding literature, Lawrence (four times), Scowen and Wells (one time), and Pryor (one time) discuss how breast fed babies are protected against allergies.

According to both the popular literature and the health professional literature, there are no real disadvantages associated with breast feeding. In the popular literature, Kitzinger blames society for the anti-breast feeding culture. In the health professional literature, Lawrence also blames society for the mother’s feelings of guilt, modesty, embarrassment, and shame for breast feeding. In terms of convenience, both the popular literature and the health professional literature agree that there are no disadvantages to breast feeding since the feed and the baby are always together. However, in the general child rearing books, McCall points out that breast feeding can be restrictive in that it may be difficult for the mother to find a private spot to nurse outside of the home.

According to both the popular literature and the health professional literature, there are very few advantages of bottle feeding. In the popular literature, formula is described as meeting the nutritional requirements of full term healthy infants. According to Lagace-Lambert (1992), as long as safe hygienic practices are in place, the baby can thrive on formula. In terms of convenience, formula is convenient, not time-consuming, nor difficult to manage. In the general child rearing books only one author briefly mentions that bottle feeding can be a safe and sanitary method of infant feeding (McCall, 1979:35). In the infant feeding literature, none of the authors

discuss the advantages of bottle feeding in terms relating to emotion or affect, physical health, or convenience, ease or facility.

The popular and health professional literatures discuss in detail the disadvantages associated with bottle feeding. In the popular literature, formula does not supply all that is necessary in ideal proportions. The health professional literature elaborates this statement by providing a list of differences between breast milk and formula. For example, formula contains no vitamin C, less iron and contains different carbohydrates than breast milk. For these reasons (and others) formula is described by both literatures as not being easily digestible.

In terms of physical health, the popular literature states that formula fed babies are at a greater risk of dying. According to the La Leche League authors, formula fed babies are at a 120X greater risk of dying from a respiratory infection (1991:348). The sample of books in the health professional literature also mention that formula-fed babies have increased mortality and morbidity rates, increased risk of infection, disease, allergies, and infantile and adult obesity.

Supplementary or mixed feedings are only mentioned in the health professional literature (infant feeding books). All books in the sample suggest that mixed feedings should be avoided.

CHAPTER 5- APPROPRIATION AND SELF-ACTUALISATION IN THE POPULAR LITERATURE

A. INTRODUCTION

It has been established by many feminists and non-feminists alike that there exists a universal image of the “caring, selfless mother” (Ferguson, 1989; Eisenberg et al., 1989; Swigart, 1991; Eyer, 1992; Arnup, 1994; Gotch, 1994; Thurer, 1994). This type of mother is often referred to as “child-centred” and is believed to be more concerned with their infant’s welfare and the establishment of a “bond” between herself and the baby than “mother-centred” mothers (Losch et al., 1995). According to Losch, “mother-centred” mothers are concerned about their own convenience, comfort, and assistance with feeding responsibilities, as opposed to the “child-centred” mothers who are motivated by concerns about the baby’s welfare (1995:511).

Thus, Question Two asks: **Are particular “mother-centred” or “child-centred” characteristics attributed to women on the basis of their method(s) of infant feeding?** As described in Chapter Three, the three main categories consist of the breast feeding mother; the mixed feedings mother; and the bottle feeding mother. I further divided the main categories into three sub categories.

The first sub-category is the “child-centred” reference point, whereby the mother is defined as one who thinks only in terms of the infant’s welfare with respect to infant feeding. The second sub-category is the “complementary benefits” reference point, whereby benefits to both the mother and infant (physically and/or emotionally) from the method of infant feeding are considered. The third sub-category is the “mother-centred” reference point. In this category, the mothers needs are either given priority, or there are direct inferences made about her personality with respect to her method of infant feeding.

In each of these categories I will document the phrases that suggest appropriation of women's time, energy, bodily fluids and self-actualisation according to her method(s) of infant feeding.

B. BREAST FEEDING: "CHILD-CENTRED" REFERENCE POINT

1. TIME

All four of the books in the sample of the popular literature discuss woman's time from a breast feeding "child-centred" reference point. Two of the authors write about the importance of beginning breast feeding soon after giving birth. According to the La Leche League (LLL) authors, "[t]he sooner you put your baby to the breast, the better... The suckling reflex of a full-term healthy newborn is usually at a peak about twenty to thirty minutes after he is born..." (1991:48). Lagace-Lambert adds that rooming-in with the baby at the hospital and breast feeding on demand will help in establishing an adequate milk supply (1992:44,47).

Three of the books stressed the importance of allowing the baby to determine how long and how often it should nurse on the breast. The Womanly Art of Breastfeeding tells the mother to "feed according to the baby's schedule [since] no time table can tell you how often you should nurse your baby" (LLL, 1991:72,358). Kitzinger agrees that, "the baby is the best judge of how often she should feed. (1994:90-91).

In order to breast feed on demand, Lagace-Lambert suggests that the mother should get organized so that the rest of her life fits in with the breast feeding schedule (1992:41). In addition, the mother should "set [her] agenda on [her] baby's needs and wants and forget the rest of the world for the first critical weeks or months" (41). The LLL authors also stress that the baby is more important than other time commitments (1991:87). Lagace-Lambert makes two other suggestions for the mother who breast feeds on demand. She suggests, that "[the mother should] have a supply of ready-made dinners in the freezer so [she] need not worry about meals [for the

family]” (1992:42). She also believes that one of the most important purchases a mother should make is to buy an answering machine so that the phone will not bother her when breast feeding her baby (1992:44).

Three of the four books mentioned sleeping with the baby and nursing on demand. According to Kitzinger, when the mother sleeps with the baby, it can suckle more or less continuously at her breast (1994:80). The LLL authors offer many suggestions on how to change sleeping arrangements into “the family bed” in order to accommodate nighttime breast feeding (1991:110).

Breast feeding on demand makes the mother more aware of her baby’s needs. According to Lagace-Lambert, “frequent feedings allows you to respond to your baby’s unique need for warmth and affection” (1992:45). The LLL authors believe that sensitivity towards the baby comes with time, but is accelerated by nursing. They state that, “[t]he very closeness and intimacy of breast feeding gives you a quicker and surer perception of the feelings and needs of this tiny person, and help you to know how to meet them” (1991:15-16).

According to The Complete Mothercare Manual, breast feeding can last up to one hour (1990:87). Therefore, the mother must take time to respond, relax and reflect while nursing (La Leche League, 1991:16). However, the mother must also rock and cuddle the baby when not nursing. According to The Womanly Art of Breast feeding, “good mothering includes holding him when he is too full to nurse” (LLL, 1991:14).

2. *ENERGY*

Only one book of the four discussed a woman’s energy from a breast feeding “child-centred” reference point. The La Leche League authors believe that keeping in good health while nursing is an important part of being a good mother (1991:230). They also believe that the baby and the

family will appreciate a mother who is relaxed and feels good about herself since this will help her to meet the baby's needs in a "calm, loving way" (85).

3. *BODILY FLUIDS*

Two of the four books claim that the more the baby nurses, the more milk the mother will produce for the baby (Lagace-Lambert, 1992:46; La Leche League, 1991:144). The LLL authors add that, "your milk is important to your baby" (1991:357). Therefore, if the baby is to thrive on breast milk, he will need a healthy mother (Shime and Moody, 1990:91).

4. *SELF-ACTUALISATION*

The Womanly Art of Breastfeeding (LLL, 1991) and The First Year After Childbirth (Kitzinger, 1994) discuss a connection between breast feeding and a mother's attitude towards her infant. The former quotes a pediatric group who spoke about the emotional bond that occurs between a nursing mother and her baby. This group believes that, "[e]arly and prolonged contact between a mother and her newborn infant can be an important factor in mother-infant bonding and in the development of a mother's subsequent behaviour to her infant" (LLL, 1991:10).

In other words, the woman becomes better bonded with her child, and as a result, becomes a better mother to the child. Of the four books, only The Womanly Art of Breastfeeding makes a connection between breast feeding and desirable mothering skills. This book quotes Dr. William Sears who says, "[i]n my practice, I have noticed that breast feeding mothers tend to show a high degree of sensitivity to their babies, and I believe this is a result of the biological changes that occur in a mother in response to the signals of her baby" (1991:14-15). The breast feeding mother is different than the non-nursing mother because they produce a hormone called prolactin. The La Leche League authors refer to this hormone as "the mothering hormone" and believes that this hormone is the reason why breast feeding mothers respond more intuitively to the infant's needs

(1991:12). Breast feeding is believed to “help balance the give-and-take of caring for a young child” (LLL, 1991:13). This book quotes one woman as saying, “[n]ursing the baby is the do-it-yourself kit for learning good mothering” (12). In other words, it is the biological/hormonal changes that occur in the breast feeding mother that urge her to feed, properly care for, and show greater sensitivity towards her baby.

In addition, breast feeding is described as representing a “common language of mothering”, whereby *all* breast feeding mothers and their babies are connected and grouped into a universal oneness with each other (LLL, 1991:388). However, after all the detailed and glowing descriptions of the universal “mothering hormone” in breast feeding and good mothering skills, the LLL authors recognize (in one brief sentence) that “[b]reastfeeding is not a guarantee of good mothering, and bottle feeding does not rule it out” (1991:17).

Breast feeding and bonding become very important as the mother is described as achieving self-actualisation through breast feeding her baby. Kitzinger explains that, “this physical communication [breast feeding] draws a woman to become deeply involved in a small human being’s experience, open to all emotions that the baby may express while at the breast” (1994:81). The experience of breast feeding may change a woman’s attitude about her previous existence. In The Womanly Art of Breastfeeding one mother from Ontario, Canada is quoted as saying, “[nursing] showed me how much I was needed and loved... I am a different person now. [It] changed me from a compulsive time-and-task-oriented tiger to a go-with-the-flow house cat” (LLL, 1991:16).

Breast feeding and the mother’s emotional state are also related. For example, Kitzinger quotes one mother as saying, “It is a thrill to hear those long, slow, satisfied sucks, and to see her [the baby] completely content” (1994:85). On the other hand, Kitzinger warns that “if the breast

feeding mother is stressed and anxious, breast feeding communicates her tension. If she is relaxed and positive, her confidence and pleasure are communicated" (1994: 85). The LLL authors believe that tension can be alleviated through breast feeding. Psychiatrist Lucy Waletzky explains:

[t]he more intimate bodily communication inherent in the breast feeding situation leads to a feeling of psychological oneness with the child, which allows the mother to satisfy her own dependency needs... A mother's dependency needs may be accentuated postpartum by pain, fatigue, and the psychological stress of adjusting to new motherhood. When her dependency needs are met, her resentment of the child's dependency is alleviated and the positive maternal feelings can flourish unencumbered (1991:13).

The Womanly Art of Breastfeeding (1991) is the only book that discusses breast feeding and femininity. Nursing is described as a sensual experience. According to Dr. Whipple, "[s]uckling a baby, for the woman who accepts and enjoys her femininity, is a particularly moving experience... It brings peace, contentment, fulfillment to the whole body and personality" (LLL, 1991:387). In the section "How Many Times Do I Feed the Baby", they also quoted guest editor Babette Francis who claims that "[s]uccessful lactation is an expression of a woman's femininity..." (73).

Femininity seems to be associated with traditional "female roles", while modernity seems to be associated with less satisfaction in the "female role". For example, in Kitzinger's book there is also a section which deals with the question of whether the baby is receiving enough breast milk. Kitzinger explains that, "a modern woman may feel more confident if she had plastic, see-through breasts, but they would not be as comforting or as flexible as human breasts, which are ideally suited for baby's needs" (1994:81).

C. BREAST FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

1. *TIME*

Three of the four books discuss how time spent on breast feeding can be beneficial to both mother and child. According to the La Leche League authors, the mother should cherish this precious time with her infant. They urge the mother to "give yourself time together; let there be no regrets. Together you'll begin to weave a new cord to replace the one so recently severed. This one will be plaited simply and naturally by your continuing closeness through many unhurried days" (1991:7). In a later chapter, the authors continue to stress the importance of mother and baby spending time together. They believe that, "[m]other and baby need to be together early and often to establish a satisfying relationship and an adequate milk supply" (1991:48).

In addition to "unhurried days" and the establishment of mother-infant bonding, Lagace-Lambert believes that although the baby is the obvious winner when it comes to breast feeding, the mother also reaps some benefits. She states that, "breast feeding simplifies daily routine while saving you [the mother] time and money" (1992:38). Kitzinger encourages women to take advantage of this time since, "both [mother and baby] can enjoy this time together long after milk is needed for food" (1994:80).

2. *ENERGY*

Two of the four books comment upon how the mother can find time to rest while the baby benefits from breast feeding. They suggest that the mother and baby sleep together. Kitzinger instructs mothers to "go off to bed with your baby and make milk" (1994:96). The mother can therefore take advantage of "24 hour peak production of milk" while resting (96). In other words, the baby can nurse while the mother sleeps (1994:90). The LLL authors agree that "[m]other and

baby may both sleep better when they sleep together” (1991:113,122). Above both statements are pictures of a mother sleeping (or resting) while nursing her baby.

3. *BODILY FLUIDS*

The benefits of breast feeding for both mother and child were discussed in two of the four books. Lagace-Lambert states that “all women should be enabled to practice exclusive breast feeding and all infants should be fed exclusively on breast milk from birth until four to six months [of age]” (1992:33). The La Leche League authors agree that, “[breast feeding] is a small miracle, belonging rightfully to mothers, babies, and families the world over” (1991:388).

4. *SELF-ACTUALISATION*

Of the three books, The Womanly Art of Breastfeeding describes in the most detail how the mother moves towards self-actualisation through the complementary benefits that breast feeding offers to both the mother and child. According to the La Leche League authors, “[b]reast feeding offers a beautiful transition for mother and baby alike as they learn about each other in those first hours and days following birth” (1991:6). In fact, they describe the mother’s first attempt to breast feed her baby as “a learning experience, a get-acquainted effort for both [mother and baby]” (14,49).

The breast feeding experience is described as the “mother and baby’s first start as a nursing couple” (LLL,1991:7). It marks the beginning of a long and satisfying relationship, since breast feeding is believed to improve the interaction between a mother and her infant (14). A nursing mother is able to understand her baby’s needs and gains confidence in her own ability to satisfy those needs through breast feeding (16). Lagace-Lambert agrees that “breast feeding reinforces mother-child interaction since it offers a unique opportunity for closeness” (1992:38,45). The La Leche League authors go one step further to state how breast feeding will affect how the child

will socialize throughout his/her entire life. They quote Dr. Ashley Montagu who writes, “the breast feeding relationship constitutes the foundation for the development of all human social relationships...” (LLL, 1991:10).

The breast feeding relationship is romanticized and sensualized in The Womanly Art of Breastfeeding (1991). It is believed to represent “the ageless beauty of mother and child- a time of grace and peace” (LLL, 1991:7). The “ageless beauty of mother and baby” is intended to be a sensual experience that benefits both the mother and infant. They quote Selma Fraiberg who describes how breast feeding is a sensuous experience for both the mother and child. She believes that “[nursing is] one of the ways in which **mutual** sensual pleasure binds the mother to her baby and the baby to her (388).

D. BREAST FEEDING: “MOTHER-CENTRED” REFERENCE POINT

1. *TIME*

Two of the four books discuss time spent on breast feeding and a mother’s comfort. The La Leche League suggests that “frequent nursing and cuddling, keeping him close day and night will help prevent nipple soreness” (1991:125). Moody and Shime do not discuss the physical comfort of the mother. They are more concerned with the mother’s emotional well-being. They suggest that the mother “establish a routine for feeding which means being comfortable and being in the right mood [to breast feed]” (1990:88). Therefore, frequent nursing and the establishment of a routine for feeding are ways that a mother can preserve her own comfort and spend quality time with baby.

The only author that describes difficulty with breast feeding with respect to time is Sheila Kitzinger. She recognizes that time spent on traveling or being at work can make breast feeding difficult for the mother (1994:82).

2. ENERGY

Three of the four books discuss the need for the mother to eat well and rest in order to reap the benefits of breast feeding. The La Leche League authors stress the importance of proper rest good food and plenty of liquids for the good health of the breast feeding mother (1991:84,148,230). Shime and Moody also encourage the breast feeding mother to eat and sleep well (1990:91). Lagace-Lambert believes that the mother must eat well and keep tension to a minimum to produce enough milk and enjoy breast feeding (1992:46). To keep tension to a minimum, she believes that the breast feeding mother must be well organized if she is to succeed with “flying colours”, maintain her energy, and enjoy her baby(1992:41).

3. *BODILY FLUIDS*

The LLL authors mention both physical and psychological benefits for the breast feeding mother. Psychologically, breast feeding is seen as a source of empowerment. They believes that “[t]he ability of a mother’s body to nurture her child is a source of strength to her” (LLL, 1991:388). Sheila Kitzinger adds that women find personal strength in breast feeding because it tells them that their bodies are working naturally and normally (1994:89).

4. *SELF-ACTUALISATION*

The LLL authors mention both physical and psychological benefits of breast feeding for women. The three other authors mention the social and/or psychological effects that breast feeding has on the development of self-actualisation. Physically, breast feeding helps the mother regain her pre-pregnancy figure. According to the La Leche League authors, breast feeding helps the mother’s uterus to contract back into shape more quickly than if she was not nursing (1991:8,48). In a society that worships “thinness”, regaining one’s pre-pregnancy shape is important to a woman’s self-esteem.

In terms of the mother's physical well-being, there are two pages in The Womanly Art of Breastfeeding dedicated to the possible link between breast feeding and breast cancer. They quote a number of studies which have found that breast feeding may decrease the risk of developing breast cancer. Menopausal women who breast fed, women who had multiple pregnancies, and women who had breast fed for twelve months or more were all less at risk of developing breast cancer (1991:381-382).

Psychologically, breast feeding is suppose protect against postpartum depression. The La Leche League authors refer to postpartum depression as the "baby blues", and believes that breast feeding will help the mother deal with the emotional aspects of motherhood. They state that "[t]he hormonal changes are more gradual when you breast feed" (1991:88) thus making the transition to motherhood less stressful (both hormonally and emotionally).

Kitzinger and the La Leche League authors describe breast feeding as a pleasurable and sensual experience for the mother (1991:387). Kitzinger quotes one mother as professing how "it [breast feeding] is quite sexy really" (1994:85). The sensual and pleasurable aspects of breast feeding are positive influences on a mother's psychological state.

The other two authors seem to focus on the social life of the breast feeding mother. Lagace-Lambert warns women that "you cannot maintain a super woman schedule... and still breast feed night and day" (1992:40). This may suggest that the movement towards self-actualisation is altered during breast feeding. The "super woman" may have to find alternate routes towards self-actualisation. Although the woman is encouraged to "slow down", Shime and Moody believe that breast feeding mothers should not ignore their social life (1991:91) since isolation may lead to depression

E. BOTTLE FEEDING: “CHILD-CENTRED” REFERENCE POINT

1. TIME, ENERGY AND BODILY FLUIDS

The LLL authors tend to portray bottle feeding in a more negative light. They quote Dr. William Sears who claims that the bottle fed baby does not receive the same immediate and positive reinforcement of their cues that a breast fed baby does. According to Sears, the bottle feeding mother must divert her attention away from her baby to an object (the preparation of the bottle), thus the baby does not receive the same immediate gratification that the breast fed baby does (LLL, 1991:14).

None of the authors mention bottle feeding and energy from a “child-centred” reference point.

One of the four authors discuss the mother’s decision to discontinue breast feeding for the comfort of her baby. Kitzinger states that “mothers give up breast feeding and opt for formula because babies are unhappy and not putting on weight” (1994:81). However, she also believes that mothers would not have to “give up” breast feeding if only they knew how to increase their milk supply (1994:62).

2. SELF-ACTUALISATION

One of the four authors mention that is possible to move towards self-actualisation through bottle feeding. Shime and Moody believe that, “it is the care and affection you give your baby, not the feed... the emotional needs [of the infants] can be satisfied with bottle feeding” (1990:83,92).

