

The Socio-Cultural Context of Breastfeeding in the Nineteenth and Twentieth Centuries

Andela Runjić Babić

Department of Comparative Literature, Faculty of Humanities and Social Sciences, University of Zagreb, Zagreb, Croatia

ABSTRACT

This paper will give a historical account of breastfeeding and explain the socio-cultural context in which the shift from breastfeeding to bottle feeding occurred in the western industrialized nations in the course of the nineteenth and twentieth centuries. Whereas in the nineteenth century most infants were breastfed by the middle of the twentieth century bottle-feeding had become the norm. The growth of artificial infant feeding was related to economic conditions as well as the socio-cultural changes within the burgeoning industrial societies. Aside from the rise of infant formula industry one of the major factors that affected the decline in breastfeeding rates was the shift of breastfeeding from a natural practice into an object of medicine and science. Other cultural factors including religious beliefs, feminism and the changing roles of women within society have affected women's infant feeding choices. Throughout these socio-historical developments breastfeeding was promoted as the best option for infant health. However, concern over breastfeeding rates was also a concern over women's proper mothering behavior and a desire to control women and their mothering practices.

Key words: breastfeeding, artificial feeding, motherhood, ideology, science, feminism

Infant Feeding in the Nineteenth Century: from Breastfeeding to Artificial Feeding

During the nineteenth century major economic and social changes such as urbanization and expansion of labor economy, with a steady increase of women's wage work, majorly transformed the patterns of infant feeding. The economic factor was largely responsible for the abandonment of breastfeeding among the population of working class women as manufacturing jobs were incompatible with breastfeeding fully or even partially¹. Employed women were compelled to transfer the nurturing of their infants to other, even more socially disadvantaged women. In Victorian England this custom, also known as “baby farming” became synonymous with low conditions of child-care with infants often being massed together, poorly fed and regularly sedated with opiates¹. The usual practice involved leaving infants daily and for long hours at the care of local nurses who often combined child care with the job of washerwoman and in the absence charged the young girl in the family with infant care¹. A particularly problematic aspect of baby farming was malnutrition since most nurses in times of scarcity tended to economize with infant feeds so that infants were often fed a pap of bread or other farinaceous foods such as biscuits or rusks mixed with milk or water¹. Therefore, women's work and poor

diet due to abandonment of breastfeeding were seen as the major cause of infant mortality². Another phenomenon that was dramatically transformed by the socio-cultural changes was the practice of wet nursing, i.e. using the services of other women to carry out the practice of breastfeeding. Until the end of the nineteenth century and improvements in public health which contributed to safer artificial feeding wet nursing was the only viable alternative to maternal breastfeeding. In the nineteenth century the custom of sending children out of home to be nursed by a rural wet nurse changed in many European urban regions and affluent families who could afford a wet nurse expected her to live within their home so that mothers could “observe and control her diet, regime, care and behaviour”¹. It was a matter of precaution motivated by cultural aversion toward the lower-class wet nurses and the still widely accepted traditional belief that the characteristics of the nurse could be passed on to the child via breast milk¹ (Routh, 1876 in Fildes). A decrease in wet nursing was also affected by the changing meaning of motherhood and the transformation of maternal practices which started in the eighteenth century when maternal nursing became an emblem of the new bourgeois ideals of morality and equality³ and also of proper motherhood. Whereas the practice of private wet nursing in Europe over the course

of the century was steadily decreasing in the United States it had been a minor aspect of infant feeding due to absence of aristocracy and the impact of the Puritan theology which advocated maternal breastfeeding as an act of morality and criticized mothers for hiring wet nurses³. According to Blum, by the nineteenth century societal fears of wet nurses of questionable morality were intensified by the “racialized class divisions” between mothers and wet nurses³. Although in the South it was common to use black slave women as wet nurses now they were perceived “as primitively oversexed and therefore polluted” whereas in the North the immigrant wet nurses were rejected as “inferior and suspect” due to their origin (not having Anglo-Saxon roots) or their marriage status (being single or not married)³.

As the century progressed artificial infant feeding became more diffused so that by the beginning of the twentieth century the occupation of wet nurse had almost become extinct⁴. Simultaneously, upper and middle-class women were also struck by cultural changes that transformed their roles in the society and created an atmosphere in which many of these women were motivated to turn to artificial infant feeds⁵. The nineteenth century ideology of domesticity excluded middle-class women from the public sphere and exalted motherhood as women's central role and the core of their identity⁵. Although the father was still the ultimate authority in the family, the new ideology, supported by the increased social value of children, gave mother a more valued role to play in shaping the child⁶. The “cult of domesticity” brought more power to women within home but it also meant more obligations for mothers who were now exclusively responsible for nurturance and the well-being of their children and families⁵. In theory breastfeeding remained the key practice of proper motherhood and mothers were informed by their physicians that breast milk was the optimal infant food. Yet, physicians also believed that breast milk was satisfactory only if produced by a woman who was physically, morally and emotionally fit⁵. As stated by Golden (1996, cited in Hausman)⁷ this lack of confidence in breast milk was class biased and reflected a long-standing cultural skepticism toward the ability of upper-class women to “fulfill their biological duties” such as natural childbirth and breastfeeding so that some physicians started to believe that some of these women were less suited for breastfeeding than the lower-class women⁷. Thus, the messages that women received about the virtues of breastfeeding were contradictory as the cultural view on breastfeeding offered a somewhat different perspective. For example, the nineteenth century Victorian ethos propagated modesty as the ideal of womanhood and the act of suckling a child was seen as immodest⁸ (Riordan and Auerbach, 2005 cited in Stolzer). Simultaneously, the Catholic church was cultivating a culture of shame related to all aspects of physicality, even breastfeeding. According to Walhout, in the second half of the nineteenth century in the southern regions of the Netherlands dominated by the Catholic population, there was a custom of binding women's breasts on the ground that exposing breasts was shameful and the local

