Anthropological Reflections on Breastfeeding between Care and Culture

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Abstract: Breastfeeding is a practice so far unobtrusively studied by cultural and medical anthropology, an act placed between nature and culture, between private and social spheres and which, like birth and pregnancy, expresses hierarchies in roles and gender relations among biopolitical dynamics which denote the organization of society itself. As a cultural practice, breastfeeding differs itself on the basis of the social and ethnic belonging of the mother and the child, leading to ritual differences such as the law of the “kinship of milk” in Muslim societies or the apothecary taboo of Sub-Saharan Africa. The paper reflects on how much this is occurring in Western society where breastfeeding is less and less widespread and how much the lobbies influence technological and biomedical hypertrophy.

Keywords: Breastfeeding, culture, biopolitics.

1. Introduction
Breastfeeding is an act that lies between nature and culture, between being a mother and giving as mother and life dispenser, between nurturing and building and forging a new person. Breastfeeding can be understood as a practical, not only organic, but also cultural, rich, symbolic pregnancy that links the private sphere to the social sphere. Rosenberg and Trevethan (2003) argue that there have been few ethnographic researches concerning lactation and birth, and that they are very important because they refer to society dynamics, women’s role, hierarchy and distribution of roles and powers. As Ranisio writes: “The study of the mode of birth and the relationship between mother and infant is a ‘detector’ of the culture of a whole society, of the ‘place’ that a woman occupies in it, of the social role that culture attributes to the body and to the individual since his birth” (1998: 20). Breastfeeding brings with it beliefs and knowledge typical of any culture, prohibitions and concessions that protects the puerpera and the newborn through the ritualization of the biological act and the semantization of the donated substance. Water is the amniotic fluid in which the fetus develops, metaphorically it represents the rain falling on the fields, it is the source of dissatisfaction. Water purifies the body from harmful illnesses and moods, it allows exchanges and trade taking place on the sea. For the baby, the water is nourishment even after birth, through breast milk, which satisfies, fills, consoles, protects, grows. In the original tradition of the peoples it is found that the primordial significance of maternal function is not limited to procreation, but continues with lactation: a function of protection and initiation into the mysteries of life, so that the nursing, therefore, on a physical level is a nutritional act, but in a wider context, it is the representation of shaping life. The milk as nectar of life is also present in history and myth: in ancient Egypt, for example, the goddess Isis is sometimes represented while nursing Horus son who has become an adult. Likewise, Hercules, nourished by Uni (the Etruscan goddess corresponding to the Greek goddess Era and the Roman Juno), is represented as a mature and bearded man (Jordan, 1978; Rich, 1976). Breastfeeding, rather than just a natural event, represents a total social fact that can communicate, as it encompasses multiple cultural meanings and elements of social organization. As Foucault points out: “The mother’s body is also directly involved in a political field; power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs” (1976: 28). For example, historically, the beginning of breast nutrition did not occur in the different cultures in a uniform way: sometimes it happened earlier, sometimes less, the same was for the duration. The modus of breastfeeding was, in fact, conditioned and influenced by cultural models. Regardless of the beginning, more or less early on breast nutrition, the duration of breastfeeding, and hence the weaning age, had a primary function in childhood survival.

2. Breastfeeding between Care and Culture
In Islam, breastfeeding has a religious foundation. The Quran recommends that mothers should breastfeed their children for two years if possible and establish that every newborn has the right to breastfeed (The Quran, verses 2: 233). It also describes the need of continuity between the intrauterine environment of the fetus, where nourishment takes place through the mother’s blood through the placenta, and the extra uterine environment in which the newborn’s feeding takes place through breast milk. Thus, after birth, the newborn remains attached to the mom he totally depends on for his nutritional needs for twenty-four months (The Quran, verse 46: 15). Physician Ibn Sina (known in the West as Avicenna) described breast milk as “white blood”. In Muslim cultures while
breastfeeding the mother has to keep a confidentiality and modesty way. This derives from the Islamic belief that there are parts of the body of men and women who must always be covered in front of those who are not close relatives. These troublesome situations may push Muslim women to nourish their children in the hospital with artificial milk or with breast-fed milk in the milking room rather than at the breast, particularly in the Neonatal Intensive Care Department, where the mother may not have a private room. Providing screens and can help Muslim mothers in starting and continuing breastfeeding (Fantauzzi, 2008a, 2008b). Some Muslim communities believe that colostrum has an inadequate nutritional value and, probably because of its yellow color, is considered impure, so giving it to the newborn is almost a taboo (Chebel, 1997). Newborns are then given, in anticipation of the milk fit, honey or water intakes and a number of other foods. This is a cultural practice that does not give any foundation to either the Quran or the Ahadith, it is not a religious recommendation and can be a good opportunity to educate parents about this distinction. In fact, arguments such as the risk of botulism, poor weight gain, or electrolyte abnormalities may not be enough convincing.