F. BOTTLE FEEDING: “COMPLEMENTARY BENEFITS” REFERENCE POINT

1 TIME, ENERGY, AND BODILY FLUIDS

One of the four authors discussed the benefits of spending an adequate amount of time bottle feeding the infant. Shime and Moody tell mothers that, “ you and your baby will benefit if you have some time and space... [for] undisturbed and satisfying [bottle] feedings” (1990:95).

None of the four authors mention the impact of bottle feeding on a mother's energy levels.

None of the authors mention bottle feeding and bodily fluids from a "complementary benefits" reference point.

2. SELF-ACTUALISATION

One of the authors mentions bottle feeding and the movement towards self-actualisation.

Lagace-Lambert states that, "it is possible to establish a strong mother-child interaction without breast feeding" (1992:38).

G. BOTTLE FEEDING: "MOTHER-CENTRED" REFERENCE POINT

1. TIME, ENERGY AND BODILY FLUIDS

None of the authors mention bottle feeding and time from a "mother-centred" reference point.

None of the four authors mention how bottle feeding mothers should conserve or maintain their energy levels from a "mother-centred" reference point.

None of the authors mention bottle feeding and bodily fluids from a "mother-centred" reference point.

2. SELF-ACTUALISATION

Three of the four books discuss bottle feeding and the movement towards self-actualisation.

Two of the books address a mother's guilt because of her decision to bottle feed. Kitlinger defends the mother by claiming that, "a woman may have good reasons for not breast feeding and these should be respected... A woman who has been sexually abused or who has experienced rape should not have to justify her choice of bottle feeding" (1994:82). Shime and Moody do not discuss the connection between sexual abuse and bottle feeding, however, they encourage women not to feel guilty about bottle feeding. They believe that this guilt may result in difficult feedings

for the baby (1990:83). They encourage women to enjoy these intimate experiences with their babies (1990:92).

H. MIXED FEEDINGS: “CHILD-CENTRED” REFERENCE POINT

None of the four authors mentioned mixed feedings with respect to a woman’s time, energy, bodily fluids, or self-actualisation from a “child-centred” reference point.

I. MIXED FEEDINGS: “COMPLEMENTARY BENEFITS” REFERENCE POINT

None of the four authors mentioned mixed feedings with respect to a woman’s time, energy, bodily fluids, or self-actualisation from a “complementary benefits” reference point.

J. MIXED FEEDINGS: “MOTHER-CENTRED” REFERENCE POINT

1. TIME, ENERGY, AND BODILY FLUIDS

Of the four authors, one mentioned how practicing both breast feeding and bottle feeding may benefit the mother. Shime and Moody recognize that it might suit the mother’s lifestyle better if she used both methods of infant feeding, especially if she was to return back to work (1990: 83).

None of the authors mentioned mixed feedings with respect to a woman’s energy or bodily fluids from a “mother-centred” reference point.

2. SELF-ACTUALISATION

None of the authors mentioned mixed feedings with respect to self-actualisation from a “mother-centred” reference point.

K. DISCUSSION

There is a tremendous amount of information concerned with the breast feeding mother’s time, energy, bodily fluids, and development of self-actualisation from all three reference points (child-centred, complementary benefits, and mother-centred). Since the mother who breast fed is believed to be more sensitive and intuitive towards her baby’s needs, she is to keep herself well

rested and in good health for the sake of her baby. All four authors give many helpful suggestions to the mother for the management of successful breast feeding.

Breast feeding is said to have benefits for both the mother and the baby. Women are encouraged to relax and enjoy this precious time together with their baby. As the baby benefits from the mother's milk, the mother benefits through the natural closeness that breast feeding has to offer. Breast feeding helps to pave a smooth transition from pregnancy to childbirth for both the baby and mother. It keeps the mother and baby connected and moving towards a long, satisfying, sensuous relationship.

Breast feeding benefits the mother both physically and psychologically. Physically, there seems to be a connection between breast feeding and the reduced risk of breast cancer. For example, women who breast feed may be decreasing their risk of developing breast cancer. In addition, breast feeding helps the uterus to contract, and helps the mother to regain her pre-pregnancy figure more quickly than if she was not nursing.

Psychologically, breast feeding may prevent postpartum depression, or the "baby blues" due to the hormonal changes that a breast feeding mother experiences. Breast feeding is believed to give women a source of empowerment since it shows them that their bodies work "normally". In addition, breast feeding is described as being a sensuous and pleasurable experience for the mother, especially one who is comfortable with her femininity and role as a mother.

Women who mix feed or bottle feed are not afforded the same amount of attention as those who breast feed. The literature does not appear to be geared towards women who bottle feed their infants.

There is no mention of women's time, or energy from a "child-centred" reference point if they are bottle feeding. None of the authors give bottle feeding women advice on how to conserve

their energy. Bottle feeding seems to be an inferior “second choice” method of infant feeding. For example, women who “turn to the bottle” are described as “giving-up” breast feeding for a variety of reasons (low milk supply, baby is not gaining weight quickly etc.). One author cites sexual abuse as a reason for not breast feeding.

The literature discussed how bottle feeding was not good for the infant because it diverts the mother’s attention away from her baby to the preparation of a bottle instead. However, the literature did mention that there are certain circumstances where mixed feedings or bottle feeding would be an acceptable alternative. For example, if a mother travels or must return to work, mixed feedings or bottle feeding may suit her lifestyle better than exclusive breast feeding. Thus, a mother is bottle feeding for the sake of her own convenience, as opposed to breast feeding for the sake of the baby’s welfare.

CHAPTER 6 - APPROPRIATION AND SELF-ACTUALISATION IN THE HEALTH PROFESSIONAL LITERATURE

A. GENERAL CHILD REARING BOOKS

1. BREAST FEEDING: “CHILD-CENTRED” REFERENCE POINT

i. TIME, ENERGY AND BODILY FLUIDS

None of the four authors discuss breast feeding with respect to a woman’s time from a “child-centred” reference point.

None of the four authors discuss breast feeding and energy expenditure from a “child-centred” reference point.

Two of the four authors mention the quality of mother’s breast milk. John Bowlby states that, “the mother provides the needed food substance in her own milk in exactly the right combination [for the baby]” and “it is only when nature’s gifts are lacking that science must make the best shift it can to replace them” (1962:18). Robert McCall believes that in order for breast milk to be healthy for the infant the mother must carefully monitor her diet and lifestyle. Since anything that the mother ingests can be detected in mothers breast milk, he recommends that “women who nurse should restrict their intake of cigarettes, coffee, alcohol, and oral contraceptives, and they should consult their physician before taking other medication” (1979:35-36).

ii. SELF-ACTUALISATION

None of the authors mention breast feeding as a means for achieving self-actualisation from a “child-centred” reference point.

2. BREAST FEEDING: “COMPLEMENTARY BENEFITS” REFERENCE POINT

None of the four authors mentioned breast feeding and a woman’s time, energy, bodily fluids, or self-actualisation from a “complementary benefits” reference point.

3. BREAST FEEDING: “MOTHER-CENTRED” REFERENCE POINT

i. TIME, ENERGY AND BODILY FLUIDS

One of the four authors mentions breast feeding and a woman’s time. McCall gives a reason why a mother may not breast feed her infant. He notes that “if a mother must be away from her infant, at work for example, total reliance on breast feeding is very difficult” (1979:37).

None of the four authors discuss breast feeding and energy expenditure from a “mother-centred” reference point.

None of the four authors discuss breast feeding and bodily fluids from a “mother-centred” reference point.

ii. SELF-ACTUALISATION

One of the four authors discuss the psychological impact that breast feeding has on the mother. McCall recognizes that for some women, “the intimacy of breast feeding is an incomparable human experience” (1979:36). However, he also notes that some women “find breast feeding embarrassing and a source of tension and self-doubt about their adequacy as a mother” (36). He encourages the mother to follow her own personal feelings and to chose a method of infant feeding that she is comfortable in providing.

4. BOTTLE FEEDING: “CHILD-CENTRED” REFERENCE POINT

i. TIME, ENERGY AND BODILY FLUIDS

One of the authors mentions bottle feeding and a woman's time. In How to Parent, Dodson assures mothers that there is no harm to baby (psychologically) in occasionally propping up the bottle for a feeding. However, Dodson warns mothers who bottle feed that “the baby needs the same kind of cuddling when bottle feeding as he would get by breast feeding” (1970:23).

None of the four authors discuss bottle feeding and energy expenditure from a “child-centred” reference point.

None of the four authors discuss bottle feeding and bodily fluids from a “childcentred” reference point.

ii. SELF-ACTUALISATION

None of the four authors discuss bottle feeding and self-actualisation from a “child-centred” reference point.

5. BOTTLE FEEDING: “COMPLEMENTARY BENEFITS” REFERENCE POINT

i. TIME, ENERGY AND BODILY FLUIDS

None of the authors discuss a woman's time, energy, or bodily fluids with respect to bottle feeding from a “complementary benefits” reference point.

ii. SELF-ACTUALISATION

Three of the four authors mention that the development of the self-actualised person is not hindered by bottle feeding. In his book Infants, McCall calls in to question the belief that breast feeding has more psychological benefits than bottle feeding. He assures women that “[those] who would feel uncomfortable or who cannot breast feed should remain secure in the fact that there are millions of healthy, well-adjusted mothers and infants who have used bottles” (McCall,

1979:37). In the book Mothering, Schaffer also questions the psychological benefits of breast feeding for mother and baby. He believes that, “‘sociability arises primarily in the context of feeding’ cannot be upheld. Therefore, mothers can be assured that their decision to bottle feed rather than breast feed their baby is highly unlikely per se to have any implications for his personality in later years” (1970:12).

Although I did not actively include adoption, one source in the sample commented on adoption and bottle feeding. John Bowlby suggests that “affectionate artificial feeding [bottle feeding] and early adoption might be better for illegitimate infant and unmarried mother than breast feeding and late adoption” (1962:125).

6. BOTTLE FEEDING: “MOTHER-CENTRED” REFERENCE POINT

i. TIME, ENERGY AND BODILY FLUIDS

None of the four authors discuss bottle feeding and a woman’s time, energy, or bodily fluids from a “mother-centred” reference point.

ii. SELF-ACTUALISATION

One of the four authors makes a brief statement concerning bottle feeding and the development of self-actualisation. He writes that “although breast feeding may represent an ideal image of perfect harmony between mother, child and the environment, some women are unable or prefer not to breast feed for physical, medical, or psychological reasons” (1979:34). Therefore, he believes that the choice (to breast feed or not) is mostly up to the mother.

7. MIXED FEEDINGS: “CHILD-CENTRED” REFERENCE POINT

i. TIME, ENERGY AND BODILY FLUIDS

One author of the four makes a brief statement concerning a woman’s time with respect to infant feeding. Dodson suggests that the mother should breast feed or bottle feed the baby

whenever he is hungry (1977:23). Therefore, she is advocating a breast feeding or bottle feeding on demand schedule.

None of the authors discuss mixed feedings and energy conservation/expenditure from a mixed feedings “child-centred” reference point.

None of the authors discuss mixed feedings and bodily fluids from a mixed feedings “child-centred” reference point.

ii. SELF-ACTUALISATION

None of the authors discuss mixed feedings and self-actualisation from a mixed feedings “child-centred” reference point.

8. MIXED FEEDINGS: “COMPLEMENTARY BENEFITS” REFERENCE POINT

None of the authors discuss mixed feedings and a woman’s time, energy, bodily fluids, or self-actualisation from a “complementary benefits” reference point.

9. MIXED FEEDINGS: “MOTHER-CENTRED” REFERENCE POINT

None of the authors discuss mixed feedings and a woman’s time, energy, bodily fluids, or self-actualisation from a “mother-centred” reference point.

B. INFANT FEEDING BOOKS

Of the four books chosen in the random sample, only one book, Basic Infant Nutrition (1964) by Norman H. Willis did not discuss the appropriation of women’s time, energy, bodily fluids, or self-actualisation with respect to their infant feeding practices.

1. BREAST FEEDING: “CHILD-CENTRED” REFERENCE POINT

i. TIME

Two of the three authors discuss how breast feeding occupies a mother's time. The mother is described as being continuously needed by the infant. In Nursing Your Baby (1963), Karen Pryor states that the mother “must give herself to the baby. She must let the baby set the pace, make the decisions, do the work. Many mothers cannot do this at first... But the normal girl eventually gets ‘lazy’ and slips into the feminine role. She forgets to look at the clock, she doesn't bother to interrupt the baby for her own reasons, she doesn't worry about when or why he wants to eat” (1963:15). In Breastfeeding: A Guide for the Medical Profession, Ruth A. Lawrence also cites studies where breast fed babies receive high contact because they are continuously carried by the mother (1985:145). In these studies, the mother is described as giving full attention to the baby (150).

Giving “full attention” to the baby is not only reserved for the daytime. Therefore, both authors mention the possibility of the mother and infant sleeping together (Pryor, 1963; Lawrence, 1985). Pryor encourages mothers to “allow the baby to fall asleep at the breast” (1963:240).

ii. ENERGY

Pryor briefly mentions breast feeding with respect to a woman's energy needs. She states that “[the mother] uses strength to make milk for baby” (1963:184). Lawrence agrees with Pryor, and affirms that “adequate rest is essential for lactation” (1985:137,202).

iii. BODILY FLUIDS

All three of the books comment on breast feeding and breast milk. In Feeding Children in the First Year Scowen and Wells state that “[nutritionally] breast milk is good for infants” (1982:2 1).

Pryor agrees that since breast milk is nutritionally superior to formula, the baby has a right to mother's milk (1963:11,18). Lawrence believes in the nutritional superiority of breast milk (1985:102). However, she describes the mother's breast in terms of comfort for the baby in addition to the nutritional qualities of breast milk. She states that lactating breasts are warmer than non-lactating breasts, therefore the same warmth is not available to the baby with a non-nursing mother (145).

iv. SELF-ACTUALISATION

Two of the three authors discuss breast feeding and how the mother can achieve self-actualisation through the baby's well-being. Lawrence cites a study that reveals how all women who breast feed do it because it was better for the infant. In fact, very few breast fed their baby for personal gain (1985:176). However, there is "personal gain" for the woman who breast feeds for the sake of her infant's well-being. This selfless act is admirable, and seen as a worthy contribution to society. Therefore, these mothers derive a sense of external esteem from breast feeding. In order to breast feed, Pryor encourages women to take care of themselves for the sake of the nursing baby and the family (1963:188).

2. BREAST FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

i. TIME, ENERGY AND BODILY FLUIDS

Lawrence briefly mentions how it is psychologically beneficial for the mother and the baby to be alone together during breast feeding in order to enjoy the special closeness (1985:150).

Pryor describes how breast feeding is both physical and emotional for mother and baby. For the baby, he has to work hard at getting the milk from the breast, while the mother works hard at making the milk for the baby. Emotionally, both mother and baby experience a rush of emotional energy while breast feeding (Pryor, 1963:7).

Pryor describes how breast feeding benefits both mother and baby. As a mother's breasts become full of milk, she wants to breast feed for the sake of her own comfort. At the same time, the baby is hungry and has an urge to feed (Pryor, 1963:74). The urge to feed and the mother's comfort are translated into love between the mother and the baby (75).

ii. SELF-ACTUALISATION

Since both parties are described as benefiting from breast feeding, all three of the authors comment on breast feeding and achieving self-actualisation. Lawrence believes that "a good experience with breast feeding can ensure intense interaction and synchronous response of giving and taking [between mother and infant]" (1985:153). Skin-to-skin contact helps to establish a special relationship between mother and infant (141,145). Pryor agrees that the mother and baby share a "calm enjoyment" during breast feeding (1963:143). However, Scowen and Wells point out that "[although] for most mothers [breast feeding] is a rewarding experience, [for some] it may have an adverse affect on the baby/mother relationship" (1982:24). This may occur if the mother is tense or uncomfortable about breast feeding (24).

3. BREAST FEEDING: "MOTHER-CENTRED" REFERENCE POINT

i. TIME, ENERGY, AND BODILY FLUIDS

Lawrence and Pryor briefly comment on breast feeding and a woman's time. Lawrence states that "mothers wonder how breast feeding will affect their freedom" (1985:179). However, Pryor maintains that a woman does have some control of her freedom since it is the mother who decides when to give the breast to the baby (1963:141).

None of the authors discuss breast feeding and a woman's energy expenditure from a "mother-centred" reference point.

Pryor believes that, “even a little breast feeding seems to go a long way towards protecting the breasts against cancer (1963:43). However in her book, Lawrence poses the question: is cancer more or less common in women who breast feed? She states that “[a]t one time it had been suggested that nursing protected a woman against breast cancer. This concept was investigated in an international study and shown to be invalid. Breast feeding, however, does not predispose a woman to cancer (1985:104). Scowen and Wells confirm that, “the incident of breast cancer does not appear to be affected by whether a woman breast feeds or not. What seems to matter is the age at which a woman has her first child” (1982:22).

ii. SELF-ACTUALISATION

Scowen and Wells and Lawrence discuss the mothers personality development in tremendous detail with respect to breast feeding. Both authors agree that educated women are more likely to breast feed (Scowen and Wells, 1985:28-29; Lawrence, 1985:149,179). Lawrence found that women who were planning to breast feed had higher radicalism scores (1985:147). However, she also believes that “mothers are made to feel intellectually stagnant and uncreative while breast feeding [by society]” (1985:153). Scowen and Wells cite a study that showed how “some white working-class women did not want to breast feed for fear of being identified with coloured women, among who breast feeding was generally accepted as a matter of course” (1982:29).

Lawrence delves deeply into the characteristics of the breast feeding mother. She believes that “breast feeding depends on the mother’s role and perception of breast feeding as a biological act” (1985:141). According to Lawrence, women planning to breast feed state satisfaction with the female role (149). These women tend to be more oriented toward home life, and want their children to do things typical of children (147). Pryor agrees that women who breast feed are more secure in their “feminine role”. She describes this role as “biological femininity’ (1963:142). She

believes that [l]actation is the final chapter of a woman's biological functioning. It is an oversight to consider (as Kinsey did) that sexual intercourse and its variations are the only significant form of female sexual behaviour. Men, indeed, have only one biological function related to their sex: intercourse. Women have five: the ovarian cycle, intercourse, pregnancy, childbirth, and lactation. Each of these events has a powerful effect on the woman's life (1963:15).

Both Scowen and Wells and Lawrence cite reasons why women may not wish to breast feed their infants. Some women do not breast feed simply because they do not like it or find it distasteful (Scowen and Wells, 1982:29). Modesty, embarrassment, and feelings of shame towards breast feeding also may inhibit women from breast feeding (Scowen and Wells, 1982:29-30; Lawrence, 1985:156,179). Both authors discuss how women often worry about how breast feeding will affect their figures (Lawrence, 1985:178). Fear of obesity, and the development of "droopy breasts" when breast feeding are believed to be "too much of a sacrifice" (Scowen and Wells, 1982:30). Thus, the changing contours of the breast may affect a woman's vanity, self-esteem, and perceived sexual appeal (Scowen and Wells, 1982:30; Lawrence, 1985:153).

4. BOTTLE FEEDING: "CHILD-CENTRED" REFERENCE POINT

i. TIME, ENERGY AND BODILY FLUIDS

None of the authors discuss bottle feeding and a woman's time or energy from a "child-centered" reference point.

Of the three authors, only Pryor briefly comments that the mother should bottle feed only if she is not producing enough milk (1963:13).

ii. SELF-ACTUALISATION

Only Pryor comments on bottle feeding and the lack of psychological involvement of the mother towards the baby. She states that “bottle feeding is a platonic relationship with the baby [since it] does not involve the body” (1963:13). As a result, the baby is only interested in the bottle, not the mother (13).

Lawrence cites studies that show how “bottle feeding mothers prefer their children to be more conservative and other-person oriented” (1985:147). Unlike breast feeding mothers, bottle feeding mothers did not include the infant’s welfare as a reason for bottle feeding (176).

5. BOTTLE FEEDING: “COMPLEMENTARY BENEFITS” REFERENCE POINT

None of the books mention bottle feeding and a woman’s time, energy, bodily fluids, or self-actualisation from a “complementary benefits” reference point. Only Lawrence states that with respect to time, the social interaction between mother and baby is less frequent when bottle feeding (1985:150). Therefore, neither baby nor mother benefit from bottle feeding.