clergy campaigned against breastfeeding⁹. And in rural parts of Bavaria breastfeeding was considered immoral and disgusting^{4,10} and thus artificial feeding was the norm. Also, the racialized stereotypes, such as “the fat Irish or coarse German nurse” (Golden, 1996 cited in Blum) added to the perception of breastfeeding as close to nature and thus signaled low social status³. Another factor that majorly impacted the practice of breastfeeding in the late nineteenth century was the strengthening role of physicians and their increased influence on women's infant feeding choices. Within the process of medicalization (on which more extensively in the next section) infant nutrition became the field of medical expertise and women were no longer regarded experts in infant feeding⁵. The control of infant feeding also meant that physicians had to decide on the alternative in case of breastfeeding failure. Most physicians rejected wet nursing because they perceived societal aversion to wet nurses and they also found it hard to ensure a physically, psychologically and morally suitable wet nurse⁵. However, it is also likely that physicians lacked practical knowledge about the mechanisms behind breastfeeding and they started to prefer artificial feeding as they better understood and could more easily deal with the problems related to bottle feeding⁵.

As stated in Eden the decline in breastfeeding rates and the cultural shift toward artificial feeding was the result of a lack of professional breastfeeding support¹¹. As the medical specialties in childbirth and infant nutrition developed, pediatricians gaining control over infant feeding and obstetricians over childbirth, breastfeeding did not gain expert attention and the breastfeeding care work once performed informally in the private domain by female kin began to disappear among middle-class women¹¹. Subsequently, mothers concerned about the health and well-being of their children and insecure about their own abilities started to believe that artificial feeding under physician's control was the best choice⁵. By the beginning of the twentieth century in the United States “affluent women preferred to negotiate infant feeding according to a medical model, whether they used breast or bottle”¹³.

Medicalization of Infant Feeding and the Rise of the Formula Industry

In the second half of the nineteenth century many industrialized countries faced the problem of high infant mortality. Although poverty and unhygienic conditions in overcrowded urban areas correlated with gastro-intestinal illnesses, artificial feeding was distinctly blamed for the incidence of summer diarrhea which accounted for about two thirds of deaths in artificially fed infants⁴. Since much of these deaths were the result of improper feeding, particularly with contaminated cow's milk, what these countries clearly needed was a safe and healthy alternative method of feeding infants. Awareness of bacterial contamination and the contemporary bacteriological research led industrial societies to find ways to improve human milk substitutes and make them more available¹⁰. Advanced chemical analysis of human and animal milk provided the

basis for “scientific” infant feeding and moved the objective toward “humanization” of animal milk, i.e. modification of animal milk according to the components of breast milk².

In the United States the late century shift from breastfeeding to artificial feeding was evolving within a specific context of the changing medical practice and the increased value of science in American society. Rima Apple has correlated the dramatic change in infant feeding patterns from 1890 to 1950 and the establishment of bottle feeding as the American norm with the process of medicalization within which control over infant feeding shifted from women to physicians. According to Apple increasingly precise chemical analysis of human and animal milk enabled physicians to devise scientific formulas for infants but also provided a rationale for the growing medical intervention in infant feeding⁵. This expert knowledge on infant diet and nutrition also contributed to the professionalization of infant and child medicine and, by the end of the nineteenth century, the establishment of pediatrics as a distinct medical specialty¹². In order to understand how the medical support of breastfeeding in the United States shifted in favor of artificial feeding it will be helpful to briefly outline the historical evolution of infant formula. Aside from the physicians' recipes for modification of cow's milk infant formulas were also devised by chemists interested in infant nutrition. The first patent formula, designed by a German chemist Liebig, appeared on the market in 1867^{1,4-5,10}. It was advertised as “the perfect infant food” that provided all the nutritive elements of human milk, but it was not well received due to its complex preparation⁵ and because physicians doubted it was equal in composition to breastmilk^{4,10}. In the following decades there was a growing number of commercial formulas, a large amount consisting of flour, starch and dextrins that were to be added to milk or water^{13,2}. By 1883 there were at least twenty seven patented brands each claiming it was the ideal food superior to all other infant foods, including by implication breast milk¹⁰. A major breakthrough in the development of artificial feeding was Pasteur's discovery that gentle heating destroys micro-organisms, however, pasteurization was only applied as a method of milk preservation after 1890¹⁴. The recommended procedure was boiling, although physicians were not unanimous on this procedure and while some advocated it others advised raw milk as they thought boiling destroyed the nutritive qualities of milk⁵. Improvements in public health during the latter half of the century including chlorination of water and better handling and storage of milk also contributed to a more successful formula feeding at the beginning of the twentieth century¹³. Other technological advances, such as elaboration of the modern feeding bottle and the invention of the rubber teat which made bottle feeding more hygienic and safer further encouraged the use of breastmilk substitutes¹⁴. The establishment of the infant formula market did not go uncontested and medical authorities had severe reservations about the use of commercial formulas convinced that in the long run they promoted rickets and scurvy and were detrimental to infant health². However, the socio-economic context of industrial societies provided a fertile ground for