Children are suckled on request and mom is devoted entirely to her newborn, who sleeps in her bed for at least the first year of life. The father supports the partner throughout the period of breastfeeding. Muslim women tend to continue breastfeeding until the baby’s two years and are firmly convinced that being breastfeeding is a right of every newborn. If the mother is not able to breastfeed, she and her father can leave a child’s baby feeding (verse 2: 233) rather than giving him animal milk. Children who are nursed by the same daughters are somehow considered brothers (Khoya fi ridâ’a: “milk is stronger than blood”), so they cannot marry each other according to the ‘kinship of milk’ (ridâ’a, verse 4:23). This does not allow the Muslim woman to feel free to donate her milk to the milk bank, especially in the cities of the industrialized West, as it is necessary to follow the destinations of the donated milk and avoid incest between the two hypothetical brothers of milk.

Milk, blood and sperm participate in the generation and formation of the individual and contribute to the attribution of his identity. Françoise Héritier illustrated the logic that links these moods and the relationship between them, arguing (on the basis of the aristotelic theories of the cold nature of women and the warm one reserved for humans) that in maternal milk there is, although indirectly, Paternal semen, guarantor of the perpetuation of patrilinear descent while starting from an apparently feminine substance. The pregnant or nursing Muslim woman during Ramadan can abstain from fasting (Fantauzzi, 2007a, 2007b).

3. From Africa to Technological Hypertrophy

The parental style of sub-Saharan Africa is based on a “high-touch” relational mode and has a protective purpose, while the Western one is based on a “low-touch” mom-child relationship and has an educational objective. For an African mother, the most important concern is to protect her child from the dangers of the surrounding environment (animals, illnesses, malady) and ensure him/her optimal growth. The protection is mainly through physical contact, which is achieved not only with lactation, but also with massage, baby wearing and co-sleeping.

The Dogons of Mali say that “The breast is second only to God”, summing up the essence of human life. Maternal breastfeeding in traditional African societies, in addition to having tremendous cultural value, is a biological necessity because infants are unlikely to be healthy at the age of one year if they are artificially breastfed because of the poor hygiene conditions. The elements that characterize nursing in all traditional African cultures are the fact that they are on the baby’s request (whenever they want it both day and night) and prolonged over time. Breastfeeding also becomes a chance for verbal exchanges with the mother, who sings and speaks to her baby as she nurses her because, as the elderly in Africa say, “food without words fills the stomach and not the head”. Sleep for African children is considered a social activity, a pleasant opportunity for family intimacy and is therefore shared by the various family members. Therefore, children never sleep alone but always in the company of another person (co-sleeping), unlike western children for whom sleep is considered a private moment, an opportunity for independence training and therefore typically “solitary”. Sleep in Africa is considered a delicate moment: night belongs to the spirit world, so it is important to protect the child and never leave it alone.

4. Conclusions

Basically breastfeeding, like any other aspect of women’s sexuality, is particularly vulnerable to cultural manipulation, and in most cultures, even rural ones, breast milk has been supplemented with baby milk since the early months, if not the early days: cereals (Africa), rice water (south-east Asia), herbal infusions (Central America). Moreover, in many cultures there is an apparatus of beliefs on “bad milk” that implicitly affirm that a mother can nourish well his children only in a relaxed and reassuring context so that the reflex of milk cannot be inhibited (Maher, 1991: 176). Every taboo on “bad milk”, such as not breastfeeding, not breastfeeding after heavy work, not breastfeeding if you have sexual intercourse, do not breastfeeding if you are ill, etc., could be read as a mother’s cultural defense against a destiny of spillage and decay linked not to breastfeeding, but to the sub-nutrition, the obligation to be sexually available. This tenderness in the mother-son relationship, breast-mouth, is going to be lost in technological society where the introduction of the machines remodeling and reinventing also the relationship between puerpera and newborn. Women who become mothers today in our societies where health policies emphasize the benefits of breastfeeding know that if they choose physiological breastfeeding they are invested with a strong symbolic value by offering a model that contrasts the culture of the artificial. They do not even realize that they risk to be manipulated by the biomedical mentality, which presents milk as a miraculous “antidote” against all diseases. As some authors recently claim, a detailed analysis of this phenomenon could be the study of rhetoric with which both the market lobbies of breast milk substitutes as well as the promotion and support for breastfeeding emphasize the benefits of breastfeeding. Institutional control over women has passed from the earliest times to its body, dismantling it and now redefining it through technological and economic hypertrophy. The removal of bodily experiences, the attenuation of the mother-child direct
relationship, the loss of immediate transmission of milk and its emotions redefine the culture of breastfeeding and its subjects, depleting it of its most intense primary meaning.

5. References


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