6. BOTTLE FEEDING: “MOTHER-CENTRED” REFERENCE POINT

i. TIME, ENERGY AND BODILY FLUIDS

Pryor believes that the only time that bottle feeding is acceptable is when the mother is “unavoidably unavailable” or for “relief purposes” (i.e.: attending church) (1963:217).

None of the authors discuss bottle feeding and a woman’s energy requirements from a “mother-centred” reference point.

Lawrence and Pryor make brief comments concerning bottle feeding and women’s bodily fluids. Lawrence states that “women who bottle feed have a problem accepting the breast as a source of nourishment” (1985:147). Pryor believes that bottle feeding is only acceptable if the mother is not producing enough milk (after exhausting all possible support resources) (1963:13).

ii. SELF-ACTUALISATION

Lawrence's book discusses the personality of the bottle feeding mother in detail. She cites studies that show how women who wish to bottle feed believed that the "male role" was more satisfying than the "female role" (1985:149). In other words, there was conflict in accepting the 'biological maternal role' of being a mother (147). Other studies claim that bottle feeding women see nursing as a "castrating threat" (147). Pryor uses the term "cultural femininity" to describe women who have problems accepting the "maternal role" and who believe that "man-made technology" such as bottles and formula are liberating (1963:142). She warns the "biological feminine" mother that "[t]he culturally feminine woman tries to discourage others from breast feeding... [and] can become positively insulting in her condemnation of breast feeding" (143).

Lawrence cites studies that found a greater incidence of sexual anomalies in women who bottle feed their infants (1985:147). However, she does state that there are "normal" women who will/can not breast feed their infants (176). Scowen and Wells do not discuss women's sexuality with respect to their infant feeding practices. They make a brief statement about a study that showed how bottle feeding women may be subject to more mood changes associated with menstruation than lactating women (1982:48). Lawrence also discusses the psychophysiological reactions of the mother during breast feeding. She states that "[t]he long term psychophysiological reaction of unrestricted nursing is a more even mood cycle compared to the mood swings associated with ovulation and menstruation" (1985:147).

7. MIXED FEEDINGS: "CHILD-CENTRED" REFERENCE POINT

None of the authors discuss mixed feedings (breast and bottle) with respect to a woman's time, energy, and bodily fluids, or self-actualisation from a "child-centred" reference point.

8. MIXED FEEDINGS: “COMPLEMENTARY BENEFITS” REFERENCE POINT

None of the authors discuss mixed feedings (breast and bottle) with respect to a woman’s time, energy, and bodily fluids, or self-actualisation from a “complementary benefits” reference point.

9. MIXED FEEDINGS: “MOTHER-CENTRED” REFERENCE POINT

None of the authors discuss mixed feedings (breast and bottle) with respect to a woman’s time, energy, and bodily fluids, or self-actualisation from a “mother-centred” reference point

C. DISCUSSION

The general child rearing books within the sample of the health professional literature provided very little information in comparison with the sample of infant feeding books. None of the books in general child rearing discuss breast feeding and a woman’s time, energy, or self-actualisation from a “child-centred” reference point. In terms of breast feeding and time from a “child-centred” reference point, the books on infant feeding briefly mentioned the importance of giving the baby the mother’s “full attention” day and night. In addition, her energy is required to produce milk, and therefore adequate rest is essential.

Two of the four books in general child rearing did mention the quality of mother’s milk from a “child-centred” reference point. Mother’s were warned about the quality of their breast milk (or lack thereof) when consuming coffee, alcohol, cigarettes, and medication. The infant feeding literature discussed the quality of milk from a different perspective. Nutritionally, breast milk was found to be good for infants and superior to formula.

None of the books in general child rearing mention breast feeding and a woman’s time, energy, bodily fluids, or self-actualisation from a “complementary benefits” reference point. All of the above concepts are briefly mentioned in the infant feeding books. Both the psychological and

physical benefits of breast feeding are described for the mother and the baby. Breast feeding is believed to ensure intense interaction between mother and due to the skin-to-skin contact and the time spent breast feeding.

The general child rearing and infant feeding books are both very brief when discussing breast feeding and a woman's time, energy and bodily fluids from a "mother-centred" reference point. However, the sample of infant feeding books does discuss the mothers personality development and self-actualisation in detail. Breast feeding mothers or women who are planning to breast feed tend to be more "home-oriented" and more secure in their "feminine role" (Lawrence, 1982). In general, they are better educated and more secure in their identity as a mother. On the other hand, Lawrence cites studies showing how bottle feeding mothers see nursing as a "castrating threat", and have serious problems accepting their "biological maternal role" (1985:147). Although there are "normal" women who bottle feed their infants, Lawrence cites studies that found a greater incidence of sexual anomalies in women who bottle feed their infants (1985:147).

There is very little information of bottle feeding from a "child-centred" reference point. However, Pryor does comment on bottle feeding and the lack of psychological involvement of the mother towards the baby. She describes bottle feeding as a "platonic relationship" since the baby is only interested in the bottle and not the mother (1963:13).

The assumption that there is less psychological involvement between the mother and the baby is called to question by both general child rearing authors, McCall and Schaeffer. McCall assures women that there are many well-adjusted bottle fed babies and mothers (1979:37). Schaeffer adds that the mothers decision to bottle feed rather than breast feed is unlikely to have any implications for his personality later on in life (1977:12).

There are some similarities between what is written in the health professional literature and the popular literature concerning women's time and energy. All of the authors state that the mother should breast feed on demand. In order to maintain this type of schedule, the mother is encouraged to get plenty of rest. Sleeping together in order to conserve time and energy is advocated in both the literatures.

Both of the literatures discuss breast feeding and body image. The popular literature writes how breast feeding helps the mother to regain her pre-pregnancy figure. Some of the authors in the health professional literature believe that a reason for NOT breast feeding could be because women worry about how breast feeding will negatively affect their figures (i.e.: fear of obesity and "droopy breasts") (Lawrence, 1985; Scowen and Wells, 1982).

The health professional literature and the popular literature both give very little attention to bottle feeding. However, one author from each of the literatures discussed the connection between sexual abuse and breast feeding. According to Kitzinger, a woman who has experienced sexual assault should not have to justify why she does not wish to breast feed (1994:82). Lawrence cites studies which found there to be a greater incident of sexual anomalies in women who bottle feed their infants (1985:147). Both literatures mentioned how women who were comfortable with their "femininity" were most likely to breast feed.

There were many differences between the popular and health professional literatures. The popular literature is much more descriptive and emotionally charged than the health professional literature. In the popular literature, breast feeding is described as a romantic, sensual and empowering experience, while the health professional literature does not make the same connections between breast feeding and sensuality or empowerment.

There is a greater emphasis on breast feeding and good mothering skills in the popular literature. In the popular literature, the breast feeding mother is described as being more intuitive and sensitive to their baby's needs. In the health professional literature, the breast feeding mother is not described in the same capacity.

In the health professional literature, the emphasis is placed on the psychological profile of the bottle feeding mother. She is described as being dissatisfied with the "female role" and sees breast feeding as a "castrating threat" (Lawrence, 1985:147). Bottle feeding women do not believe that breast feeding is empowering. In fact for bottle feeding mothers, "man-made" technologies (culture as opposed to anything biological) such as bottles and formula are viewed as liberating.

However, the health professional literature does recognize that there are "normal" women who do not wish to breast feed, and that the development of the self-actualised person is not hindered by bottle feeding. Overall, both literatures agree that under certain circumstances, bottle feeding is an acceptable alternative.

CHAPTER 7 - DIVERSITY OF THE MOTHER'S SOCIAL SITUATION AND THE ANALYSIS OF THE ROLE OF THE THIRD PARTY IN INFANT FEEDING

A. INTRODUCTION

It is important to examine how the health professional and popular literatures discuss the various support systems which are available to the mother in terms of infant feeding. Therefore, the research question asks: **To what extent, and in what ways (if at all) do the health professional and popular literatures discuss the presence of third parties as a factor contributing to successful infant feeding? What is the role of the third party (if a third party is mentioned) in relation to a mother's choice of infant feeding methods?** The third parties will be categorized as follows: i) A social parent, who may be a biological parent, of the opposite sex (husband); ii) Same-sex social parent (partner, lesbian relationship); iii) Other family support (mother, grandmother, mother-in-law, siblings, "othermothers" etc.); iv) Non-family support (same-sex or opposite sex friend, or other mothers); v) Institutional support (clinics, daycare, community health nurses, doctors, midwives etc.); vi) No mention of a third party/Other.

Categorizing the various support systems available to the mother is a method of analyzing the way in which the mother is situated socially, and examining the diversity of a mother's support system. For each nominal category, I classified every mention of a third party as a positive, negative or neutral statement. In addition, I divided infant feeding into breast feeding and bottle feeding to see how often and in what context both emotional and material support was discussed for women who breast fed as opposed to those who bottle fed. I will begin with the popular literature by discussing what I found in the literature for each of the nominal category. All books from the sample in the popular literature mentioned the presence of third parties as contributors to the successful management of infant feeding.

1. POPULAR LITERATURE

i. SOCIAL/BIOLOGICAL PARENT OF THE OPPOSITE SEX

All four books mentioned the need for a husband/partner as a contributor for successful infant feeding. When the term “partner” was used, it was either always masculine or interchangeable with the term “husband”. Therefore, the popular literature did not acknowledge the possibility of relationships (i.e.: lesbian mothering) other than heterosexual ones.

Of the four books, two mentioned the importance of emotional support being provided by the husband/partner for the breast feeding mother. In The First Year After Childbirth, Sheila Kitzinger quotes one woman as saying, “I could never had done it [breast feeding] without my husband’s support. He believed in me” (1994:96). The LLL authors state that: “[o]f all the sources of encouragement a woman may receive in breast feeding, the support of her baby’s father is the most meaningful to her” (1991:197). Husbands are encouraged to provide understanding and emotional support to the nursing mother for the health and well-being of the entire family (La Leche League. 1991:198). Kitzinger writes that women may give up on breast feeding due to an “unsupportive partner who is embarrassed about breast feeding or one who thinks that her breasts belong to him, not the baby” (1994:82).

The husband/partner’s role is to emotionally support the breast feeding mother. The father, for obvious reasons cannot replace or relieve the mother of her feeding duties. The LLL authors state: “[t]here is no way a father can takeover a mother’s role- breast feeding sees to that” (1991:194). Therefore, in terms of material support, no mention was made of the possibility of the father “replacing” the mother’s responsibility to feed. In addition, these books did not mention the need for emotional support provided by husband/partner for women who bottle feed their infants.

The only book that mentioned the role of the husband/partner in relation to women who practice bottle feeding/mixed feedings was The Complete Mothercare Manual (Shime and Moody, 1990). This book described the role of the husband/partner in terms of material support through the possibility of “substituting” for the mother by allowing him to give the occasional bottle. Shime and Moody suggest that a partner can participate in bottle feeding by preparing the bottle and giving it [to the infant] (1990:83). Mixed feedings (breast and bottle) also allow for the woman’s partner to give the occasional bottle (1990:89).

Thus, according to the popular literature, it would seem that bottle feeding mothers do not need the emotional support of their husbands/partners to bottle feed. Only one of the four books mentions the need for material support through “substitution” for the mother by the father. On the other hand, breast feeding mothers do not require material support from their husband /partners. The only role of the husband/partner in relation to the breast feeding mother is that of emotional support and understanding.

ii. SAME-SEX SOCIAL PARENT

There was no mention of same-sex parenting in any of the books.

iii. OTHER FAMILY SUPPORT (MOTHER, GRANDMOTHER, MOTHER-IN-LAW, SIBLINGS, ETC...)

Two of the books discussed the presence of family support as contributors to the successful management of infant feeding. Lagace-Lambert describes the role of the family in terms of material support for the breast feeding mother. According to Lagace-Lambert, family/relatives should help the mother with her household responsibilities so that she can concentrate on breast feeding (1992:42). It is interesting to note that the husband is exempt from household

responsibilities. This book did not describe the role of the family/relative as a “substitute” for the mother.

However, The Complete Mothercare Manual (1990) did mention the possibility of a relative occasionally substituting for the mother. For example, Shime and Moody state that, “mixed feedings allow for the relative to give the occasional bottle [to the infant]” (1990:89). Material support such as providing help with various household responsibilities, was only discussed for breast feeding mothers, and not for mothers who bottle/mixed feed their infants. None of the books discussed the need for emotionally supporting the nursing or bottle/mixed feeding mothers.

iv. NON-FAMILY SUPPORT (SAME OR OPPOSITE SEX FRIENDS, OTHER MOTHERS)

All of the books described the presence of friends/other nursing mothers as positive influences by offering encouragement to the breast feeding mother. Friends/other mothers were not discussed in this capacity for mothers who bottle feed their infants. The role of friends/other nursing mothers is to provide advice and emotional support to the breast feeding mother.

According to The Womanly Art of Breastfeeding.

[h]ow can we adequately convey to you the tremendous value of being in touch with other nursing mothers? No book about breast feeding can equal talking to an experienced nursing mother and seeing her happy baby. When you know a woman who enjoys being a nursing mother, you have access to a continuous source of information and inspiration (LLL, 1991:35).

The LLL authors mentioned the importance of friends and other nursing mothers to the nursing mother 17 times. Lagace-Lambert also recommends that women who wish to breast feed their infants visit or phone friends who have already breast fed for support and practical advice (1992:32,41). Shime and Moody believe that the help of an experienced and sympathetic friend is

essential until breast feeding is well-established (1990:83). Kitzinger goes one step further to state that, “a woman needs around her other women who have successfully breast fed... who can help with difficulties..., who support her utterly. Then, no matter what challenges she confronts, she can breast feed” (1994:103).

Therefore, friends and other mothers are needed to provide inspiration, advice, and emotional support to the nursing mother. None of the books mentioned the need for friends or other mothers to give advice, or emotional support to women who bottle fed their infants.

v. INSTITUTIONAL SUPPORT (DOCTORS, MIDWIVES, COMMUNITY HEALTH NURSES, CLINICS)

All four books mentioned a mother’s need for institutional support in the management of breast feeding. Two of the books warn nursing mothers that some health professionals are unable to deal with women who may have problems with breast feeding. In The Womanly Art of Breastfeeding it states that, “[a] doctor who has had little opportunity to learn about breast feeding may be readily inclined to take the baby off the breast when treating either you or your baby. Such a move is rarely necessary” (LLL, 1991:25). Kitzinger encourages all health professionals to learn more about breast feeding and how to solve minor problems that mothers may confront. She believes that many women will give up on breast feeding because they have been given incorrect and conflicting advice, in addition to not getting the practical and emotional help they need from health professionals (1994:81).

In fact, two of the authors believed that an important aspect to look for in a health professional is experience with breast feeding. According to the LLL authors, doctors and nurses can be supportive and helpful in nursing, but it is best to choose a doctor/paediatrician/nurse who knows about breast feeding (1991:26). Kitzinger believes that, “a caregiver [she uses this term

interchangeably with health professionals]... is most helpful when she breast fed successfully after overcoming problems, and feels positive about breast feeding" (1994:10). Shime and Moody confirm that, "with the help of an experienced and sympathetic nurse... your confidence will increase and breast feeding should be well established" (1990:83).

Therefore, breast feeding mothers seem to benefit from the emotional support and advice of health professionals who have had experience with breast feeding. However, if the health professional does not have adequate training to deal with the problems that breast feeding mothers may confront, breast feeding may not be successful. Institutional support in the form of emotional support or experience is not mentioned for women who bottle fed their infants.

2. HEALTH PROFESSIONAL LITERATURE

Since none of the books in the sample on child rearing mentioned the presence of third parties as contributors for successful infant feeding, I decided to group all these books together. The era in which the book was written did not seem matter for this sample, as they all discussed aspects of infant feeding in a very similar manner. In the sample of books on infant feeding, all but one mentioned the need for third parties in the successful management of lactation. Thus, the health professional literature differed from the popular literature in that all of the latter (both child rearing and infant feeding books) mentioned the need for third parties in the successful management of lactation.

i. SOCIAL/BIOLOGICAL PARENT OF THE OPPOSITE SEX

The role of the social/biological parent of the opposite sex was mentioned more frequently in the health professional literature than in the popular literature. Unlike the popular literature which used "partner/husband" (always masculine) interchangeably, the only term used in the health professional literature was "husband". Date of publication did not seem to make a difference in

the use of the term “husband”. For example, Pryor’s book Nursing Your Baby, which was published in 1963 used the term “husband”, but so did Lawrence’s book, Guide For the Medical Profession, which was published in 1985.

According to Pryor, the husband plays a pivotal role in the success or failure of breast feeding. She stated that, “[m]any a nursing mother is aware that she has nursed her baby successfully entirely because her husband thought she *should* and knew she *could*... On the other hand, if a husband does not support his wife in breast feeding she will almost certainly fail” (Pryor, 1963:17). Pryor believed that women need their husband’s approval in order to succeed with breast feeding (1963:146). The women reading this book are assured that, “[the husband] likes his wife to nurse their babies, and his enthusiasm for breast feeding may be the one thing that keeps her going in the face of difficulties... he does not want a culturally feminine wife; he wants a real woman” (1963:145). Cultural femininity is associated with bottle feeding in Pryor’s book, Nursing Your Baby (1963).

Scowen and Wells agree with Pryor in that the husband plays an important role in successful breast feeding. They state that: “[i]t may well be that there is therefore nothing to gain from attributing the mother’s choice to external influences. She is much more likely to be influenced by the husband...” (Scowen and Wells, 1982:29). Lawrence agrees that, “the husband influences rate of success, rate of weaning and mothers attitude towards breast feeding” (1985:149).

Like the popular literature, the health professional literature describes the role of the husband in terms of emotional support as opposed to material support for the mother. According to Pryor, husbands are not valuable for material support to the mother. She assumes that, “[i]t may take him [the husband] four times as long as it takes you to clean up the kitchen or put a few loads of

laundry through the machine. All too soon you will find yourself helping out and getting over tired, which is bad for your morale and your milk” (Pryor, 1963:158).

As in the popular literature, the husband is not described as a “substitute” for the breast feeding mother in the health professional literature. For women who use the occasional bottle to feed their infants, Lawrence was the only one who mentioned that, “the father may have to bottle feed while mother sleeps” (1985:202). The husband’s role (either emotional and/or material) for women who bottle feed their infants was not mentioned in any of the books.

ii. SAME-SEX SOCIAL PARENT

There was no mention of same-sex social parent relationships.

iii. and iv. OTHER FAMILY AND NON-FAMILY SUPPORT

Analytically, family and non-family support were two separate categories. However in many ways, the health professional literature treats these two categories similarly. In the popular literature, friends, family and other mothers were described as emotional and material assets for the nursing mother. In the health professional literature, friends/family are not always perceived in such a positive light. For example, Pryor warns that friends and family may be skeptical and derogatory towards breast feeding. She cautions the woman who wishes to breast feed that even her own mother, “although gushing with praise, cannot quite conceal a feeling of disgust at the act of nursing”, and her best friend may reveal that, “she herself would not dream of breast feeding” (1963:137).

Lawrence agrees that friends and family influence infant feeding practices. However, friends were a greater influence than was family. For example, Lawrence’s book stated that “a grandmother’s interest did not influence a mother’s decision to nurse as frequently as did a friend’s (peer’s) decision to bottlefeed” (1985:149). In the Chapter “Why Women Choose Not To

Breast Feed,” Scowen and Wells also acknowledge that many women are influenced by the attitudes of their friends, family and neighbours (1982:30). In general, the health professional literature (both recent and not so recent publications) suggests that family and friends can undermine a mothers wishes to breast feed, while the popular literature only describes family and friends as good sources of emotional support for breast feeding.

Although friends and family may dissuade a mother from breast feeding by being emotionally unavailable, Pryor does believe that family can help the breast feeding mother by offering material support. Since Pryor believes that the husband is a poor source of material support in terms of household help, she suggests that, “the nicest baby presents a grandmother can give is the money for a few weeks of paid household help” (1963:158).

Unlike the one book in the sample of popular literature which described the possibility of mixed feedings done by a relative (Shime and Moody, 1990:89), neither emotional nor material support by friends/family for women who bottle feed were discussed in any of the health professional literature.