the growth of artificial feeding and soon manufacturers of infant foods, condensed milk and later powdered milk would find bottle feeding highly profitable⁵.

Ascent of the baby food industry was underpinned by aggressive advertising and the manufacturers of commercial formulas sought ways to persuade both mothers and physicians to turn to their foods in medical journals and women's and popular magazines⁵. They used clever marketing techniques such as publishing testimonials from the satisfied mothers and physicians and offering free samples and brochures on infant care and feeding⁵. In 1882 Fowler, the editor of *American Journal of Obstetrics* concluded that “some of the products could be satisfactory substitutes for mother's milk”⁵. By the early twentieth century some physicians had realized the economic potential in the distribution of infant formula and they wanted to take share in the new profitable market¹⁰. Yet, the deal between manufacturers and doctors was not portrayed as collusion but rather “a partnership” of learned rational men (against unlearned irrational women) committed to infant nutrition¹⁰. According to Stolzer alliance between physicians and manufacturers contributed to women's reliance on either distributors of formula or medical doctors for information about infant feeding⁸. On the other hand, Apple claims that women were active agents in this process of commercialization of infant feeding as the distribution of formula directly to consumers meant that they were able to buy and use infant feeds without reference to medical advice⁵. In the United States this fact would soon cause dissonance between manufacturers and physicians, the latter striving to keep control over the lucrative field of infant nutrition.

Although pediatricians were legitimately concerned about infant health and worried about the safety of proprietary formulas their motifs also seemed to have been spurred by considerations of status⁵. According to Wolf, they also recognized that unsupervised feeding lowered their income as consultations about infant feeding made the basis of pediatric practice¹². The initiator in these developments was a pediatrician Rotch who claimed that “substitute feeding should emanate from the medical profession, and not from non-medical capitalists” (Rotch, 1893 cited in Mephram)². Therefore, in 1890 he came out with the method of individual feeds suited to each baby's digestive capabilities. His formula known as the “percentage” formula was based on the premise that breast milk was prone to variability and that imperfect milk (whether spoiled by irregular nursing, the woman's lack of discipline or excessive temperament), could have detrimental consequences on infant's health⁵. Likewise, even the slightest changes in the proportions of the ingredients of cow's milk (fat, protein and sugar) could affect infant's development and digestibility. At first, physicians directed attention toward women and “the improvement of their lactational capacity through exercise, wholesome diet and a serene disposition” (Rotch in Apple)⁵. However, the concept of the variability of breast milk (in both quality and quantity) soon came to denote that “the ideal breast milk is rare” (Rotch in Apple) and thus not necessarily optimal food for infants which led some physicians to promote formula feeding made of

known ingredients in preference to the uncertainty of maternal nursing⁵. By the end of the nineteenth century American physicians increasingly turned to infant formula³. To do justice to Dr. Rotch it needs saying that his scientific approach to infant feeding resulted from a culture which held great esteem in science and looked for a scientific solution to almost every social problem (Rosenberg, 1976 in Apple)⁵. According to Apple physicians, manufacturers, and mothers all looked to science as the answer to the confusing problem of healthy artificial feeding.

The manufacturers cleverly exploited the craze for science by evoking images of modernity and progress and suggesting that mothers and physicians who opted for it were “scientific” and “fashionable”¹⁰. Science was also used in shaping of the practices of motherhood and childrearing, which both became subjected to medicalization through “scientific motherhood” – the new motherhood ideology which emerged in the United States at the end of the nineteenth century and from there spread to other Western European countries (the political implications of scientific motherhood will be analyzed more extensively in the next section). Mass distribution of infant formula started with the “clean milk movement”, a late nineteenth century public health policy implemented through municipal milk stations, first in France and then in Britain and the United States^{15,2-4,10}. Although the primary objective of milk stations was to promote breastfeeding to working class mothers, they also became implicitly involved in the expansion of the formula market through distribution of free or low-cost formula and instruction of mothers on how to prepare it at home. The use of formula was justified through routine weight checks which were seen as an objective way of measuring whether a child was thriving and if the infant was not gaining enough pediatricians prescribed supplementation with infant formula¹⁰. As the number of milk stations increased so did the sale of the commercial infant formula¹⁰. Pediatricians supervising milk stations were thus involved in expansion of artificial feeding and in 1903 at an international medical convention in Paris obstetricians accused the pediatricians “of making mothers stop breastfeeding by recommending artificial milk through the milk stations”¹⁰. Although the policy of providing sterilized milk to poor infants was successful in lowering infant mortality rates it also had a negative impact on the success of breastfeeding. According to Wolf by the 1940s “pediatricians generally accepted the viability of generic milk substitutes, and they blamed any health problems on infants or mothers’ failure to follow doctor’s advice, not on the formula itself”¹².