V. INSTITUTIONAL SUPPORT

Institutional support was discussed within the health professional literature in much more detail than in the popular literature. Pryor describes institutional support in terms of trained nurses, lactation nurses, relactation clinics, visiting nurses, and “crusading” pediatricians as positive influences for the successful management of lactation (1963:104,110,111). Like Pryor, Lawrence mentions lactation consultants, visiting nurses, and pediatricians as playing pivotal roles in the successful maintenance of lactation (1985:12).

However, Pryor, Scowen and Wells, and Lawrence warn women that they must choose their health professionals carefully. Pryor cautions women about “biased” obstetricians, and describes

some doctors as “sabotagers of breast feeding” (1963:86). These doctors find breast feeding to be unpleasant, and therefore try to discourage women from trying it (86). Scowen and Wells found that:

[m]any doctors, midwives and health visitors dislike discussing breast feeding unless the mother wants to. In the 1975 study inquiry relatively few women had discussed feeding at the antenatal clinic, only a third of them said they had been shown how to express their milk before they left the hospital, while a third said they had been given conflicting advice, usually about the management of breast feeding (1982:30).

Pryor described the attitude of the medical profession towards breast feeding as “incredibly apathetic” (1963:86). Like the popular literature, the health professional literature recognizes that professionals are not equipped to deal with women who have problems with breast feeding. Scowen and Wells point out that, “many doctors, midwives and health visitors have had no training in the management of breast feeding and no training to equip them to help the mother through her difficulties” (1982:30-31), Lawrence writes that,

[s]tudents of paediatrics received no formal training in the management of breast-feeding and were thus ill prepared to counsel a mother who wished to nurse. Furthermore, if the process did not go smoothly and was not easily managed by the mother alone, the paediatrician was at a loss to help... When the natural process of human lactation presented a question or a concern to the physician, the advice was frequently to wean the infant to a formula that could be clinically measured and volumetrically controlled with scientific precision (1985:1).

Lawrence also cites a study in 1977 which suggests that the rapid decline in the duration of breast feeding was due to the lack of appropriate advice, and psychological support while in the hospital (1985:10-11). Therefore, she believes that, “the medical profession should be prepared with adequate Information to support the mother’s desire to breast feed” (6). According to both Lawrence and Pryor, health professionals should offer non-conflicting advice and emotional

support to the woman who wishes to breast feed. They do not discuss the need for advice or emotional support for the woman who wishes to bottle feed her infant.

Scowen and Wells believe that the role of the health professional with respect to infant feeding should be as nonjudgmental resource people. They state that “[i]t is not the business of health professional advisors to approve or disapprove of a women’s decision (to breast or bottle feed) but rather to make her aware of the facts and give her support in whatever choice she makes” (1982:21). They are the only authors who mention the need for health professionals to give advice to bottle feeding mothers. They believe that, “a health visitor should visit the [bottle feeding] mother and give her a practical demonstration of correct sterilization” (1982:53).

vi. OTHER

Unlike all of the popular literature sampled, one book in the health professional literature discussed the concept of socialization as a contributing factor to the successful management of lactation. In general, socialization is defined as, “the complex learning process though which individuals develop selfhood and acquire the knowledge, skills, and motivation required for participation in social life” (Mackie, 1991:75). Therefore, Scowen and Wells point out that “education about breast feeding might usefully be carried out in schools equally among girls and boys, in view of the influence men appear to have on many women’s choices. Women seem to be insufficiently prepared for childbirth and breast feeding and more positive efforts are required to educate them in pregnancy” (1982:31).

Scowen and Wells do not believe that breast feeding is instinctual or that every woman has the inherent ability to breast feed. They seem to imply that breast feeding is a learned behaviour, since they note that a high proportion of women who successfully breast fed were themselves breast fed, and were influenced in their choice by their mothers (Scowen and Wells, 1982:33).

Although the authors discuss external influences and a woman's choice to breast or bottle feed, they warn against simplistic conclusions with respect to a mother's infant feeding practices. They conclude that, "successful breast feeding is the result of a complex interplay of physical and emotional factors and a woman's choice is likely to be based on equally complicated influences, so simplistic notions of cause and effect are likely to do more harm than good" (1982:28).

B. DISCUSSION

There were many similarities between the discussions of the contribution and role of third parties in the successful management of infant feeding in the popular and the health professional literature. The terminology used to describe the social/biological parent of the child was very similar in both of the literatures. The health professional literature consistently (year of publication did not make a difference) used the term "husband", while the popular literature did use "husband" and "partner" interchangeably. However, when the term "partner" was used, it always referred to a male rather than a female partner. Therefore, the mother is described as being socially situated in a heterosexual relationship, as opposed to any other type of relationship such as lesbian mothering.

Although the role of the husband was mentioned more frequently in the health professional literature, both of the literatures described the role of the husband/partner as being pivotal for the success or failure of breast feeding. If the husband/partner approves of breast feeding, the mother who wishes to breast feed will most likely succeed. However, if the husband/partner disapproves of breast feeding, the woman who wishes to breast feed will most likely fail.

The role of the husband/partner in both samples of literature is described in terms of emotional support for the breast feeding mother. Husbands are not described as offering practical advice to the nursing mother. The husband is not described in terms of offering material support

to the breast feeding mother in either the popular and health professional literatures. In fact, one book in the health professional literature describes the husband as a nuisance to the mother when it comes to household help.

For women who practice bottle feeding or mix feedings (breast and bottle), the husband/partner is described in terms of material support. In both of the literatures, the father can make, and give an occasional bottle instead of the mother. Thus, the role of the husband/partner is one of “substitution” of the mother when bottle feeding. However, this type of material support is mentioned infrequently in both of the literatures. The making and giving of the occasional bottle by the father is only mentioned twice in one of the popular literature books (The Complete Mothercare Manual (1990), and once in one of the health professional literature books (Breastfeeding: A Guide for the Medical Profession, 1985). Neither of the literatures describe the role of the husband/partner as offering emotional support or help with household duties to the woman who bottle/mixed feeds her infant.

The contributions and role of other family and non-family support differed tremendously between the popular and health professional literatures. Within the popular literature, friends and family were discussed as good sources of emotional and material support for the breast feeding mother. The breast feeding mother was described as needing other breast feeding mothers for advice, inspiration and emotional support. Family and friends can help with the housework (husband is exempt from household responsibilities) while the mother breast feeds. Therefore, friends and family are generally good sources of emotional and material support for the breast feeding mother.

For the woman who bottle feeds or uses mix feedings, a relative can offer material support by being a “substitute” for the mother, giving the occasional bottle to the infant. However,

emotional support and advice for the bottle feeding mother is not discussed in the popular literature.

On the other hand, the health professional literature suggests that friends and family could undermine a woman's desire to breast feed by being emotionally unavailable. However, family can provide material support to the breast feeding mother by giving her enough money to pay for a couple of weeks of household help. Unlike the popular literature, the possibility of mixed feedings done by relatives or friends is not discussed in the health professional literature. Like the popular literature, emotional support, inspiration, or advice about bottle feeding by friends or relatives is not discussed within the health professional literature.

Institutional support was discussed within the health professional literature in much more detail than in the popular literature. However, both support and lack thereof by health professional was discussed in both of the literatures in a very similar manner. Both of the literatures mentioned the support of lactation nurses, lactation consultants, visiting nurses, midwives, and some doctors as positive influences for the successful management of lactation. However, both of the literatures agreed that most health professional are not trained, and thus not equipped to help women who have problems with breast feeding. Often these health professional are the bearers of conflicting and incorrect advice, which in turn sabotages a mother's desire to breast feed. Therefore, both literatures warn women to choose their health professionals carefully.

Unlike the popular literature, one book of the four within the sample of the health professional literature discussed the need for institutional support in the form of advice to women who bottle feed their infants. Feeding Children in the First Year (1982) suggested that a visiting nurse should give a practical demonstration of how to sterilize bottles properly.

Unlike the popular literature, one book in the health professional literature discussed the role and impact of external factors such as socialization on the management of breast feeding. Feeding Children in the First Year (1982) suggests that early education of breast feeding in schools for both boys and girls would be beneficial in “normalizing” breast feeding. They also suggest that childbirth classes should have more information on breast feeding in hopes of preparing women for the experience of breast feeding.

CHAPTER 8- DISCUSSION

The purpose of this chapter is twofold. First, I will briefly review the results of the previous chapters of how the popular and health professional literatures discuss infant feeding (with respect to the three research questions). Second, I will integrate the theoretical concepts of alienation, appropriation, self-actualisation, and diversity in an attempt to explain how the results may affect women (as individuals and as a group) in their roles as mothers.

Research Question One asks: **How do the health professional and popular literatures address the advantages and disadvantages associated with particular methods of infant feeding?**

There are many similarities in the discussion of the advantages and disadvantages associated with particular methods of infant feeding between the popular literature and the health professional literature. However, the descriptions within the popular literature concerning infant feeding were much more passionately and emotionally written than those in the health professional literature.

In the popular literature, the La Leche League authors used the word “comforting” seven times, and “natural” ten times to describe the advantages of breast feeding. Kitzinger and Lagace-Lambert also used the word “comforting”, and Kitzinger and Moody and Shime used “natural” when describing breast feeding. In the health professional literature, Lawrence too used the word “natural” to describe breast feeding, while Pryor used evaluative terms to describe breast feeding. She claimed that not only is breast feeding “the right” and “virtuous thing to do” (Pryor, 1963:5), but that the baby has an “inalienable right to mother’s milk” (18).

None of the authors in either the popular or health professional literatures discussed the advantages associated with bottle feeding by using terms that relate to emotion or affect. In the

popular literature, Lagace-Lambert used the terminology “aspect of bottle feeding” rather than “advantages of bottle feeding”. It seems that breast feeding is viewed as something that is advantageous because it is “natural” or “normal”, while bottle feeding is an “artificial substitute” that is an “unnatural” and “abnormal” *aspect*, not advantage of infant feeding.

Describing the advantages of breast feeding in terms of physical health, the La Leche League authors used the phrase “nutritionally breast is best” and breast milk is “superior nutrition” six times. Lagace-Lambert used the phrase “breast is best” three times, and “exceptional food” once to describe the nutritional quality of human milk. In the health professional literature, Willis used the phrase “the superiority of human milk” to describe the physical benefits of breast milk.

Both the popular and health professional literatures discussed the nutritional composition of milk. They mention the importance of long chain fatty acids for the development of the brain, and taurine for retina stability. Both literatures frequently discussed how breast milk is easily digestible and therefore constipation and diarrhea are not problematic for breast fed babies. In terms of the bowel movements of breast fed babies, the literatures described the bowel movements as “sweet smelling” or “not unpleasant smelling”.

Both literatures discussed the advantages of breast feeding from an immunological/health related reference point. For example, the La Leche League authors stated eleven times that breast feeding will “safeguard [the infant] against infection”. Both Lagace-Lambert (five times) and Moody and Shime (once) echoed this phrase. In the health professional literature, Lawrence (four times), Scowen and Wells (once), Willis (once), and Pryor (once) also discussed how breast fed infants had a “lower susceptibility to infection”. The La Leche League authors (eleven times), Lagace-Lambert (five times), and Moody and Shime (twice) mentioned that breast-fed babies had a “decrease incident of infantile allergies”. In the health professional literature, Lawrence (four

times), Scowen and Wells (once), and Pryor (once) discussed how breast fed babies were protected against allergies.

In terms of convenience, ease or facility both the popular literature and the health professional literature agreed that there were no disadvantages to breast feeding since the feed and the baby are always together. In fact, there were no real disadvantages of breast feeding. However, some of the "problems" with breast feeding discussed included "problem breasts" such as those inflicted with mastitis, blocked ducts, cracked or bleeding nipples, inverted or flat nipples etc... all of which could be remedied with proper professional help.

Whereas virtually no advantages of bottle feeding were discussed in the literatures, a tremendous amount was written about the associated disadvantages of bottle feeding. In terms of physical health, the popular literature stated that formula fed babies are at a greater risk of dying. The books in the health professional literature sample also mentioned that formula fed babies had increased mortality and morbidity rates, increased risk of infection, disease, allergies, and infantile and adult obesity.

In terms of convenience, ease or facility, formulas were expensive, could spoil, and the baby could choke on the milk from the bottle if left unattended by the mother. In fact bottle feeding was described in such a negative light that author Shan Evans attributed her choice to breast feed to her "complete lack of confidence in my ability to cope with- or even remember- all the mixing, measuring, and sterilizing you have to be so scrupulous about it if you bottle feed. In short, I thought my chances of poisoning, choking, or otherwise damaging the infant were that much less if I breast fed" (1984:49).

There was only a very partial picture given in the literatures concerning the advantages and disadvantages associated with particular methods of infant feeding. All of the books seemed to

either omit the discussion of bottle feeding, or emphasized every possible ill-effect of bottle feeding, proven or otherwise. For example, the literatures cited studies that showed bottle fed babies as having a higher disease and death rate compared to breast fed babies. However, they did not mention that healthy infants would continue to breast feed, whereas infants who were not healthy, or became unhealthy, were likely to be switched to partial or complete breast-milk substitute. Therefore, the statistical comparisons between breast and bottle fed babies might be biased, with more unhealthy babies moving into the bottle fed group (Adelman, 1983:115).

They also tended to minimize the disadvantages of breast feeding. According to Shan Evans, some of the disadvantages that were not mentioned in most infant feeding literature include: “[t]he baby will need feeding much more often- some want ten or twelve feeds a day at first. If a woman- or the people she lives with- is embarrassed by the thought of breast feeding, she could easily spend half her time cooped up with the baby, away from visitors and other adult company. It’s more difficult to go out alone and it can be more difficult to share child care” (1984:51).

A negative evaluation, omission from discussion, and/or emphasizing the negative aspects of a particular method of infant feeding, could lead to alienation of the mother who utilize the unpopular method, from her body, other women and society. When breast feeding is supported by the medical community, and society, the social pressure to breast feed becomes enormous. It creates a kind of subculture in which membership is required. Those who do not breast feed are alienated from other mothers who do, and from a society which supports and “encourages” breast feeding, while disregarding all other options. Thus, mothers who do not follow the dominant ideology concerning the “best”, “most natural” and “convenient” method of infant feeding, become alienated from other women and society.

However, women who use the advocated method of infant feeding, according to the literatures, also suffer from alienation. Control over infant feeding practices remains in the hands of (mostly male) experts or health professionals who have the power to create trends and ideologies concerning infant feeding.

According to Gordon, “[i]n North America the decisions made by the vast majority of women about the way in which they will feed their newborns... comes from the latest ‘scientific’ orientation of the medical profession” (1989:10). As Thurer explains, science “undermined mothers’ confidence in themselves; and it placed mothers under the thumb of self-appointed- usually male- experts” (1994:226). The latest “scientific” orientation finds its medium within the health professional literature and to a certain degree within the popular literature. Since control over infant feeding practices remain in the hands of (mostly male) experts or health professionals, mothers have never gained control over infant feeding.

The responsibility of the mother to provide “the best” for her infant is predetermined by the ideologies surrounding the roles and obligations of motherhood. In the popular and health professional literatures, “the best”, “most natural” and “convenient” method of infant feeding is believed to be breast feeding. On the other hand bottle feeding is described as being a “distant second choice”, “unnatural” and sometimes “inconvenient” method of infant feeding.

Research Question Two asks: **Are particular characteristics attributed to women on the basis of their method(s) of infant feeding?**

TIME AND ENERGY

There were some similarities between what was written in the health professional literature and the popular literature concerning women’s time and energy. All of the authors stated that the mother should “breast feed on demand”. In the popular literature, breast feeding on demand was

believed to make the mother more attuned to her baby's needs. According to Lagace-Lambert, "frequent feedings allows you to respond to your baby's unique need for warmth and affection" (1992:45).

The baby required the breast feeding mother's full-time attention. In the popular literature, Lagace-Lambert suggested that the mother should get organized so that the rest of her life fits in with the breast feeding schedule (1992:41). In addition, the mother should "set [her] agenda on [her] baby's needs and wants and forget the rest of the world for the first critical weeks or months" (41). The La Leche League authors also stressed that the baby was more important than other time commitments (1991:87). In the health professional literature, the mother was also described as being continuously needed by the infant. In Nursing Your Baby (1963), Karen Pryor stated that the mother "must give herself to the baby. She must let the baby set the pace..." (1963:15).

In terms of energy, the La Leche League authors believed that it was the mothers responsibility to ensure good health. They claimed that keeping in good health while nursing was an important part of being a good mother (1991:230). In the health professional literature, Lawrence affirmed that "adequate rest is essential for lactation" (1985:187, 202).

Bottle feeding was not given nearly as much attention as breast feeding in either the popular or health professional literatures. When it was discussed, it was usually portrayed in a negative manner. In the popular literature, the bottle fed baby was described as not receiving the same immediate and positive reinforcement of their cues that a breast fed baby did since the bottle feeding mother must divert her attention away from her baby to an object (the preparation of the bottle). In the health professional literature, Lawrence stated that with respect to time, the social interaction between mother and baby was less frequent when bottle feeding (1985:150).

Therefore, neither baby nor mother benefited from bottle feeding. Pryor believed that the only time bottle feeding was acceptable was if the mother was “unavoidably unavailable” or for “relief purposes” (i.e.: attending church) (1963:217).

According to Guillamin, “[t]ime is explicitly appropriated in the marriage ‘contract’ in so far as there is no measure of time and no limit placed on its use” (1995:181). The same could be said for breast feeding since there is no specified time limit for this “womanly art”. Women are expected to breast feed their infants, and are instructed to take care of themselves in order to ensure adequate lactation, for the sake of the infant and for the good of society (producing healthy babies). Thus, the concept of “breast feeding on demand”, whereby a mother is to feed the infant whenever, however often, and for as long as the infant “demands” the breast, is a perfect illustration of the appropriation of women’s time and energy.

There is little agreement in the infant feeding literature about whether bottle feeding or breast feeding takes more of a woman’s time and energy. However, by not discussing bottle feeding or only discussing bottle feeding in a negative manner, implies that breast feeding is preferable to any other method of infant feeding. However, it can be financially and emotionally unrealistic for many women to forget other commitments and schedule their lives around breast feeding.

I am not suggesting that bottle feeding is the solution to ending the appropriation of women’s time in infant feeding. Even though bottle feeding can be done by virtually anyone, it is usually the mother’s responsibility both to provide the breast-milk substitute and to feed the infant. However, bottle feeding may allow for some flexibility. For example, in Alice Walker’s novel Meridian (1976), the main character chooses to enlist the help of an “othermother” for her child, while she finishes her education, participates in the civil rights movement and finally takes responsibility for the children in a small southern town. According to Christian, the main character Meridian

engages in “a quest that will take her beyond the society’s narrow meaning of the word *mother* as a physical state and expand its meaning to those who create, nurture, and save life in social and psychological as well as physical terms” (1985:242).

However, according to Guillamin, the appropriation of time does not just concern the mother, but also “*members of the group of women in general*, since, in fact, mothers, sisters, grandmothers, daughters, aunts, etc., who have made no individual contact with the husband, the ‘head’ of the family, contribute to the maintenance and upkeep of his property” (1995:182). Men are described as being unavailable to provide material support to women (i.e.: household help), to enlist the help other women for infant feeding may be contributing to the appropriation of women as a group. However it may also to a certain degree relieve the mother from this unavoidable, and high-frequency task.

BODILY FLUIDS

Both the popular and health professional literatures discussed the importance of breast milk for the baby and the mother. In the popular literature, the La Leche League authors stressed to the mother that, “[her] milk is important to [the] baby” (1991:357). They added that, “[breastfeeding] is a small miracle, belonging rightfully to mothers, babies, and families the world over” (1991:388). Therefore, Lagace-Lambert believed that, “all women should be enabled to practice exclusive breast feeding and all infants should be fed exclusively on breast milk from birth until four to six months [of age]” (1992:33). In the health professional literature, three of the authors discussed “the nutritional superiority of breast milk”.

In the popular and the professional literatures, a mother might not be able breast feed if she did not have an adequate milk supply. Even then, the popular literature explained that mothers would

not have to “give up” breast feeding if only they knew how to increase their milk supply (Kitzinger, 1994:82).

When breast milk is described as being important or “belonging rightfully” to the baby and other family members, and nutritionally superior to formula, then it becomes the mother’s responsibility to provide the milk. However, the responsibility to provide breast milk is often a decision that is made by the husband or the medical community. According to Shan Evans, “several women’s experiences suggested that doctors who push breast feeding will often accept ‘My husband won’t hear of it’ without question- a man has a right, apparently, to decide what is permissible for the body he married and his rights come before the baby’s” (1984:51). In 1968, the La Leche League believed that if a husband was unalterably opposed to breast feeding, the wife should not attempt it (cited in Gorham and Andrews, 1990:250). More recent literature from the La Leche League is placing a deliberate emphasis on fatherhood, perhaps in the hope of making breast feeding more acceptable to men.

However, the converse situation may also occur. If the doctor “pushes” breast feeding, the husband may demand that the wife provide the milk for the benefit of his child. Fathers may believe that the baby has a right to breast milk since it is “nutritionally superior”- and they are in a position to enforce their beliefs. As Guillamin points out, “[w]e know that children belong to the father... [t]he ownership of children, a ‘production’ of women, in the last resort is juridically in the hands of men” (1995:183). This illustrates the concept of *individual appropriation*, whereby a man has direct control over the products of a woman’s body (in this case, her milk).

However, in addition to individual appropriation, there exists collective appropriation of women’s bodily products. Mothers may be pressured into breast feeding by individuals outside of the marriage contract, because of the literature and social policies that overwhelming support

breast feeding. If the social pressure to breast feed comes from the medical community, which is often reflected in the popular and health professional literatures, then in addition to fathers, physicians and other health professionals are in a position to enforce their authority on the subject. If, according to the popular and health professional literatures, the majority of mothers should/must breast feed, then it is the responsibility of mothers to provide the milk for the good of society (producing healthy babies).

SELF-ACTUALISATION

The popular and health professional literatures both discussed in detail the social and/or psychological effects that breast feeding had on the development of women's self-actualisation. Both literatures discussed a woman's perceived self-worth and self-esteem in relation to breast feeding. In terms of physical health, women often worried about how breast feeding would affect their figures. In a society that worships "thinness", regaining one's pre-pregnancy shape was an important aspect of a woman's self-esteem. The need for a sense of esteem was one of the prerequisites of achieving self-actualisation.

In terms of self-esteem, breast feeding mothers were described as being intelligent women (more educated than bottle feeding mothers). In the health professional literature, it was "working-class women" who did not want to breast feed for fear of being identified with "coloured women" (Scowen and Wells, 1982:29). Therefore, breast feeding, higher education, and upper or middle-class status were interrelated; while bottle feeding, being less educated, and coming from a working-class background were grouped together.

Breast feeding women were also described as being very comfortable with their "feminine" role. The La Leche League authors described nursing as a sensual experience that was an expression of a woman's femininity. They wrote, "[s]uckling a baby, for the woman who accepts and enjoys her

femininity, is a particularly moving experience... It brings peace, contentment, fulfillment to the whole body and personality" (1991:387). In the health professional literature Pryor agreed that women who breast feed were more secure in their "feminine role", and Lawrence added that "breast feeding depends on the mother's role and perception of breast feeding as a biological act" (1985:141). The feeling of emotional security was a prerequisite towards the development of self-actualisation.

Psychologically, breast feeding was described as giving the mother a sense of being loved and needed. For example, the La Leche League authors quote one mother from Ontario, Canada as saying, "[nursing] showed me how much I was needed and loved... I am a different person now..." (1991:16). Lawrence adds that "a good experience with breast feeding can ensure intense interaction and synchronous response of giving and taking [between mother and infant]" (1985:153). The feeling of belonging and being loved was a prerequisite towards the development of self actualisation.

Although most of the authors in the popular and health professional literatures agreed that it was possible to form a solid mother-infant relationship through bottle feeding, on the whole, it was not presented as an experience that would help satisfy self-actualisation.

In the popular literature, Shime and Moody wrote that "it is the care and affection you give your baby, not the feed... the emotional needs [of the infants] can be satisfied with bottle feeding" (1990:83). They also encouraged women to not feel guilty about bottle feeding and to enjoy these intimate times with their baby (1990:92).

In fact, most of what was written about bottle feeding had negative connotations. For example in the health professional literature, women who bottle feed were described as having a "platonic relationship with the baby [since it] does not involve the body" (Pryor, 1963:13). The relationship

is not a “real” relationship because the baby does not need the mother- the baby needs the bottle. Therefore, the feeling of being needed and loved could be considered absent for the woman who practiced bottle feeding.

Bottle feeding mothers were described as having serious problems accepting their “biological maternal role”. Lawrence cited studies showing how bottle feeding mothers see nursing as a “castrating threat”, and how women who wished to bottle feed believed that the “male role” was more satisfying than the “female role” (1985:147-149). Although there were “normal” women who bottle feed their infants, both the popular and the health professional literatures cited studies that found a greater incidence of sexual anomalies in women who bottle feed their infants (Kitzinger, 1994:82; Lawrence, 1985:147). Plagued with so many problems and insecurities (according to the literatures), the bottle feeding mother may never achieve the internal and external esteem needed to become a self-actualised individual.

Overall the literatures portrayed breast feeding in a very positive manner. Women who breast feed were encouraged to relax, and forget all commitments other than feeding the infant. They were assured that they were providing the best possible nutrition to their baby by breast feeding. They were described as being intelligent, emotionally stable, and secure in their role as a mother. They had all the prerequisites of becoming a self-actualised individual.

On the other hand, bottle feeding mothers were not given as much attention, and when they were, it was usually in a negative manner. In terms of time, the bottle feeding mother was described as providing less social interaction to her infant. She was also described as being incapable of giving immediate positive reinforcement to her infant. Her relationship with the infant was “platonic” or somehow less important to the baby. In her personal life, she was more likely to

be dissatisfied with the “female role” and found nursing to be a “castrating threat”. Against these odds, the bottle feeding mother may never achieve self-actualisation.

It is interesting that the literature places so much emphasis on the mother’s characteristics and none on the father’s when discussing breast feeding. For example, many of the books discussed how fathers may become jealous of breast feeding because they feel excluded. The answer given to this problem is often: if the father were to burp the baby, change the diaper, put the baby to sleep, and cuddle the baby, while the mother breast feeds, he would be considered the primary caregiver. However, if a woman does not breast feed (although she is still usually responsible for bottle feeding), but burps the baby, changes the diaper, puts the baby to sleep, and gives the baby love, she is still portrayed as a person who is uncomfortable with her femininity.

Research Question Three asks: To what extent, and in what ways (if at all) do the health professional and popular literatures discuss the presence of third parties as a factor contributing to successful infant feeding? What is the role of the third party (if a third party is mentioned) in relation to a mother’s choice of infant feeding methods?

EMOTIONAL SUPPORT

Neither the popular nor the health professional literature addressed the diversity and complexity of women’s social situation in relation to infant feeding. The popular and health professional literatures socially situate the mother in a white, middle-class, heterosexual relationship. The husband is portrayed as being the single most important factor for successful breast feeding. In fact, the husband’s emotional support is often described as being paramount to the success of breast feeding. Pryor states that “if a husband does not support his wife in breast feeding she will almost certainly fail” (1963:17). Once again, the attitude of husbands towards breast feeding as described by Pryor does not seem to be related to the attitude towards breast feeding at the time

of publication. For example, twenty years later, Scowen and Wells believe that in terms of breast feeding: “[i]t may well be that there is therefore nothing to gain from attributing the mother’s choice to external influences. She is much more likely to be influenced by the husband...” (Scowen and Wells, 1982:29).

Although, in the popular literature, friends and family were described as emotional assets to the breast feeding mother, the role of the husband/partner was most important for a woman’s success or failure in breast feeding. Kitzyger quotes one woman as saying, “I could never had done it [breast feeding] without my husband’s support. He believed in me” (1994:96). The La Leche League confirms that: [o]f all the sources of encouragement a woman may receive in breast feeding, the support of her baby’s father is the most meaningful to her” (1991:197). Therefore, breast feeding seems to represent a strengthening of the nuclear family, which represents the normative, and preferred role for both men and women in capitalist patriarchal society.

Since both samples of literatures assume full paternal emotional participation (but not as a “substitute” for the mother), in addition to twenty-four hour biological mothering, the diversity of experience of many women is ignored. For example, in African-American communities, an integral part of child care was that of communal mothering. Patricia Hill Collins used the term “othermothering” to describe the importance of shared mothering, as opposed to assigning full responsibility of child care to the biological mother (1992:2 19).

The failure to mention other possible child care arrangements by the authors in the sample of literature could be because first, any other arrangement is viewed as being a possible threat to the nuclear family arrangement; and second, the infant feeding discourse contributes to racist culture. Breast feeding is described as an experience that is suppose to strengthen marriage, and the nuclear family. According to Werz and Wertz “togetherness was for husband and wife only; it did

not include female friends and relatives,... who had traditionally helped in birth” (1989:186), particularly among racial minority and immigrant women.

Perhaps this is why in the health professional literature, friends and relatives were described as being unable to provide emotional support to the breast feeding mother. Pryor cautions the woman who wishes to breast feed that even her own mother, “although gushing with praise, cannot quite conceal a feeling of disgust at the act of nursing”, and her best friend may reveal that “she herself would not dream of breast feeding” (1963:137). Lawrence discussed how “peer pressure” can influence a woman to bottle feed as oppose to breast feeding her infant (1985:149).

On the other hand, bottle feeding does not seem to strengthen the ties within the nuclear family since in theory anyone can bottle feed an infant. The mother can be “substituted” for by friends, family, neighbours, or even the father of the infant. The role of the wife as a mother is no longer clearly defined when a woman bottle feeds her infant. For example, if a woman breast feeds, “[t]here is no way a father can takeover a mother’s role- breast feeding sees to that” (La Leche League, 1991:194). However, if a woman bottle feeds her infant, the father (or anyone else for that matter) can “takeover a mothers role”. In addition to familial support, Collins discussed how child-care responsibilities often extended beyond to include “fictive kin”, such as neighbours and friends (1992:220).

However, in the brief discussion of bottle feeding in the popular and health professional literatures, the role of the third party is only as an occasional “substitute” for the mother. For example, in the popular literature, mixed feedings (breast and bottle) allow for the woman’s partner to give the *occasional* bottle [my italics] (Moody and Shime, 1990:89). In the health professional literature, Lawrence was the only author who mentioned that, “the father may have

to bottle feed while mother sleeps” (1985:202). Once again, a temporary measure until the mother can resume her full-time child care responsibilities.

Perhaps the lack of discussion concerning bottle feeding is not only to promote breast feeding for the sake of the infant’s well-being, but also to secure the notion that “a woman’s place in the home”. Unfortunately, for women who are not in a middle-class socioeconomic position, and do not have the full paternal participation needed for successful breast feeding, there is very little information concerning bottle feeding as a method of infant feeding or care.

Institutional support for the breast feeding mother was discussed within the health professional literature in much more detail than in the popular literature. Institutional support was described by both the popular and the health professional literatures in terms of trained nurses, lactation nurses, relactation clinics, visiting nurses, and “crusading” pediatricians. These “caregivers” were believed to be positive influences for the successful management of lactation.

However, both literatures also agreed that most health professional were not trained, and thus not equipped to help women who had problems with rapid decline in the duration of breast feeding was due to the lack of appropriate advice, and psychological support while in the hospital (1985:10-11). Therefore, she believed that “the medical profession should be prepared with adequate information to support the mother’s desire to breast feed” (1985:6)

None of the authors in the sample of popular literature discussed the need for institutional support for the mother who practiced bottle feeding. In the health professional literature, only Scowen and Wells mentioned the need for health professionals to give advice to bottle feeding mothers. They believed that a health visitor should visit the [bottle feeding] mother and give her a practical demonstration of correct sterilization” (1982:53).

The lack of institutional support for bottle feeding mothers, coupled with warnings of how health professionals can sabotage breast feeding could have dire consequences on the infant's well-being. First, mothers may be reluctant to ask their health care provider for advice, given that all of the books discuss how ill-equipped they are to give correct advice. For example, on July 22, 1994 *The Wall Street Journal* published a story called "Dying for Milk: Some Mothers, Trying in Vain to Breast feed Starve Their Infants". New mother Pam Floyd and her husband followed the advice of "breast feeding experts" and books in an attempt to overcome her initial difficulties with breast feeding. However, by the end of the first week her son Chaz had taken in so little fluid, that he suffered from permanent brain damage.

Second, if mothers are not informed about proper hygiene in bottle feeding, the infant's well-being is jeopardized. Scowen and Wells state that "[t]he two most dangerous hazards of bottle feeding are inadequate hygiene and failure to follow the dried milk powder manufacturer's instructions (1982:53). These problems can be easily avoided by providing institutional support for women who bottle feed.

Theoretically, the overwhelming degree of institutional support for the breast feeding mother, and the lack thereof for the bottle feeding mother illustrates the collective appropriation of women's bodily fluids. The collective appropriation of a woman's body is not restricted to that of the wife or companion in the domestic sphere (Guillamin, 1995). It is a generalized relationship with society and other institutions. Mothers may be pressured into breast feeding by individuals outside of the marriage contract, because of the literature and the institutional support systems that overwhelmingly encourage breast feeding. The institutional support offered to breast feeding women, but not to bottle feeding women is powerful mechanisms in shaping decisions concerning

infant feeding, and the collective appropriation of the products of the body for the good of society (producing healthy babies).

MATERIAL SUPPORT

The contributions and role of other family and non-family material support were similar in the popular and health professional literatures. Within the popular literature, friends and family were discussed as good sources of material support for the breast feeding mother. For example, family and friends could help with the housework while the mother breast feeds. In the health professional literature, family could provide material support to the breast feeding mother by giving her enough money to pay for a couple of weeks of household help.

The husband, interestingly enough, was exempt from housework. Neither in the popular nor in the health professional literature was the husband mentioned in the context of helping with the housework while the mother breast feeds. In fact according to Pryor, husbands are not valuable for material support to the mother.

Material support in the form of housework is never mentioned in the literatures for women who practice bottle feeding. However, the bottle feeding mother's time is also appropriated in that she is not only the main provider of the bottle feeds (except on the rare occasion whereby someone may "substitute" for her), but she is also expected to take care of household responsibilities on her own, without outside assistance. It is misleading and cruel to assume that bottle feeding mothers do not need the same amount of emotional and material support, understanding, education, inspiration, and help with household activities as do breast feeding mothers.

Overall, the sample of books in both the popular and health professional literatures were generally geared towards women who wished to, or were planning on breast feeding. I expected to find more information on breast feeding after the widely publicized Nestle Boycott. Instead I

found that breast feeding was always emphasized and bottle feeding downplayed regardless of the date of publication. Therefore, none of the books from the sample were of much use to the woman who practices bottle feeding, whether by choice or necessity.

Chapter 9- Conclusion

As I reflect over the process of this thesis, my hope is that I have made a valuable contribution to feminist theory, research and practice. In terms of theory, I believe that I have applied feminist theories to a part of women's reproduction lives (breast feeding) that has largely gone unnoticed. Like other issues in health promotion, breast feeding is discussed in terms of empowerment. Breast feeding is one way that women can take control of infant feeding away from institutions (infant formula companies). Breast feeding is a rejection of "man-made" products that in the past have claimed to be scientifically superior. Women who breast feed are empowered because they alone can provide the "best" nourishment and nurturing that a baby needs. Their bodily fluids are not mysterious or dirty, but warm, wonderful, and healthy.

However, my thesis demonstrated that the literatures on infant feeding do not address, in terms of empowerment, situations when women cannot or will not, for whatever reason, breast feed. The realization that it was not possible for me to breast feed my son, left me feeling completely vulnerable. I was stripped of my confidence- I was completely disempowered. I had nowhere to turn. I had nothing to read. To add insult to injury, when I did talk to some "breast feeding experts", they would blame my failure to breast feed by rationalizing- I tried "too hard" or "thought about it too much". I had nobody to talk to about my experience.

Obviously, contradictions arising from the seemingly necessary association of empowerment and breast feeding somehow needed to be resolved and eliminated. I argue that recognizing the existence of these contradictions can generate insight and create a better understanding of women's experience with infant feeding. I hope that my thesis demonstrates that there is a need to acknowledge and address these contradictions. My experience of being marginalised demonstrates that breast feeding is not always an empowering experience. It is

important for professionals involved with breast feeding (either as a nurse, physician, midwife, or professor) to recognize this fact.

I used the methods of qualitative and quantitative feminist content analysis in my analysis of the infant feeding literatures. Qualitative content analysis allowed me to highlight the essence of the written word. Some of the words and phrases used to describe infant feeding were so powerful and incredibly emotional. For example words and phrases such as, “breast milk is the best milk”, breast milk is “healthiest”, and “exceptional”, while bottle feeding is “unnatural” and “foreign” give the reader a flavour of how descriptive words are used to emphasize one method over another. The method of qualitative content analysis allowed this emotion to surface.

It also gave me the analytical tools to make the invisible visible. The idea that “breast is best” is so pervasive in the literature, that it has become a taken-for-granted “truth”. As a result, the glowing descriptions of breast feeding and the “demonisation” of bottle feeding has become so normalized in the literatures that they seem to be incontestable. Pulling away the descriptive words that are attached to particular methods of infant feeding, exposed the “political” nature and agenda within the literatures which were otherwise relatively invisible.

I used a quantitative content analysis to reveal the tremendous gaps in the literature on infant feeding. Quantifying the gaps helped me to expose the existing biases within the infant feeding literatures. My research demonstrated to what extent and how often the advantages of breast feeding were emphasized, while the disadvantages were hardly mentioned. In addition, the disadvantages of bottle feeding were discussed frequently, while the advantages were either never or rarely part of the discussion of infant feeding. Furthermore, it was clear that the image of the breast feeding mother was almost universally presented as a part of a heterosexual couple. Same-sex parenting (lesbian mothering) was absent from both the literatures.

The implications and relevance of my research for practice are geared towards professionals such as nurses, midwives and physicians. I would like all of those involved with infant feeding to look carefully and critically at the existing literatures on infant feeding and child rearing. I want them to recognize the existing biases in the literatures. By advocating exclusive breast feeding, the literatures do not address the very diverse nature of women's lives. Many women do not have the material and emotional support that is often needed for successful breast feeding.

At this point in time, both the medical establishment and other less medicalised communities (i.e.: midwives) are in agreement that "breast is best". As a result, some women may "fall through the cracks" and do not recognize problems associated with feeding their infant. There is no safe place to go to for advice. I hesitated in taking my son to the hospital because I did not want to believe (or admit) that I was having a problem with breast feeding. As a result, he became severely dehydrated and weak. I felt incredibly inadequate- first for not being able to breast feed, and afterwards, for denying him the medical attention he needed right away.

Therefore, I encourage health professionals to take a reflexive stance towards infant feeding. Reflexivity refers to the capacity to locate one's activity in the same social world as the phenomena being studied (Steier, 1991). This thesis demonstrated how perspectives concerned with infant feeding bring with them hidden and/or unacknowledged assumptions of how women should feed their babies. A reflexive stance will give health professionals the space they need to examine and identify alternative methods of infant feeding which take cognoscente of individual circumstance.

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APPENDIX #1- RAW DATA FOR RESEARCH QUESTION #1

POPULAR LITERATURE- QU. 1 THE ADVANTAGES AND DISADVANTAGES ASSOCIATED WITH PARTICULAR METHODS OF INFANT FEEDING

GENERAL CHILD REARING BOOKS

1. The Complete Mothercare Manual (1990), by Jerry Shime and Sandra Moody (eds).

THE ADVANTAGES OF BREAST FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

- most natural method (pg.82).
- pleasure [for mother] (pg.83).

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- perfect balance of nutrients (pg.82).

DIGESTION AND ELIMINATION

- nothing

IMMUNOLOGICAL AND OTHER HEALTH BENEFITS

- protection against infection (pg.82).
- better able to fight off germs (pg.82).
- protection against allergies (pg.82,82).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- convenient (pg.83).
- readily available (pg.83).
- right temperature (pg.83).
- requires no preparation (pg.63).