Political Implications of Breastfeeding in the late Nineteenth and Early Twentieth Century

At the beginning of the twentieth century a number of British studies confirmed that “the infant death rate from all causes, but in particular from diarrhea, was noticeably higher amongst bottle-fed as compared with breast-fed infants”¹⁶. In Imperial Germany it was estimated that the death rate of bottle-fed babies was “up to seven times

higher” than that of breastfed babies (Vogele, 2001 cited in Vogele et al.)¹⁷. The statistics on infant death and the declining birth rates induced fears of depopulation so that infant feeding became the state issue as part of broader population policies within the industrialized countries^{15,17}. Infant feeding policies were implemented within the infant welfare movement, an institutionalized form of infant care that emerged in early 1890s in France and from there spread internationally¹⁵. Breastfeeding was the core policy within the movement, as its main objective was to lower infant mortality through an increase in breastfeeding rates. Breastfeeding minimized the risk of malnutrition and to a certain degree prevented gastro-intestinal diseases and thus correlated with low infant death rates¹⁷. However, behind the philanthropic concern for infants’ well-being breastfeeding policies were also imbued with ideological connotations and employed as a means of eugenicist indoctrination. Anxieties about infant mortality were also underpinned by racial and class considerations and reflected imperialistic and eugenicist concern about the future of the race as well as attempts to control and improve the population quality. In the nation-building United States these fears were exacerbated by an increasing concern about mass immigration, the growing ranks of urban poor and the increase in labor unrest, that were seen as a threat to the existing social order and the dominance of the middle class⁶ (Hayden, 1981 cited in Hays). Simultaneously, there was a belief in the possibility of discovering scientific, expert-guided and state-enforced solutions to these social ills which “could iron out the wrinkles of race and class conflict”⁶. According to Blum the improvement of population was addressed through “higher” Americanized mothering and exhortation of mothers to breastfeed³. Breastfeeding became the women’s patriotic duty and the “the conduit to national strength and global power”⁴³ (Mink, 1995 cited in Blum). The Boer War (1899-1902), followed by the Inter-Departmental Committee on Physical Deterioration in 1904, triggered the British government’s fears that low breastfeeding rates might lead to a weakening of the race and threaten the future of the Empire^{18,16}. This, in turn, increased focus on the social welfare of infants and schoolchildren, and mothers as their primary caregivers¹⁵.

In both Britain and the United States organized women’s groups also campaigned for better social services demanding material assistance from the government, however these needs were not met and the policies in relation to infants and women focused primarily on the medical intervention and education of mothers^{3,15}. Also, the expansion of social welfare was underpinned by beliefs about women’s responsibilities toward the family and invoked “notions of good mothers who could improve their children’s health through their own efforts”¹⁵. The U.S. maternal reform groups, who were mostly educated middle-class women, became centrally involved in infant welfare policies. As women’s work and artificial feeding were condemned as the main cause of infant death the maternalists’ efforts focused on lowering infant mortality by persuading working class mothers to give up wage earning

and commit themselves to motherhood and breastfeeding³. Some scholars view these policies as a form of surveillance and control of the working class families by the state^{6,15}. Working-class women were publicly perceived as foolish, immodest and deviant⁶ (Kerber, 1986 and Stansel, 1987 cited in Hays) and therefore needed to be adjusted to the exemplary middle-class norms of family behavior through imposed domesticity and modification of child-rearing techniques⁶. The recent feminist perspective has focused on this political meaning of breastfeeding and implications of institutional and medical control on women, their bodies and their maternal practices. Breastfeeding policies have been frequently connected to mechanisms which involve surveillance of motherhood and thus implicitly the social control of women. The moralizing overtone of breastfeeding discourses is another feminist concern regarding infant feeding policies. Carter states that facts about the benefits of breastfeeding have often been connected with certain ideas, images, beliefs and favored subject positions for women¹⁵. For example, from the middle of the nineteenth century the British state has expressed concern that women's work and the subsequent abandonment of breastfeeding led to an increase in infant mortality and thus failure to breastfeed came to represent one aspect of poor mothering¹⁵. Until the twentieth century beliefs about how women should behave as mothers were promoted mainly by the clergy and moralists.