DISADVANTAGES (PROBLEMS) WITH BREAST FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

- nothing

TERMS THAT RELATE TO PHYSICAL HEALTH COMPOSITION OF MILK

- nothing

DIGESTION AND ELIMINATION

- nothing

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- sore nipples (pg.90).
- cracked nipples (pg.90)
- engorgement (pg.90).
- blocked ducts (pg.90).
- leaking milk (pg.90).
- not enough milk (pg.90).
- feeling tired (pg.90).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- nothing

ADVANTAGES OF BOTTLE FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

- nothing

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- nothing

DIGESTION AND ELIMINATION

- nothing

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- can thrive just as well as breast fed baby (pg.92).
- hygiene is essential (pg.93).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- simple (pg.83).
- not time consuming (pg.83).
- not difficult to manage (pg.92).
- convenient (pg.92).

DISADVANTAGES OF BOTTLE FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

- nothing

TERMS THAT RELATE TO PHYSICAL HEALTH COMPOSITION OF MILK

- nothing

DIGESTION AND ELIMINATION

-nothing

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

-nothing

TERMS THAT RELATE TO CONVENIENCE EASE OR FACILITY

-do not be tempted to prop bottle... baby may choke (pg.95).

2. Feeding Your Baby in the Nineties- From Conception to Age Two (1992), by Louise Lagace-Lambert.

BREAST FEEDING: "CHILD-CENTRED" REFERENCE POINTTIME

- get organised so that the rest of your life fits in with the breast feeding schedule (pg.41).
- set your agenda on your baby's needs and wants and forget the rest of the world for the first critical weeks or months (pg.41).
- [to save time] have a supply of ready-made dinners in the freezer so you need not worry about meals [for the family] (pg.42).
- buy an answering machine so that the phone will not bother you when feeding baby (pg.44).
- room-in with baby and nurse on demand (pgs.44,47).
- frequent [breast feeding allows you to respond to your baby's unique need for warmth and affection (pg.45).
- do not hesitate to rock and cuddle your baby more often (pg.47).

ENERGY

- nothing

BODILY FLUIDS

- the more you nurse, the more milk you will produce [for your baby] (pg.46).

BREAST FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINTTIME

- baby is winner, but you also reap some benefits... breast feeding simplifies daily routine, saves you time and money (pg.38).

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- nothing

DIGESTION AND ELIMINATION

- nothing

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- sore cracked nipples make breast feeding torture [for the mother] (pg.82).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- nothing

THE ADVANTAGES OF BOTTLE FEEDING

- nothing

THE DISADVANTAGES OF BOTTLE FEEDINGTERMS THAT RELATE TO EMOTION OR AFFECT

- nothing

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- nothing

DIGESTION AND ELIMINATION

- nothing

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- bottle fed babies are at an increased risk of dying (pg.79).
- major health risk (pg.82).
- gastroenteritis (pg.79).
- convulsions (pg.79)
- more prone to respiratory illness (pg.79)
- more prone to intestinal illness (pg.79).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- nothing

INFANT FEEDING BOOKS

1. The Womanly Art of Breastfeeding (1991), by the La Leche League.

THE ADVANTAGES OF BREAST FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

- most natural (pgs.8,8,11,12,15,195,340,362,363,388).
- security (pg.5)
- optimal way to nurture infants (pg. 12,12).
- ideal way to feed baby (pg.195).
- unequaled (pg.14).
- cannot be duplicated (pg.357,360,361).
- timeless quality (pg.388).
- excellent tranquilizer (pg.235).
- gentling effect (pg.388).
- fulfillment [mother's] (pg.5).
- special closeness (pg.8,14,14,15,53)
- love (pg.8,14).
- happier baby (pg.8).
- pleasurable [for mother] (pg.8).
- comforting [for baby] (pg.14,14,53).
- soothe [baby] (pg.14).
- intimacy [mother and baby] (pg.15).
- affection [baby] (pg.15).
- peace [mother and baby] (pg.388)

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- best (pgs.8,9,12,357,357,368).
- superior nutrition (pgs.8,10,339,345,357,362)
- healthy (pg.8).
- pure (pg.9).
- ideal proportions (pg.339)
- custom-made [for baby] (pg.340).

- perfect (pgs.340,362).
- uniquely designed (pgs.340,349,360,388).
- appropriate ratio of amino acids and taurine (pgs.342,363).
- lactose ideal for baby (pg.345).
- vitamin and minerals in perfect balance (pg.345).
- zinc, vitamin B6 and B12 (pg.347).
- vitamin C and fluoride (pg.348).
- contains secretory IgA (pgs.352,352).

DIGESTION AND ELIMINATION

- easily digestible (pgs.8,340,340).
- baby does not get constipated (pg.80).
- bowel movements... not unpleasant (pg.345).
- safeguard against diarrhea (pgs.345,349,356).

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- strengthen baby (pg.340).
- nature's vaccine (pg.349).
- normal weight gain (pg.8).
- proper jaw development and facial structure (pgs.8,373,374).
- safeguard against allergies (8,8,349,357,363,364,365,368).
- safeguard against infections (pgs.8,10,12,12,12,340,341,345,343,349,354).
- inhibits growth of harmful bacteria (pgs.8,348).
- controls/prevents physiological jaundice (pg.289).
- sustain baby (pg.340).
- fill-out baby (pg.340).
- reduces morbidity rates (pgs.340,353).
- reduces mortality rates (pg.340, 356).
- prolongs natural immunity to respiratory infections (pg.348).
- protects infants from haemophilus influenza type b (pgs.352,356).
- less ear infections (pg.356).
- lower rates of pneumonia (pg.356).

- lower rates of juvenile diabetes (pg.357).
- lower rate of celiac disease (pg.370).
- lower rate of childhood cancer (pg.370).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- convenient (pg.383)
- saves time (pg.8)
- less effort (pg.8).
- saves money (pgs.8,383,383,383)
- ideal temperature (pgs.9,383).
- unlimited (pg.9).
- no waste (pg.383).

DISADVANTAGES OF BREAST FEEDING

- nothing

ADVANTAGES OF BOTTLE FEEDING

- nothing

DISADVANTAGES OF BOTTLE FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

- newborn receiving foreign food is on an uncharted course (pg.362).

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- does not supply all that is necessary in ideal proportions (pg.339).
- some fats in formula may be biologically inappropriate and less than optimum for the infant (pg.343)
- proteins in formula are potential troublemakers (pg.363).

DIGESTION AND ELIMINATION

- falls short in terms of being easily digestible (pg.340).

IMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- three times greater risk of dying (pg.354).
- high respiratory infection rate (pg.355).
- death from respiratory infection was 120X greater than among breast-fed babies (pg.356).
- hospitalisation three times more often (pg.356).

-greater risk in developing allergies (pg.364).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

-formula is expensive (pg.383).

-formula can spoil (pg.385).

2. Feeding Your Baby in the Nineties- From Conception to Age Two (1992), by Louise Lambert-Lagace

THE ADVANTAGES OF BREAST FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

-recommended for all babies (pg.32)

-warmth and comfort (pg.34,38).

-close body contact (pg.38).

-breast milk is the best milk (pg.5,32,40).

-exceptional food (pg.33).

-healthiest food (pg.38).

-marvelously adapted to the infant's needs (pg.5,32).

-close to perfection (pg.39).

-is always fresh (pg.38).

- provides linoleic and linoleic acid which helps in brain development (pg.35,39).

- cholesterol content is remarkably stable (pg.35).

-lactose is more abundant in human milk (pg.35,39).

-vitamin A, C, E (pg.34,39).

-iron is present (pg.35,39).

-zinc and selenium (pg.36,39).

-all classes of immunoglobulins are present in breast milk (pg.37).

-contains no preservatives (pg.38).

DIGESTION AND ELIMINATION

-other minerals do not overload renal system (pg.34,39).

-bifidus factor helps intestinal flora to develop (pg.37)

-easier to digest (pg.34)

-protein easily digestible (pg.34,39).

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

-provides very special protection against infection (pgs.5,34,36,37,40).

-rich in antibodies (pg.34,37).

-decreased incident of infantile allergies (pgs.37,37).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

-always the right temperature (pg.38).

-travels easily (pg.38,38).

-ready to serve (pg.38).

-no food on earth is that convenient (pg.38).

- feed baby any time any where (pg.38).

DISADVANTAGES OF BREAST FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

-nothing

TERMS THAT RELATE TO PHYSICAL HEALTH COMPOSITION OF MILK

- PCBs found in breast milk (pg.39).

- pesticides found in breast milk (pg.40).

DIGESTION AND ELIMINATION

- nothing

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- nothing

THE ADVANTAGES (ASPECTS) OF BOTTLE FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

- nothing

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- contains lactose (pg.66).

- supplies essential fatty acids for brain development (pg.66)

- mineral content adjusted to babies needs (pg.66).

- Vitamin D is added (pg.66).

- milk-based formulas meet the nutritional requirements of healthy, full-term babies and are associated with normal growth and development (pg. 66).

DIGESTION AND ELIMINATION

- nothing

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- nothing

TERMS THAT RELATE CONVENIENCE, EASE OR FACILITY

- ready to serve (pg.67).
- formula is expensive but quite convenient when traveling (pg.67).

DISADVANTAGES OF BOTTLE FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

- second best choice (pg.65)

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- contains more toxic metals than breast milk (pg.40).
- formula retains more radioactive iodine (pg.40).

DIGESTION AND ELIMINATION

- nothing

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- nothing

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- must buy formula, bottles, and nipples (pg.38).
- must wash and warm bottles (pg.38).
- must properly care for nipples (pg.38).

HEALTH PROFESSIONAL LITERATURE

GENERAL CHILDBEARING BOOKS

1. Child Care and the Growth of Love (1964), by John Bowlby.

ADVANTAGES OF BREAST FEEDING

-nothing

DISADVANTAGES OF BREAST FEEDING

- nothing

ADVANTAGES OF BOTTLE FEEDING

- nothing

DISADVANTAGES OF BOTTLE FEEDING

- nothing

2. How to Parent (1970), by Fitzhugh Dodson.

Sums up the so-called breast-bottle controversy: "There is absolutely no scientific evidence that one method is better for infants than the other, either physically or psychologically" (pg.22).

3. Infants (1979). by Robert B. McCall.

THE ADVANTAGES OF BREAST FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

- nature's beautiful matches (pg.34).

TERMS THAT RELATE TO PHYSICAL HEALTH COMPOSITION OF MILK

- protein composition is better [in breast milk than in formula] (pg.35).

DIGESTION AND ELIMINATION

- proteins are easily digested and better for growth (pg.35).

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- immunising characteristics better than formula (pg.34,34).

- purer (hygienically) (pg.35).

- hygienically perfect conditions (pg.35).

- less chance of obesity in baby (pg.35).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- nothing

DISADVANTAGES OF BREAST FEEDINGTERMS THAT RELATE TO EMOTION OR AFFECT

- nothing

TERMS THAT RELATE TO PHYSICAL HEALTH COMPOSITION OF MILK

- mother's milk may not be as pure as people think (pg.35).

DIGESTION AND ELIMINATION

- nothing

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- nothing

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- can be restrictive (pg.37).
- inconvenient to seek privacy while nursing (pg.37).
- total reliance of breast feeding can be difficult., mother is constantly on-call (pg.37).

THE ADVANTAGES OF BOTTLE FEEDINGTERMS THAT RELATE TO EMOTION OR AFFECT

- nothing

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- nothing

DIGESTION AND ELIMINATION

- nothing

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- not every bottle fed baby is overweight (pg.35).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- formula can be safe and sanitary (pg.35).
- keep bottles and nipples clean (pg.35)

DISADVANTAGES OF BOTTLE FEEDING

- nothing

4. Mothering (1977), by Rudolph Schaffer.

-briefly mentions that breast feeding “may have physical advantages, but there are no distinct psychological advantages” (pg.12).

INFANT FEEDING BOOKS

1. Nursing your Baby (1963), by Karen Pryor.

THE ADVANTAGES OF BREAST FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

- right thing to do (pg.5).
- virtue (pg.5).
- inalienable right to mother's milk (pg.18).
- love/lovers (pg.3,4,7).
- intense (pg.3). art (pg.3,228).
- creative work (pg.4).
- satisfaction [mother's] (pg.4).
- joy (pg.4).
- happy [baby] (pgs.5,6).
- calm [both] (pg,6).
- cheerful [both] (pg.6)

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- biologically normal (pg.4)

DIGESTION AND ELIMINATION

- the byproducts of bifidus metabolism make the infant's intestinal tract even more resistant to the growth of other, invading organisms” (pg.52).
- doctors often interpret the normal breast-fed baby's stool as diarrhea, or the normal tendency of older breast-fed babies to empty their bowels once every three or four days as some kind of constipation” (pg.88).
- sweet smelling bowel movements (pg.78).

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- breast fed babies have fewer respiratory infections (pg.59).

- human milk provides local protection on the mucus membrane of the gastrointestinal tract therefore there is a lower incident of enteric or gastrointestinal infection (pg. 59-60).
- the importance of enzymes in breast milk. The enzyme lysozyme which is found in human milk has the ability to dissolve certain kinds of bacteria (entero-bacteriaceae and gram-positive bacteria) (pg.60).
- breast fed babies have lower mortality rates and morbidity rates (pg.104).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- more practical (pg.226).

DISADVANTAGES OF BREAST FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

- at six months, breast feeding is not as pleasurable [for the mother] (pg.234).

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- nothing

DIGESTION AND ELIMINATION

- nothing

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- nothing

TERMS RELATED TO CONVENIENCE, EASE OR FACILITY

- at six months... convenience does not seem worth it (pg.234).

ADVANTAGES OF BOTTLE FEEDING

- nothing

DISADVANTAGES OF BOTTLE FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

- nothing

TERMS THAT RELATE TO PHYSICAL HEALTH COMPOSITION OF MILK

- cow's milk has twice as much protein as human milk (pg.48).
- the formula fed baby also needs extra water, especially in hot weather (pg .50).
- the fat content in formula is approximately the same as human milk, but the carbohydrate content in formula is usually galactose and glucose, while in breast milk it is lactose (pg.51).
- formula- fed babies need vitamin drops, since cow's milk has virtually no vitamin C (pg.54).

- cow's milk has more calcium than breast milk, however this does not seem to have any long term benefits (pg.55-56).
- babies on cow's milk formulas receive even less iron from their diet than do breast-fed babies (pg. 56).

DIGESTION AND ELIMINATION

- trouble digesting (pg.8).
- bowel movements have an unpleasant odour (pg.78).

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- develops allergies (pg.9).
- overweight adults, drinkers and smokers (pg.14)
- increased incidence of mental illness (pg.14).
- higher morbidity and mortality rates for bottle fed babies (pg.104).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- annoying chore (pg.8).
- propping bottles are inevitable going to happen (pg.13).

2. Basic Infant Nutrition: Birth to Six months/A Syllabus (1964), by Norman H. Willis.

THE ADVANTAGES OF BREAST FEEDING

TERMS THAT RELATE TO EMOTION AND AFFECT

- nothing

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- efficiency of protein utilisation (pg.77).
- lower solute load (pg.77).
- [nutritional] superiority of human milk (pg.77).
- higher serum gamma globulin levels (pg.77).

DIGESTION AND ELIMINATION

- lower stool pH (pg.77).
- larger gram positive fermentive stool flora (pg.77).

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- lower morbidity and mortality (pg.76-77).

- lower susceptibility to infection (pg.76).
- better food tolerance (pg.77).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- nothing

DISADVANTAGES OF BREAST FEEDING

- nothing

ADVANTAGES OF BOTTLE FEEDING

- nothing

DISADVANTAGES OF BOTTLE FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

- nothing

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- nothing

DIGESTION AND ELIMINATION

- nothing

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- incident of infection is always higher in babies never breast-fed (pg.77).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- nothing

3. Health Visitors Association. Feeding Children in the First Year (1982), by Patricia Scowen and John Wells (eds).

THE ADVANTAGES OF BREAST FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

- art of breast feeding (pg.21).

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- the fat in breast milk is better absorbed (pg.23).
- no danger of protein calorie malnutrition (pg.23).

DIGESTION AND ELIMINATION

- nothing

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- antibodies protect against infection (pg.23).
- less likely for gastrointestinal infections (pg.23).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- nothing

DISADVANTAGES OF BREAST FEEDINGTERMS THAT RELATE TO EMOTION OR AFFECT

- nothing

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- nothing

DIGESTION AND ELIMINATION

- nothing

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- dental caries (pg.23).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- restrictions on freedom (pg.30).
- burden of responsibility [on mother] (pg.30).
- dilute attention to husband (pg.30).

DISADVANTAGES OF BOTTLE FEEDINGTERMS THAT RELATE TO EMOTION OR AFFECT

- nothing

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- nothing

DIGESTION AND ELIMINATION

- nothing

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- infantile obesity (pg.22).
- greater tendency to metabolic acidosis (pg.22).
- dental caries (pg.23).
- infection, gastrointestinal (pg.50).

- increased risk of allergies, eczema, urticaria, asthma (pg.50).
- increased risk of hypernatraemia (pg.50).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- prop feedings are dangerous because the baby can choke and drown in the milk inhaled by the lungs (pg.50).
- inadequate hygiene (pg.53).
- failure to follow dried milk powder manufacturer's instructions (pgs.52,53).

MIXED FEEDINGS

- in early days a feeding bottle should not be used as the baby may refuse to acquire the more difficult skill of breast feeding (pg.40).
- mixed feedings should be discouraged and cease as soon as breast milk is well established again (pg.42).

4. Breastfeeding: A Guide to the Medical Profession (1985), by Ruth A. Lawrence.

THE ADVANTAGES OF BREAST FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

- the natural choice (pg.153).
- support urgency of breast feeding (pg.141).

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- lactobacillus bifidus (pg.46).
- lipids: triglycerides, diglycerides, monoglycerides, free fatty acids, phospholipids, glycolipids, sterols, and sterol esters (pgs.47-48)
- cholesterol, lipases (easily digested) (pg.53).
- protein: casein, methionine/cysteine ratio, taurine (retina development), whey proteins, lactoferrin, immunoglobulins, lysozyme (pgs.54-57).
- carbohydrates: lactose (pg.57).
- nucleotides (pg.59).
- minerals: potassium and sodium (pg.60).
- total ash, calcium/phosphorus ratio (pg.62).
- magnesium and other salts (pg.63).

- trace elements: iron, zinc, copper, selenium, aluminum, and titanium, fluoride (pgs.64-66).
- pH and osmolarity (pg.66).
- vitamins: vitamin A, D, E, K, C, vitamin B complex (pgs.68-69).
- enzymes: breast milk has 3000 times more lysozyme than cow's milk (pg. 70).
- physiologically suited for the newborn (pg.2).

DIGESTION AND ELIMINATION

- diarrhea and constipation uncommon (pg.20).
- bifidus factor (pg.131).

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- protective value of human milk (pgs.118,118,124).
- protected against infection (pgs.2,20,135).
- fewer respiratory infections (pgs.2,20,20,118).
- fewer allergies (pgs.20,124).
- less otitis media (pg.20,20).
- lower rate of enteric infection (pgs.118,124,137).
- lymphocytes infiltrate the mammary glands, providing the breast with immune cells capable of immune responses (pgs.123,124).
- less chance of tuberculosis, neonatal meningitis, necrotising enter colitis (pg.135).
- all classes of immunoglobulins are found in human milk (pg.136).
- protection against viruses (pg.135).
- breast milk contains antibodies against polio virus, coxsackie virus, echo virus, influenza virus, reovirus, and rhino virus (pg.135).
- SIDS rare in breast fed babies (pg.137).
- *E. coli* enteritis can be cured by feeding human milk (pg.135).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- nothing

DISADVANTAGES OF BREAST FEEDING

TERMS THAT RELATE TO EMOTION OR AFFECT

- mother experiences guilt. shame, modesty, embarrassment, distaste for breast feeding (pg.163).

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION

- nothing

DIGESTION AND ELIMINATION

- nothing

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- nothing

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- any perceived inconvenience on the mother's part (pg.163).