The beginning of the twentieth century saw an increasing role of science in pronouncing what was socially desirable¹². The state control of motherhood became exerted through a new motherhood ideology - "scientific motherhood". This ideology, which emerged in the United States in the late nineteenth century, brought a shift in conceptualization of motherhood and a view that proper mothering practices (including breastfeeding) should be regulated by science and subjected to medical scrutiny⁵. Medicalization of infant feeding, with the basic premise that women should seek advice about infant feeding (whether breast or bottle) from doctors and use contemporary science to shape mothering practices, was essential part of the motherhood ideal⁵. Scientific motherhood which defined women in terms of their maternal role centered in the domestic sphere built on traditions of domesticity but also brought a sharp distinction from the traditional perception of women as experts in infant care and nutrition⁵. Whereas the nineteenth century ideology of appropriate motherhood gave women broad decision-making powers within home and family, scientific motherhood insisted that "a mother alone could not decide which food was best for her infant"⁵. A distinct feature of scientific motherhood was an understanding that "a mother's instincts, virtue and affection were no longer sufficient to ensure proper child rearing"⁶. Instead, she had to be educated and "scientifically trained" in motherhood^{5,6}. As the traditional knowledge about child care and breastfeeding was being replaced by the scientific knowledge women lost their central position as experts in childrearing. This was accompanied by increasing skepticism toward the mother's ability to safeguard infant's life; therefore an understanding

that mother's ignorance was responsible for a great proportion of infant death became prominent in this era⁵. Whereas in the past the blame for infants' death was put on wet nurses, to quote Fildes "by the early years of the twentieth century the scapegoats were mothers"¹. The model of trained motherhood also took hold in other industrialized and industrializing countries where it followed the same pattern of education on infant care and breastfeeding promotion. The ideal of educated motherhood was implemented through various "communication channels" including governmental institutions, infant welfare clinics, women's colleges and girls' schools, expert and popular literature on child care, women's magazines and periodicals etc.⁵. By 1910 milk stations or depots had turned into infant welfare centers which put greater stress on education and counselling than the distribution of safe artificial milk⁵. According to Puljizević and Brassard education of mothers and midwives about the latest knowledge on hygiene as well as the promotion of breastfeeding were the core public health policies of the Austro-Hungarian administration in the city of Dubrovnik¹⁹.

The late nineteenth century writers of literature on child care expressed the dictum that mothers ought to breastfeed, and they harshly criticized affluent mothers for indulging in social life instead of nursing their infants. The rhetoric of breastfeeding advocacy often relied on invoking feelings of guilt and using statistics on infant death in persuasion of mothers to breastfeed¹⁹. In Germany, urban educated mothers attended exhibitions on health and courses in child care while the country women were educated by teachers who travelled from village to village and spread knowledge about proper infant care¹⁷. Breastfeeding advocacy also relied on a strict regulation of maternal bodies. As stated by Mink (1995, cited in Blum) the U.S. Children's Bureau listed requirements for nursing: "Mothers were to sleep eight hours a night, nap midday, exercise and take fresh air for an hour each morning and evening, and nurse on a strictly regular schedule"³. In Germany poor nursing mothers were granted breastfeeding premiums, however, the procedures used to prove that they actually breastfed were "downright discriminatory"¹⁷. Vogelet al. state:

To receive the premium mothers had to give consent to unannounced home visits, they had to visit the welfare centers on a weekly basis (...) and to demonstrate this, they had to feed the infant before the (male) staff present or bring the used diapers to the center" (p. 2194)¹⁷.

Although it is hard to assess the direct impact of breastfeeding advocacy on infant mortality and health during this period, it can be assumed that the promotion of breastfeeding contributed to a drop in rates of artificially fed infants, and thus implicitly a decrease in infant mortality. The success of breastfeeding policies was particularly prominent in Germany. According to Vogelet al. during the first third of the century the breastfeeding rates substantially increased and the positive breastfeeding trend continued even during WWII. Such success can partly be attributed to the impact of the strong Nazi propaganda which promoted maternal nursing as a racial

duty and saw bottle as a symbol of modern decadence¹⁷. In contrast, the Anglo-Saxon countries saw the opposite trend and a substantial increase in bottle feeding. Aside from the social and cultural reasons which have already been explained, another factor which might have impacted such development was the scientific approach to breastfeeding. Therefore, this concept needs further explanation.

Scientific Breastfeeding and Other Influencing Factors Until 1950

Within the process of medicalization breastfeeding was transformed from a natural practice into an object of science. In the words of Eric Pritchard (cited in Rowold), the head of the British infant welfare movement “scientific breastfeeding” entailed observance of cleanliness, regularity in times of feeding and regulation of the amount taken¹⁶. It was particularly important that mothers pay attention to regularity of feeding as irregular feeding was considered the main cause of severe diarrhea, which afflicted thousands of infants every summer, often with fatal consequences¹⁰. “Feeding by the clock” in regular intervals was seen to ensure “the proper functioning of the digestive system and to avoid illness or even death”¹⁶. One of the most fervent advocates of breastfeeding in Anglo-Saxon countries Frederic Truby King (1858-1938) insisted on a strict feeding routine and although promoting breastfeeding as the “natural” method he also instructed mothers to adhere to four-hourly intervals instead of nursing by demand^{10,16}. Night nursing was not allowed because it risked mothers’ alienation from breastfeeding and sooner weaning and, being a pronatalist and eugenicist, King worried that shorter breastfeeding intervals could negatively impact the birth rate and thus threaten the future of the Empire¹⁶. Insistence on a strict feeding routine was also seen as a conduit to desirable habit formation which would later ensure mental health of individuals and the larger social body¹⁶. King was also responsible for establishing the system of health visiting with an aim to spread the virtues of breastfeeding^{4,16}. The nurses were taught to encourage breastfeeding and guard against overfeeding, however, they were also instructed to collect samples of breast milk and test it for fat content⁴. If breast milk was deemed insufficient mothers were educated about the preparation of formula, which, according to Baumslag and Michels, also might have contributed to breastfeeding failure¹⁰.