ADVANTAGES OF BOTTLE FEEDING

- nothing

DISADVANTAGES OF BOTTLE FEEDINGTERMS THAT RELATE TO EMOTION OR AFFECT

- nothing

TERMS THAT RELATE TO PHYSICAL HEALTH: COMPOSITION OF MILK

- nothing

DIGESTION AND ELIMINATION

- diarrhea (pg.20,138).
- blood in stools (pg.138).
- mal absorption (pg.138).

IMMUNOLOGICAL AND OTHER HEALTH RELATED ASPECTS

- 1800's and 1900's serious infection in bottle fed babies (pg.1).
- higher incident of respiratory infection (pg.20).
- otitis media (pgs.20,137).
- higher incident of pneumonia (pgs.20,138).
- gastroentropathy (pg.133).
- atopic dermatitis (pg.138).
- rhinitis (pg.138).
- eosinophilia (pg.133).
- failure to thrive (pg.138,138).
- SIDS (pg.133).

- colitis (pg.133).
- colic (pg.133).
- frank vomiting (pg.138).
- spitting (pg.138).
- weight loss (pg.138).

TERMS THAT RELATE TO CONVENIENCE, EASE OR FACILITY

- propping a bottle may cause otitis media (pg.137).

MIXED FEEDINGS

- a bottle may aggravate lactation problems (pg.209).
- infants given glucose-water in a bottle do less well and lose more weight (pg.209).
- it is a marker of... insufficient milk production (pg.209).
- complementary bottles... may doom lactation to failure (pg.209).
- substitute bottles may confuse infants (pg.209).

APPENDIX #2- RAW DATA FOR RESEARCH QUESTION #2

POPULAR LITERATURE- QU.2 THE APPROPRIATION OF WOMEN'S TIME, ENERGY, BODILY FLUIDS, AND SELF-ACTUALISATION GENERAL CHILD REARING BOOKS

1. The Complete Mothercare Manual (1990), by Jerry Shims and Sandra Moody (eds.).

BREAST FEEDING: "CHILD-CENTRED" REFERENCE POINT

TIME

- [breast feeding] can last up to one hour (pg.87).

ENERGY

- nothing

BODILY FLUIDS

- nothing

SELF-ACTUALISATION

- if baby is the thrive on breast milk, he will need a healthy mother (pg.91).

BREAST FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing

BREAST FEEDING: "MOTHER -CENTRED" REFERENCE POINT

TIME

- establish a routine for feeding which means being comfortable and being in the right mood (pg.88).

ENERGY

- eat and sleep well (pg.91).

- let yourself relax and enjoy being close to your baby (pg.83).

SELF-ACTUALISATION

- don't ignore your social life (pg.91).

- [some women] are embarrassed to breast feed (pg.83).

BOTTLE FEEDING: "CHILD-CENTRED" REFERENCE POINT

TIME

- nothing

ENERGY

- nothing

BODILY FLUIDS

- nothing

SELF-ACTUALISATION

- [t]here is no need to feel guilty if you choose not to breast feed. After all, it the care and affection you give your baby, not just the feed, and these emotional needs can be satisfied just as well while bottle feeding (pg.83).

BOTTLE FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINTTIME

- you and your baby will benefit- if you have some time and space...undisturbed and satisfying feedings (pg.95).

ENERGY

- nothing

BODILY FLUIDS

- nothing

SELF-ACTUALISATION

- nothing

BOTTLE FEEDING: "MOTHER-CENTRED" REFERENCE POINTTIME

- bottle fed babies need just as much care and attention as breast fed babies and you will appreciate these intimate times with your baby (pg.91).

ENERGY

- nothing

BODILY FLUIDS

- nothing

SELF-ACTUALISATION

- nothing

MIXED FEEDINGS: "CHILD- CENTRED" REFERENCE POINT

- nothing

MIXED FEEDINGS: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing

MIXED FEEDINGS: "MOTHER-CENTRED" REFERENCE POINTTIME

- you may find that the combination suits your lifestyle better, or you may be returning to full- or part-time work before the baby is six months old... and will probably have to bottle feed as well as breast feed anyway (pg.83).

ENERGY

- nothing

BODILY FLUIDS

- nothing

SELF-ACTUALISATION

- [breast or bottle] being tense and frightened makes it difficult to feed baby (pg.83).

2. The Year After Childbirth: Surviving and Enjoying the First Year of Motherhood (1994), by Sheila Kitzinger.

BREAST FEEDING: "CHILD-CENTRED" REFERENCE POINTTIME

- mother sleeps with baby who suckles more or less continuously at her breast (pg.80).
- your baby is the best judge of how often she should feed (pgs.90-91).

ENERGY

- nothing

BODILY FLUIDS

- nothing

SELF-ACTUALISATION

- a modern woman may feel more confident if she had plastic, see-through breasts, but they would not be as comforting or as flexible as human breasts, which are ideally suited for baby's needs (pg.94).
- this physical communication draws a woman to become deeply involved in a small human being's experience, open to all emotions that the baby may express while at the breast (pg.81).

- [a mother says] it is a thrill to hear those long, slow, satisfied sucks, and to see her completely content (pg.85)

- if the breast feeding mother is stressed and anxious, breast feeding communicates her tension. If she is relaxed and positive, her confidence and pleasure are communicated (pg.80).

BREAST FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- both can enjoy this time together long after milk is needed for food (pg.80)

ENERGY

- [to conserve energy] go off to bed with your baby and make milk..., take advantage of this 24 hour peak production (pg.96).

- baby may suckle while [mother] sleeps (pg.90).

BODILY FLUIDS

- nothing

SELF-ACTUALISATION

- [breast feeding] is a pleasure for both mother and baby (pg.80).

BREAST FEEDING: "MOTHER-CENTRED" REFERENCE POINT

TIME

- travelling away at work therefore breast feeding is difficult (pg.82).

ENERGY

- nothing

BODILY FLUIDS

- [breast feeding] it tells me my body is working (pg.89).

SELF-ACTUALISATION

- "it's quite sexy really" (pg.85).

BOTTLE FEEDING: "CHILD-CENTRED" REFERENCE POINT

TIME

- nothing

ENERGY

-nothing

BODILY FLUIDS

- mothers give up breast feeding and opt for formula because babies are unhappy and not putting on weight (pg.81).

-[mother] does not know how to increase milk supply [for baby] (pg.82).

SELF-ACTUALISATION

-nothing

BOTTLE FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINTTIME

- nothing

ENERGY

-nothing

BODILY FLUIDS

- nothing

SELF-ACTUALISATION

-nothing

BOTTLE FEEDING: "MOTHERED-CENTRED" REFERENCE POINTTIME

- nothing

ENERGY

- nothing

BODILY FLUIDS

-nothing

SELF-ACTUALISATION

- a woman may have good reasons for not breast feeding and these should be respected. A woman who has been sexually abused or who has experienced rape would not have to justify her choice of bottle feeding (pg.82).

MIXED FEEDINGS

- nothing

INFANT FEEDING BOOKS

1. The Womanly Art of Breastfeeding (1991), by the La Leche League.

BREAST FEEDING: "CHILD-CENTRED" REFERENCE POINT

TIME

- mother's time is not diverted to the preparation of baby's milk (pg.8).
- good mothering includes holding him when he is too full to nurse (pg.11).
- sensitivity towards baby comes with time and is accelerated by nursing (pg.15,16).
- must take time to respond, relax and reflect [while nursing] (pg.16).
- the sooner you put the baby to your breast, the better (pg.48).
- feed according to baby's schedule (pgs.72,358).
- no time table can tell you how often you should nurse your baby (pg.72).
- baby is more important than other commitments (pg.87).
- baby and family appreciate a mother who is relaxed and feels good about herself... [it] helps meet the baby's needs in a calm, loving way (pg.85).
- keeping in good health [while nursing] is part of being a good mother (pg.230).

BODILY FLUIDS

- the more you nurse, the more milk there will be [for baby](pgs.62,144).
- your own milk is important to your baby (pg.357).
- baby triggers biological response within mother... urge to feed him (pgs.14,15,82).
- no one can take the place of a [lactating] mother (pg.338).

SELF-ACTUALISATION

- mother -infant bonding- mother's subsequent behaviour to her infant (pg.10).
- "mothering" hormone helps balance the give and take of caring for young child (pg.13).
- psychological oneness through breast feeding (pg.13).
- resentment of child is alleviated... positive maternal hormones (pg.13)
- breast feeding mothers respond more intuitively (pg.13).
- breast feeding mothers tend to show a higher degree of sensitivity to their babies (pg.15).
- [a nursing mother says]I nursing showed me how much I was needed and loved (pg.16).
- successful lactation is an expression of a woman's femininity (pgs.73,387).
- represents a common language of mothering (pg.388).

-breast feeding is not a guarantee of good mothering (pg.17).

BREAST FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- give yourselves time together (pg.7).
- unhurried days [together] (pg.7).
- need to be together early and often to establish a satisfying relationship (pg.48).

ENERGY

- mother and baby may sleep better when they sleep together (pg.113).

BODILY FLUIDS

- nothing

SELF-ACTUALISATION

- beautiful transition for mother and baby (pg.6).
- nursing couple (pg.7).
- ageless beauty of mother and child- a time of grace and peace (pg.7).
- emotional bond between mother and baby (pg.10).
- improves interaction between mother and child (pg.14).
- understand baby's needs and gain confidence in your own abilities to satisfy them through nursing (pg.16).
- first attempt to breast feed is a get-aquainted effort for both of you (pg.49).
- it is a small miracle belonging rightfully to mother's, babies, and families(pg.388).
- mutual sensual pleasure binds mother to her baby and baby to her mother(pg.388).

BOTTLE FEEDING: "CHILD-CENTRED" REFERENCE POINT

- nothing

BOTTLE FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing

BOTTLE FEEDING: "MOTHER-CENTRED" REFERENCE POINT

- nothing

2. Feeding Your Baby in the Nineties- From Conception to Age Two (1992), by Louise Lambert-Lagace.

BREAST FEEDING: "CHILD-CENTRED" REFERENCE POINT

TIME

- get organised so that the rest of your life fits in with the breast feeding schedule (pg.41).
- set your agenda on your baby's needs and wants and forget the rest of the world for the first critical weeks or months (pg.41).
- [to save time] have a supply of ready-made dinners in the freezer so you need not worry about meals [for the family] (pg.42).
- buy an answering machine so that the phone will not bother you when feeding baby (pg.44)
- room-in with baby and nurse on demand (pgs.44,47).
- frequent [breast] feeding allows you to respond to your baby's unique need for warmth and affection (pg.45)
- do not hesitate to rock and cuddle your baby more often (pg.47).

ENERGY

- nothing

BODILY FLUIDS

- the more you nurse, the more milk you will produce [for your baby] (pg. 46).

BREAST FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- baby is winner, but you also reap some benefits,..breast feeding simplifies daily routine, saves you time and money (pg.38).

ENERGY

- nothing

BODILY FLUIDS

- all women should be enabled to practice exclusive breast feeding and all infants should be fed exclusively on breast milk from birth until four to six months (pg.33).

SELF-ACTUALISATION

- breast feeding reinforces mother-child interaction (pgs.38,45).
- breast feeding offers a unique opportunity for closeness (pg.38).

BREAST FEEDING: "MOTHER CENTRED" REFERENCE POINT

TIME

- nothing

ENERGY

- must reduce tension to a minimum... must eat enough to produce milk (pg.46).
- breast feeding requires good organisation if you want to succeed with flying colours, maintain your energy and enjoy your baby (pg.41).

BODILY FLUIDS

- nothing

SELF-ACTUALISATION

- you cannot maintain a super-woman schedule... and still breast feed day and night (pg.40).

BOTTLE FEEDING: "CHILD-CENTRED" REFERENCE POINT

- nothing

BOTTLE FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINTTIME

- nothing

ENERGY

- nothing

SELF-ACTUALISATION

- nothing

SELF-ACTUALISATION

- it is possible to establish a strong mother-child interaction without breast feeding (pg.38).

BOTTLE FEEDING "CHILD-CENTRED" REFERENCE POINT

- nothing

BOTTLE FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing

BOTTLE FEEDING: "MOTHER -CENTRED" REFERENCE POINT

- nothing

MIXED FEEDINGS

- nothing

HEALTH PROFESSIONAL LITERATURE

GENERAL CHILD REARING BOOKS

1. Child Care and the Growth of Love (1964), by John Bowlby.

BREAST FEEDING: "CHILD-CENTRED" REFERENCE POINT

TIME

-nothing

ENERGY

- nothing

BODILY FLUIDS

- mother provides the needed food substance in her own milk in exactly the right combination (pg. 18).

- only when nature's gifts are lacking that science must make best shift it can to replace them [for baby] (pg.18).

SELF-ACTUALISATION

- nothing

BREAST FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

-nothing

BREAST FEEDING: "MOTHER-CENTRED" REFERENCE POINT

- nothing

BOTTLE FEEDING: "CHILD-CENTRED" REFERENCE POINT

- nothing

BOTTLE FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing on women's time, energy, bodily fluids

SELF-ACTUALISATION

- [in terms of adoption] affectionate artificial feeding and early adoption might be better for illegitimate infant and unmarried mother than breast feeding and late adoption (pg.125).

MIXED FEEDINGS: "CHILD-CENTRED" REFERENCE POINT

- nothing

MIXED FEEDINGS: "COMPLEMENTARY BENEFITS" REFERENCE POINT

-nothing

MIXED FEEDINGS: "MOTHER-CENTRED" REFERENCE POINT

- nothing

2. How to Parent (1970), by Fitzhugh Dodson.

BREAST FEEDING: "CHILD-CENTRED" REFERENCE POINT

- nothing

BREAST FEEDING: "MUTUAL BENEFITS" REFERENCE POINT

- nothing

BREAST FEEDING: "MOTHER-CENTRED" REFERENCE POINT

- nothing

BOTTLE FEEDING: "CHILD-CENTRED" REFERENCE POINTTIME

- no [physical or psychological] harm to baby in occasionally propping up bottle (pg.23).
- baby needs same kind of cuddling when bottle feeding as he would get by breast feeding (pg.23).

ENERGY

- nothing

BODILY FLUIDS

- nothing

SELF-ACTUALISATION

- nothing

BOTTLE FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing

BOTTLE FEEDING: "MOTHER-CENTRED" REFERENCE POINT

- nothing

MIXED FEEDINGS: "CHILD-CENTRED" REFERENCE POINTTIME

- breast or bottle feed whenever he is hungry (pg.23).

ENERGY

- nothing

BODILY FLUIDS

- nothing

SELF-ACTUALISATION

- nothing

MIXED FEEDINGS: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing

MIXED FEEDINGS: "MOTHER-CENTRED" REFERENCE POINT

- nothing concerned with women's time, energy or bodily fluids.

SELF-ACTUALISATION

- mother decides whether to breast or bottle feed (pg.23).

3. Mothering (1977), by Rudolph Schaffer.BREAST FEEDING: "CHILD-CENTRED" REFERENCE POINT

- nothing

BREAST FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing

BREAST FEEDING: "MOTHER-CENTRED" REFERENCE POINT

- nothing

BOTTLE FEEDING: "CHILD-CENTRED" REFERENCE POINT

- nothing concerning women's time, energy, bodily fluids or self-actualisation.

BOTTLE FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing concerning women's time, energy, bodily fluids or self-actualisation.

BOTTLE FEEDING: "MOTHER-CENTRED" REFERENCE POINT

- nothing concerning women's time, energy, or bodily fluids.

SELF-ACTUALISATION

- "sociability arises primarily in the context of feeding cannot be upheld..." therefore mothers can be assured that their decision to bottle feed rather than breast feed their baby is highly unlikely per se to have any implications for his personality in later years (pg.12).

3. Infants (1979), by Robert B. McCall.

BREAST FEEDING: "CHILD-CENTRED" REFERENCE POINT

TIME

- nothing

ENERGY

- nothing

BODILY FLUIDS

- women who nurse should restrict their intake of cigarettes, coffee, alcohol, and oral contraceptives, and they should consult their physician before taking other medication (pg.36).
- anything the mother ingests can be detected in mother's breast milk (pg.35).

SELF-ACTUALISATION

- nothing

BREAST FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing

BREAST FEEDING: "MOTHER-CENTRED" REFERENCE POINT

TIME

- some mothers are away from their infants for long periods of time, therefore do not breast feed (pg.34).

ENERGY

- nothing

BODILY FLUIDS

- nothing

SELF-ACTUALISATION

- some women are unable or prefer not to breast feed for physical, medical or psychological reasons (pg.34).
- intimacy of breast feeding is an incomparable human experience (pg.36).
- [some women] find breast feeding embarrassing and a source of tension and self-doubt about their adequacy as a mother (pg.36).

BOTTLE FEEDING: "CHILD-CENTRED" REFERENCE POINT

- nothing

BOTTLE FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing

BOTTLE FEEDING: "MOTHER-CENTRED" REFERENCE POINT

- nothing concerning women's time, energy, or bodily fluids.

SELF-ACTUALISATION

- women who would feel uncomfortable or who cannot breast feed should remain secure in the fact that there are millions of healthy well-adjusted mothers and infants who have used bottles (pg.37).

MIXED FEEDINGS: "CHILD-CENTRED" REFERENCE POINT

- nothing

MIXED FEEDINGS: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing

MIXED FEEDINGS: "MOTHER-CENTRED" REFERENCE POINT

- nothing

INFANT FEEDING BOOKS

1. Nursing your Baby (1963), by Karen Pryor.

BREAST FEEDING: "CHILD-CENTRED" REFERENCE POINT**TIME**

- mother must give herself to baby (pg.15)
- before nap, allow baby to fall asleep at breast (pg.240).

ENERGY

- [mother] uses strength to make milk for baby (pg.184).

BODILY FLUIDS

- baby has a right to mom's milk (pgs.11,18).

SELF-ACTUALISATION

- [mother should] take care of self for the sake of nursing baby and family (pg.188).
- baby showed [breast feeding] mother love (pg.7).

BREAST FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINTTIME

-nothing

ENERGY

- [breast feeding is] physical and emotional [for both baby and mother] (pg.7).

BODILY FLUIDS

- baby's health/ mother's comfort (pg.74).

-baby's urge/mother's comfort (pg.74).

SELF-ACTUALISATION

- love between baby and mom (pg.75).

- calm enjoyment [between baby and mother] (pg.143).

BREAST FEEDING: "MOTHER-CENTRED" REFERENCE POINTTIME

- nothing

ENERGY

- nothing

BODILY FLUIDS

- mother decides when to give breast milk (pg.141).

SELF-ACTUALISATION

- deeply rewarding, physically beneficial (pg.75).

- biological femininity (pg.142).

BOTTLE FEEDING: "CHILD-CENTRED" REFERENCE POINTTIME

- [bottle feed only if] mother is unavoidably unavailable (pg.217).

ENERGY

- nothing

BODILY FLUIDS

- [bottle feed only if] mother is not producing enough (pg.217).

SELF-ACTUALISATION

- platonic relationship with baby- does not involve body (pg.13).

- baby interested in bottle, not mom (pg.13).
- [it is] not understandable [why a woman would not breast feed] (pg.4).
- [bottle feeding mothers] are to be pitied (pg.4).

BOTTLE FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing concerning women's time, energy, bodily fluids, or self-actualisation.

BOTTLE FEEDING: "MOTHER-CENTRED" REFERENCE POINT

TIME

- bottle feed only for relief purposes i.e.: baby sitter, church (pg.217).

ENERGY

- nothing

BODILY FLUIDS

- nothing

SELF-ACTUALISATION

- cultural femininity (pg.142).

MIXED FEEDINGS: "CHILD-CENTRED" REFERENCE POINT

- nothing concerning women's time, energy, bodily fluids, or self-actualisation.

MIXED FEEDINGS: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing concerning women's time, energy, bodily fluids, or self-actualisation.

MIXED FEEDINGS: "MOTHER-CENTRED" REFERENCE POINT

- nothing concerning women's time, energy, bodily fluids, or self-actualisation.