After the First World War the field of childrearing was further medicalized by experts from behaviorist psychology. The behaviorist approach to childrearing insisted on strict regularity “not only in feeding, but also sleep, evacuation and mother-child interaction”¹⁶. Behaviorists were “intent on making mothers give up their sentimental, indulgent caregiving in favor of rational discipline and habit training”³. Mother was seen as irrelevant for child’s development and her role was reduced to a set of mechanical chores²⁰. Mothers who followed recommendations of one of the leading U.S. pediatricians of the time Luther Emmet Holt, refrained from kissing infants (allegedly to prevent the transmission of germs), playing with them or

making them laugh (as this could lead to overexcitement or damage the child’s frail nervous system) and also adhered to toilet training from the third month of baby’s life (Thurer 1994 in Mindoljević Drakulić)²⁰. According to Berney (cited in Hausman)⁷, insistence on scheduled feeding was seen as rational, unlike breastfeeding on demand and other irrational childrearing practices related to immigrant families’ customs and traditions⁷. Needless to say, such approach to breastfeeding interfered with the natural rhythm of suckling on demand and even in the next decades breastfeeding rates continued to fall because the notions of scientifically regulated maternal practices had already been rooted in society⁷. In addition, in the United States, many mothers were influenced to turn to formula by the growing confidence in artificial foods and declining confidence in breast milk³.

The medicalization of childbirth was another prominent factor which contributed to the failure of breastfeeding. Hospitals fostered the ideology of scientific motherhood and implemented scientific forms of infant care, including the scientific breastfeeding. The medical model of sanitized and regimented breastfeeding which included feeding on a strict schedule and separating mothers and babies for long intervals, including whole nights, sabotaged breastfeeding^{21,3-5}. The U.S. hospitals also encouraged the belief that infant formula was as good as mother’s milk and implied “not only that mother’s milk was insufficient but also that formulas were healthful”⁵. In such environment most women found it hard to establish a successful breastfeeding relationship and instead turned to formula feeding. Insufficient milk became the most prevalent reason for breastfeeding failure within the hospital setting and also a convenient and medically resonant rationale for early weaning⁷. On the other hand, women were probably grateful to have a safe hospital birth and also wanted freedom from the confining duties of breastfeeding, therefore educated middle class women actively worked for the medicalization of childbirth³.

The emancipation of women in 1920s and the establishment of the bottle as an emblem of freedom was another detrimental factor to the success of breastfeeding in this period²¹. By the 1930s and 1940s most independent women viewed breastfeeding as old-fashioned and talked about breastfeeding in terms of being tied down²¹. The meanings attached to motherhood and breastfeeding changed significantly after the Second World War when new psychological understandings on infancy altered the medical discourse on the benefits of breastfeeding¹⁶ and brought a new ideology of “hyper-emphatic” motherhood²⁰.

Psychoanalytic Theories and Their Impact on Reconceptualization of Motherhood and Breastfeeding

Before the Second World War the medical circles understood the physiological benefits of breast milk and perceived breastfeeding as a method of lowering infant mortality rates and a way of optimizing infant health “by

greater freedom of disease and a greater recovery from disease¹⁶. The Great War intensified fears of depopulation and the social chaos which governed the world once again brought attention to the declining breastfeeding rates. In 1942 the British Minister of Health set up a committee to write a report on “what could be done to intensify the effort to secure more breastfeeding of infants?”¹⁶. To make their case the committee referred to medical experts in the fields of ob-gyn and pediatrics, but also sought professional opinion from experts in psychoanalysis which denoted a shift in conceptualizing the significance of breastfeeding¹⁶. In the interwar period, a new group of experts in the field of psychoanalysis had developed theories of child subjectivity and posited breastfeeding as integral to children's emotional and psychological development¹⁶. Psychoanalytic theories put focus on children's vulnerability and criticized behaviorist mechanistic approach to child rearing, which was adopted by the contemporary pediatricians¹⁶. Much psychoanalytic thought was centered on the matter of infant feeding and it was generally agreed that breastfeeding was the preferable option because “bottle feeding could not fully replicate the emotional and psychological effects of the breastfeeding relationship”¹⁶. Influential psychoanalysts Anna Freud and Melanie Klein both posited maternal breastfeeding as important for infant's healthy psychological development since it enabled a smoother and easier “transition from narcissism to object love” (Freud, 1946 cited in Rowold) and because bottle feeding left in non-breastfed people “a deep longing for the breast which has never been fulfilled” (Klein, 1936 cited in Rowold)¹⁶. This new understanding of the breastfeeding relationship which, according to psychoanalytic theorists, laid the foundations for mental health in adult life, once again brought focus on the mother. Thus by the post-war period good motherhood meant ensuring proper nutrition and hygiene but also sustaining the child's emotional security through breastfeeding¹⁶.

The view that breastfeeding supported healthy psychological development of individuals also led to a belief that it could secure collective emotional health and thus shape society (Dick-Read in Rowold)¹⁶. The 1950s marked a change in understanding of the nature of good mothering and the shift in focus from strict regularity and scheduling in feeding to a more liberal approach to childrearing. Maternal affection became central to these new approaches and psychoanalysts emphasized the need for mother-child bonding as the basis of proper child care. The loss of bond with the mother was correlated with mental disorders and connected with psychopathology¹⁶. Mothers were “either held responsible for all that was good in children and morally desirable in society or blamed for their children's individual psychological disorders and the larger social ills that resulted from them”¹⁶. Aside from the British psychoanalyst Bowlby who did not think method of feeding had particular relevance for establishing secure attachment, experts posited successful breastfeeding relationship at the heart of this process¹⁶. The British pediatrician Winnicott considered breastfeeding crucial for the baby's separation from the symbiotic relationship with

the mother since the maternal breast was the “first object of fantasies of omnipotence” i.e. fantasies that he/she controls the mother³. The famous American pediatrician and psychoanalyst Benjamin Spock, in one of the most influential manuals on infant care *The Common Sense Book of Baby and Childcare* (also translated in German) strongly supported breastfeeding and advocated permissive parenting^{3,17}. However, his propagation of “firm management” and “reasonable control” as well as encouragement of scheduled feeding³ demonstrate a minor digression from the prescribed norm of the era and support the view on the necessity of a rational approach in child rearing (non-conducive with successful breastfeeding) which had been firmly rooted in the American society. In addition, Spock's reassurance that the switch to formula would not cause any physical or emotional loss to baby or mother²¹ and that bottle-fed babies were as happy as the breastfed³ attest to attenuated medical insistence on breastfeeding. From the mid-1950s breastfeeding prescriptions were becoming less adamant so that in 1955 even Melanie Klein posited bottle as “a reasonable substitute for breastfeeding”¹⁶. According to Thulier, a dramatic decline in breastfeeding was evident in statistic data from the national studies which showed that breastfeeding initiation rates in the United States had dropped from 70% in 1930 to 38% in 1965²¹. Although good motherhood did not implicitly involve breastfeeding devoted mothering was still promulgated as women's civic duty, necessary in shaping well-adjusted individuals and democratic societies (Spock, 1957 cited in Blum)³.

Social and Political Implications of Breastfeeding in the Second Half of the Twentieth Century

During the 1950s and 1960s breastfeeding rates were steadily decreasing so that by the early 1970s they had reached an all-time low with only 22 % of American mothers initiating breastfeeding¹⁴. Even in Germany, where the breastfeeding rates had been favorable during the first half of the century, the emphasis on breastfeeding was attenuated in favor of formula feeding¹⁷. Aside from the fact that infant formula had improved and become widely available and advertised some cultural factors may have contributed to this decline. According to Blum changing discourses of sexuality which saw women as sexually desiring subjects and women's breasts as a sex symbol contributed to a view that breastfeeding was partly sexual and should be held away from the public eye³. Many women opted for the bottle as it allowed them to be out in the public without feeling discomfort from exposing their breasts. Some women felt anxious about how breastfeeding could affect the shape of their breasts as the popular culture mandated the perky and uplifted breasts of the Barbie doll (Young, 1990 cited in Blum)³. Advertising also had a major impact on women's decision to breastfeed by promoting bottle-feeding as “elite” and associating it with higher class and modernity (Van Esterik, 1989 cited in Foss and Southwell)²². Such messages implied that moth-

ers who did not use infant formula would be considered old-fashioned, uneducated and probably belonging to lower class²².

A different strand of thought challenging the medical hegemony and the regimented medical model of breastfeeding was espoused when in 1956 a group of Catholic women organized the La Leche League (LLL) with an aim to provide “mother to mother” support on breastfeeding^{3,21}. Unlike the medical model of breastfeeding the League promoted a more relaxed nursing on demand and child-led weaning approach. The revival of breastfeeding in early 1970s can be brought in relation to changing ideologies and political activism of different social groups, particularly the feminist movement. The second wave of feminism brought focus on the control of women's bodies and efforts to overthrow many medical areas which feminists saw as part of male social control^{3,21}. Women's health activists strove to empower women to challenge medicalization and gain control over their bodies by rejecting unnecessary medical interventions²¹. Additionally, baby formula companies received negative publicity when church and university based groups disclosed unethical selling practices of the formula industry in developing countries^{3,10}. In 1974 the British charity study “The Baby Killer” drew international awareness on the problem of poor, malnourished infants in Africa and postulated strong negative effects of bottle feeding on infants' survival and health^{10,17}. One of the most corrupt marketing practices employed by The Nestle company was the use of “milk nurses” i.e. women dressed in nurses' uniforms who visited mothers in hospitals and homes and persuaded them to buy formula¹⁰. In 1981 the WHO/UNICEF developed the “International Code of Marketing of Breastmilk Substitutes” which addressed the concerns of controversial marketing practices¹⁰.