2. Basic Infant Nutrition- Birth to Six Months/A Syllabus (1964), by Norman H. Wills

- nothing

3. Health Visitors Association. Feeding Children in the First Year (1982), by Patricia Scowen and John Wells (eds.).

BREAST FEEDING "CHILD-CENTRED" REFERENCE POINT

TIME

- nothing

ENERGY

- nothing

BODILY FLUIDS

- [nutritionally] human milk is good for infants (pg.2).
- in the past, women have sometimes been told that breast feeding will protect them from breast cancer. This is now thought to be untrue because the incident of breast cancer does not appear to be affected by whether a woman breast feeds or not. What seems to matter is the age at which a woman has her first child. (pg.22).

SELF-ACTUALISATION

- nothing

BREAST FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing concerning women's time, energy, bodily fluids or self-actualisation.

BREAST FEEDING: "MOTHER-CENTRED" REFERENCE POINTTIME

- to counter depression, mother needs to spend time with husband (pg.30).

ENERGY

- weight loss due to the energy it takes to lactate (pg.22).
- Mother needs good diet, exercise, rest, and social life to counter depression (pg.30).

SELF-ACTUALISATION

- For most mothers [breast feeding] is a rewarding experience, but it may have an adverse affect on the baby/mother relationship (depending on the mother's attitude) (pg.24).
- exploitation of breasts as a sex symbol discourages breast feeding (pgs.28-29).
- educated women are more likely to breast feed (pgs.28-29).
- younger women are less likely to breast feed (pg.28).
- some white working-class women did not want to breast feed for fear of being identified with coloured women, among whom breast feeding was generally accepted as a matter of course (pg.29).
- do not breast feed because they do not like it or find it distasteful (pg.29)
- modesty, embarrassment... uncomfortable (pgs.29,30).
- vanity and self-esteem, changing contours of breast may discourage (pg.30)

- droopy breasts... too much of a sacrifice (pg.30).
- fear of obesity (pg.30).

BOTTLE FEEDING: "CHILD-CENTRED" REFERENCE POINT

- nothing concerning women's time, energy, or bodily fluids.

SELF-ACTUALISATION

- no scientific evidence that bottle feeding is emotionally depriving (pg.48).

BOTTLE FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing

BOTTLE FEEDING: "MOTHER-CENTRED" REFERENCE POINT

- nothing concerning women's time, energy, or bodily fluids.

SELF-ACTUALISATION

- woman who does not breast feed is just as capable of being a good and loving mother as the one who does (pg.21).
- may be subject to more mood changes associated with menstruation than lactating women (pg.48).

MIXED FEEDINGS: "CHILD-CENTRED" REFERENCE POINT

- nothing

MIXED FEEDINGS: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing

MIXED FEEDINGS: "MOTHER-CENTRED" REFERENCE POINT

- nothing

4. Breastfeeding: A Guide to the Medical Profession (1985), by Ruth A. Lawrence.

BREAST FEEDING: "CHILD-CENTRED" REFERENCE POINT

TIME

- high contact (pg.145).
- infant almost continuously carried by mother (pg.145).
- mother gives full attention to the baby (pg.150).

ENERGY

- nothing

BODILY FLUIDS

- lactating breast is warmer than non-lactating breast therefore same warmth is not there [for bottle fed baby] (pg.145).

SELF-ACTUALISATION

- all [women] breast fed because it was better for the infant...few do it for personal gain (pg.176).

BREAST FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT**TIME**

- mother and baby are alone (pg.150).

ENERGY

- adequate rest is essential for lactation (pgs.187,202).

BODILY FLUIDS

- no evidence that breast feeding reduces risk of breast cancer (pg.106).

SELF-ACTUALISATION

- special relationship and closeness (pg.141).
- good experience with breast feeding can ensure intense interaction and synchronous response of giving and taking (pg.153).
- skin-to-skin contact (pg.145).

BREAST FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing concerning women's time, energy, bodily fluids, or self-actualisation.

BREAST FEEDING: "MOTHER-CENTRED" REFERENCE POINT**TIME**

- mothers wonder how breast feeding will affect their freedom (pg.179).

ENERGY

- nothing

BODILY FLUIDS

- nothing

SELF-ACTUALISATION

- breast feeding depends on mother's role and perception of breast feeding as a biological act (pg.141).
- [breast feeding mothers are] less defensive about method of feeding (pg.147).

- more oriented towards home life (pg.147)
- higher radicalism score (pg.147)
- wanted children to do things typical of children (pg.147).
- women planning to breast feed stated satisfaction with the female role (pg.149).
- higher education, higher incident of breast feeding (pgs.149,179).
- Mothers are made to feel intellectually stagnant and uncreative while breast feeding (pg.153).
- made to feel asexual (pg.153).
- feeling shame/embarrassment towards breast feeding (pgs.156,179).
- women wonder how breast feeding will affect their figure (pg.178).

BOTTLE FEEDING: "CHILD-CENTRED" REFERENCE POINT

- nothing concerning women's time, energy, bodily fluids, or self-actualisation.

BOTTLE FEEDING: "COMPLEMENTARY BENEFITS" REFERENCE POINT

TIME

- [there are none. In fact,] social interaction between mother and baby is less frequent when bottle feeding (pg.150).

ENERGY

- nothing

BODILY FLUIDS

- nothing

SELF-ACTUALISATION

- nothing

BOTTLE FEEDING: "MOTHER-CENTRED" REFERENCE POINT

TIME

- mother controls the bottle [with respect to length of feeding] (pg.150).

ENERGY

- nothing

BODILY FLUIDS

- problem with accepting the breast as a source of nourishment (pg.147).

SELF-ACTUALISATION

- conflict in accepting biological maternal role (pg.147).

- women who wish to bottle feed believe that the male role was more satisfying (pg.149).
- see nursing as a castrating threat (pg.147).
- greater incident of sexual anomalies [in women who bottle feed]. (pg.147).
- there are normal women who will/can not breast feed their babies (pg.164).
- no difference in mothering between breast fed and bottle fed (pg.142).
- bottle feeding mothers did not include the infant's welfare as a reason [for bottle feeding] (pg. 176).
- prefer children to be more conservative and other-person oriented (pg.147).

MIXED FEEDINGS: "CHILD-CENTRED" REFERENCE POINT

- nothing concerning women's time, energy, bodily fluids, or self-actualisation.

MIXED FEEDINGS: "COMPLEMENTARY BENEFITS" REFERENCE POINT

- nothing concerning women's time, energy, bodily fluids, or self-actualisation.

MIXED FEEDINGS: "MOTHER-CENTRED" REFERENCE POINT

- nothing concerning women's time, energy, bodily fluids, or self-actualisation.

APPENDIX #3- RAW DATA FOR RESEARCH QUESTION #3

POPULAR LITERATURE- QU.3 DIVERSITY OF A MOTHER'S SUPPORT SYSTEM

GENERAL CHILD REARING BOOKS

1. The Complete Mothercare Manual (1990), by Jerry Shime and Sandra Moody (eds.).

NUMBER OF MENTIONS:

A) no mention

B) 2 TIMES- (+) [male] partner can participate in bottle feeding by making and giving the bottle (pg.83).

- (+) mixed feedings allow for partner to give the occasional bottle (pg.89).

C) 1 TIME- (+) mixed feedings allow for a relative to give the occasional bottle (pg.89).

D) 1 TIME- (+) with the help of experienced and sympathetic friend, breast feeding should be well established (pg.83).

E) 1 TIME- (+) with the help of experienced and sympathetic nurse, breast feeding should be well established (pg.83).

2. The Year After Childbirth: Surviving and Enjoying the First Year of Motherhood (1994), by Sheila Kitzinger.

NUMBER OF MENTIONS:

A) 1 TIME- (+) I could never have done it [breast feed] without my husband's support he believed in me (pg.96).

B) 2 TIME-(-) unsupportive [male] partner who is embarrassed about breast feeding or one who thinks that her breasts belong to him, not the baby (pg.82).

C) NO MENTION

D) 1 TIME- (+) a woman needs around her other women who have successfully breast fed... who help with difficulties..., who support her utterly. Then, no matter what challenges she confronts, she can breast feed (pg.103).

E) 6 TIMES- (-) many doctors know little about breast feeding, but want to help... are concerned that the baby is crying or not gaining sufficient weight...give wrong advice (pg.10)

- (0) male doctor often gives advice that is derived from his own wife's experience (pg.10)

- (+) a caregiver [doctor, midwife, nurse]..., is most helpful when she breast fed successfully after overcoming problems, and feels positive about breast feeding (pg.10).
- (-) give up on breast feeding because they have been given incorrect and conflicting advice [by health professionals] (pg.81).
- (-) give up on breast feeding because woman cannot get the practical and emotional help they need [from health professionals] (pg.81).
- (0) talk to doctor or midwife about how breast feeding is going (pg.23).

INFANT FEEDING BOOKS

1. The Womanly Art of Breastfeeding (1991), by the La Leche League.

NUMBER OF MENTIONS:

A) 5 TIMES- (+) urging of a supportive husband,.. decided to keep on going [with breast feeding] (pg.70).

- (0) there is no way a father can take over a mother's role-breast feeding sees to that (pg.194).
- (+) father's role is a supporting and helpful one (pg.194).
- (+) support of husband is most important (pgs.197,198).
- (+) understanding husband can keep other children occupied while mother breast feeds (pg.214).

B) no mention

C) no mention

D) 17 TIMES- (+) must be in touch with other nursing mothers... best place is La Leche League (pgs.35-40, 119, 293, 391-398).

- (+) urging of a nursing mother... decided to keep going [with breast feeding] (pg.70).

E) 4 TIMES- (+) choose a doctor/paediatrician who know about breast feeding (pg.26).

- (+) doctors and nurses can be supportive and helpful in nursing (pg.293).
- (-) [health professionals] unnecessarily remove baby from breast (pg.25).

2. Feeding Your Baby in the Nineties- From Conception to Age Two (1992), by Louise Lambert-Lagace.

NUMBER OF MENTIONS:

A) no mention

B) 1 TIME- (0) discuss breast feeding with partner and see how he feels about breast feeding (pgs.32,41).

C) 1 TIME- (0) getting ready to breast feed means having parents agree to share some household responsibilities (pg.42).

D) 2 TIMES- (0) getting ready to breast feed means having friends agree to share some household responsibilities (pg.42).

- (+) visit or phone friends that have already breast fed (pgs.32,41).

E) 3 TIMES- (+) ask doctor, clinical nurse, for a support group for breast feeding mothers (pg. 32).

HEALTH PROFESSIONAL LITERATURE

GENERAL CHILD REARING BOOKS

1. Child Care and the Growth of Love (1964), by John Bowlby.

- no mention of a third party.

2. How to Parent (1970), by Fitzhugh Dodson.

- no mention of a third party, however he does state that “doctors, nurses and neighbourhood ‘experts’ often become quite heated about the subject [of breast feeding]... mothers are made to feel guilty if they do not breast feed their babies” (1970:22).

3. Mothering (1977), by Rudolph Schaffer.

- no mention of a third party.

4. Infants (1979), by Robert B. McCall.

- no mention of a third party.

INFANT FEEDING BOOKS

1. Nursing Your Baby (1963). by Karen Pryor.

NUMBER OF MENTIONS:

A) 5 TIMES- (+) rather emotionally supporting the mother.. without it breast feeding will fail (pgs.6,17).

- (+) men want real women (biologically feminine) who breast feed (pg.145).

- (+) husbands approval [means a great deal to the nursing mother] (pg.146).

- (+) husband has pride... confidence... and admiration for breast feeding mother (pg.190).

B) - no mention

C& D) 3 TIMES- (-) friends, family may be skeptical... derogatory.. disgusted towards breast feeding so that the mother gives it up (pg.137).

- (+) grandmother can help by paying for household help for the breast feeding mother (pg.158).

- (+) neighbour can take toddler out or organise to make things easier on breast feeding mother (pg.158).

E) 13 TIMES- (+) institutional support (trained nurses) (pg.6).

- (-) doctors as saboteurs of breast feeding (pg.76).

- (-) biased obstetricians (pg.95).

- (+) doctors who do understand the benefits of breast feeding (pg.101).

- (+) the crusading paediatrician (pg.109).

- (+) lactation nurses (pg.110).

- (+) La Leche League (pgs.110,125, 145)

- (+) relactation clinics (pg.111)

- (+) state supported home helpers (pg.112).

- (+) visiting nurse (pg.159).

- (+) trained helpers (pg.159).

2. Basic Infant Nutrition: Birth to Six months/A Syllabus (1964), by Norman H. Willis.

- does not mention a third party.

3. Feeding Children in the First Year (1982), by Patricia Scowen and John Wells (eds.).

NUMBER OF MENTIONS:

A) 3 TIMES- (0) mother is much more likely to be influenced by the husband [to breast feed] (pgs.29,30.33).

B) - no mention

C&D) - 1 TIME- (+) friends, family, and neighbours could provide emotional and material support for breast feeding mothers (pg.30).

E) 16 TIMES- (0) professional advisors should not approve or disapprove of any choice [breast or bottle]. Should be there to give facts and support (pg.21).

- (-) many doctors, midwives, health visitors dislike discussing breast feeding (pg.30).

- (-) a 1976 study showed that doctors, midwives, and health visitors had no training to equip them to help the mother through her difficulties (pg.31).

- (+) health visitors should visit the mother in her home and give her a practical demonstration of correct sterilisation [bottle feeding] (pg.53).

- (-) failure of medical profession to develop a common programme of teaching... failure of medical team to understand and appreciate contribution each member has to encourage women to breast feed (pg.31).

- (0) doctors should listen to their patients (pg.31).

- (0) midwives and health visitors should listen to their patients (pg.31).

- (0) professionals should be aware of the power they have [to influence the decision to breast feed or bottle feed] (pg.30).

- (0) the attitudes of the professionals involved may be significant in the case of the woman who is undecided, and crucial in the case of the woman who wants to breast feed and needs help and support to carry it out successfully (pg.30).

- (0) professional should listen to and understand even though they may be able to do little about [the decision not to breast feed] (pg.30).

4. Breast feeding: A Guide to the Medical Profession (1985), by Ruth A. Lawrence.

NUMBER OF MENTIONS:

A) 6 TIMES- (-) husband influences rate of success, age of weaning, and mother's attitude towards breast feeding [if he is negative, breast feeding will not last very long or may not even be attempted] (pg.149).

- (0) decision to breast feed should be made with the full involvement of the father in most cases (pgs.152,167,175).

- (-) father may be jealous [of breast feeding mother and baby], however prenatal counselling is available (pg.164).

- (0) father may have to bottle feed while mother sleeps (pg.202).

B) - no mention

C&D) 4 TIMES- (0) close family and friends influence rate of success, age of weaning, and mother's attitude towards breast feeding (pg.149).

-(0) grandmother's interest did not influence mother's decision to nurse as frequently as did a friend's decision to bottle feed (pg.149).

- (+) La Leche League, and "telephone mothers" [can provide emotional support to the breast feeding mother (pg.474).

E) 20 TIMES - (-) students of paediatrics receive no formal training in the management of breast feeding and were thus ill-prepared to counsel a mother who wished to nurse... the paediatrician was at a loss (pg.1).

- (-) when the natural process of human lactation presents a question or concern to the physician, the advice was frequently to [unnecessarily] wean the infant to a formula (pg. 1).

- (0) blame cannot be placed solely on the feet of an uninformed and unsupportive medical profession., or infant formula manufacturers (pg.2,152).

- (+) medical profession should be prepared with adequate information to support the mother's decision to breast feed (pg.6).

- (0) physicians influence mother's decision whether or not to breast feed (pgs.149,150,175).

- (-) rapid decline in breast feeding was attributed to lack of appropriate advice..., and lack of psychological support while in the hospital (pg.11).

- (+) physician plays a pivotal role in the successful maintenance of lactation (pgs.12,167, 481).

- (+) lactation consultants (pgs.167,477,478).
- (+) Visiting Nurses Association [provide support for breast feeding] (pg.475).

APPENDIX #4- THE NESTLE BOYCOTT (A BRIEF SYNOPSIS OF EVENTS)

In 1973, an article appearing in a periodical called *The New Internationalist* added fuel to the already raging fire concerning the use and misuse of breast-milk substitutes in Third World countries. The article criticised several multinational infant formula companies, including Nestle for the marketing, distribution, and use of infant formulas in the Third World.

A consumer advocacy group in Britain called the “War on Want” took issue with the breast-milk substitute controversy. In 1974, Mike Muller, a journalist published a study called *The Baby Killer*. He discussed the hazards of bottle feeding in Third World countries, and urged the multinational corporations to practice some restraint in their promotional activities of breast-milk substitutes. In addition, he urged the medical community to become involved in the promotion of breast feeding.

Another Swiss-based group called The “Third World Working Group” (TWWG) published Muller’s study in German under the title “Nestle Kills Babies”. Since the issue was concerned with the lives of millions of infants, they attracted a great deal of interest among consumer and pressure groups. Groups such as the International Organisation of Consumer Unions, the Baby Foods Action Group, and Interfaith Centre of Corporate Responsibility began collecting material concerned with the marketing and sales promotion strategies of infant formula companies (Jayasuruya, 1984:7).

Nestle’s response was to file a libel action against thirteen members of the TWWG. In 1976, the thirteen members of the TWWG were fined 300 Swiss Francs each. However, the court was not completely unsympathetic to the TWWG’s position (Jayasuruya, 1984:7). The court ordered Nestle to re-examine its marketing practices and strategies.

Angered by the decision of the court in the Nestle case, various church and consumer groups continued to gather material in an attempt to reveal the unethical marketing and sales promotion strategies used by Nestle and other infant formula companies. In 1977, a group called the Infant Formula Coalition (INFACT) organised a consumer boycott against Nestle products.

APPENDIX #5- A LIST OF TEXTBOOKS AND CHAPTERS/PAGES

POPULAR LITERATURE

The two books chosen using a random numbers table from the universe of the general child rearing sample are:

1. The Complete Mothercare Manual (1990) by Sandra Moody and Jerry Shime.
0-6 Months- Feeding Your Baby (pgs.82-95).

2. The First Year After Childbirth (1994) by Sheila Kitzinger.
Advice (pgs.10,23)
Chapter 5 "Breastfeeding" (pgs.79-103).

The two books chosen using a random numbers table from the universe of the infant feeding sample include:

1. The Womanly Art of Breastfeeding (1991) by The La Leche League.
Chapter 1 "Why Chose breast feeding?" (pgs.5-19).
Chapter 2 "Plans are Underway"- section on "Health Professionals that Care" (pg.25).
Chapter 3 "Your Network of Support" (pgs.35-45).
Chapter 18 "The Superior Infant Food" (pgs.339-363).
Chapter 19 "Advantages of breast feeding" (pgs.363-389).

2. Feeding Your Baby in the Nineties (1992) by Louise Lagace-Lambert.
Chapter 4 "Breast is Best"
Chapter 5 "The Art of Breastfeeding"
Chapter 7 "Infant Formulas and Other Milks Before and After 6 Months"

HEALTH PROFESSIONAL LITERATURE

INFANT FEEDING BOOKS

The four books chosen using a random numbers table (Singleton and Singleton, 1993: 144-145) from the universe of the infant feeding sample are:

1. Nursing Your Baby (1963) by Karen Pryor.

Chapter 1 “The Nursing Couple” (pgs.3-19).

Chapter 3 “Milk “(pgs.47-66)

Chapter 4 “What Happened to Mother Instinct?” (pgs.66-86).

Chapter 5 “Doctors Who Don’t Help” (pgs.86- 101).

Chapter 6 “Doctors Who Understand” (pgs.101-116).

Chapter 8 “Attitudes Towards Breastfeeding” (pgs.135-149).

Chapter 9 “Before Baby Comes” (pgs.149-164).

Chapter 11 “One to Six Weeks: The Learning Period” (pgs.183-210).

Chapter 12 “The Reward Period Begins” (pgs.210-244).

2. Basic infant Nutrition (1964) by Norman H. Willis.

Forward (pgs.5-9)

Chapter 1 “Basic Nutritional Concepts” (pgs.9-49).

3. Feeding Children In the First Year (1982) by the Health Visitors Association.

Chapter 3 “An Infant’s Nutritional Needs” (pgs.10-21).

Chapter 4 “Advantages of Breast Feeding” (pgs.21-26).

Chapter 5 “Why Women Choose not to Breast Feed” (pgs.26-33)