The advocacy of breastfeeding was given further impetus when in 1991 the WHO/UNICEF launched the Baby Friendly Hospital Initiative through the “Ten steps to Successful Breastfeeding”¹⁰. This program was designed to “remove hospital barriers to breastfeeding and create an environment in which mothers can breastfeed in an informed and supportive setting”¹⁰. The lactation care work was also professionalized and removed from the household into the market economy¹¹. A new expert in breastfeeding emerged- the International Board Certified Lactation Consultant (IBCLC) with an aim to provide “formal, scientific, structured, and governed” lactation care¹¹. Although still viewed as “natural”, the breastfeeding practice remained under control of medical and health professionals. In conjunction with exhortation of women to breastfeed the term “breastfeeding fanaticism” was coined to imply that too much pressure on women to breastfeed can evoke feelings of guilt and inadequacy¹⁷. During the 1980s and early 1990s feminists did not pay much attention to the question of infant feeding and most of them preferred bottle feeding as it seemingly offered a promise of women's liberation from the constraints of reproduction. In the last decade of the century feminist scholars started to consider economic, social and political implications of breastfeeding and question whether breast-

feeding was actually the best feeding method for all women. There was also an opposing view that regarded breastfeeding as a feminist practice through women's self-conscious control of their bodies and resistance to economic exploitation by the baby formula industry. At the end of the twentieth century breastfeeding was again posited as one of the central aspects of good motherhood constructed around the notions of appropriate child rearing which was “child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive”⁶. In other words intensive.

Conclusion

Throughout history breastfeeding was the only safe option of feeding infants and if the mother was unable to breastfeed (or for economic or social reasons chose not to), other women were hired for the purpose. During the nineteenth century in the western industrialized countries the patterns of infant feeding started changing dramatically. Women's work and the loss of breastfeeding support among culturally isolated urban women affected the breastfeeding rates. Other cultural mechanisms, supported by distrust in women and their bodies and a growing faith in science also impacted women's feeding practices. The invention of infant formula for the first time in history enabled women freedom from the constraint to breastfeed and provided a relatively safe alternative to wet nursing. Aside from this socio-cultural context, breastfeeding was also politicized and embedded in different ideologies. The ideologies of domesticity, scientific motherhood and intensive motherhood have served to shape motherhood and inform women about the proper mothering behavior. The promotion of breastfeeding as the symbol of proper motherhood was a constant feature of these ideologies. Women who failed to follow the prescribed ideal were deemed as selfish and deviant, particularly if they belonged to the working class, since lower-class women were historically seen as natural breeders. Women's work was particularly seen as detrimental to breastfeeding, therefore breastfeeding campaigns were based on education about the virtues of breastfeeding and persuasion of women to refrain from work. Throughout this period the meanings of breastfeeding have changed and its sociologic potential in shaping healthy societies has also been recognized.

Although historically breastfeeding was seen as the conduit to infant's health, by the middle of the twentieth century it had been conceptualized as the core of the infant's (and later the adult's) psychological well-being. By the 1960s breastfeeding advocacy had become less adamant, and pediatricians recommended bottle feeding as equally good, if not a better option than breastfeeding. The revival of breastfeeding in the early 1970s sprang from different social movements, including the second wave feminism, and “the return to nature” ethos which promoted natural childbirth and breastfeeding on demand. Interestingly, in the late twentieth century it was affluent, well-educated women who were most likely to initiate and continue breastfeeding. One thing remained persistent in

spite of a tremendous increase of women in the work force and the constant improvement of infant formula, and that is the insistence on breastfeeding as the symbol of good

motherhood. It can be concluded that breastfeeding is a highly contested cultural practice and that its meanings are produced in a particular social and historical context.

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A. Runjić Babić

Rujanska 4, 10000 Zagreb, Croatia

e-mail: arunjicbabic@gmail.com

DRUŠTVENO-KULTURNI KONTEKST DOJENJA U DEVETNAESTOM I DVADESETOM STOLJEĆU

SAŽETAK

U ovom radu će se kroz povijesni pregled dojenja u zapadnim industrijskim zemljama devetnaestog i dvadesetog stoljeća objasniti društveno-kulturni kontekst unutar kojeg je metoda hranjenja na bočicu zamijenila dojenje. Dok je unutar devetnaestog stoljeća većina djece dojena, do sredine dvadesetog stoljeća hranjenje na bočicu postalo je društvena norma. Širenje metode umjetnog hranjenja bilo je vezano uz ekonomske uvjete ali i društveno-kulturne promjene unutar razvijajućih industrijskih društava. Osim jačanja industrije dojenačke formule jedan od vodećih faktora koji su utjecali na opadanje stopa dojenja bio je transformacija dojenja iz prirodne prakse u predmet medicine i znanosti. Na odluku žena o izboru metode prehrane utjecali su i drugi faktori poput vjerskih uvjerenja, feminizma i promjene ženskih društvenih uloga. U sklopu ovih društvenih promjena dojenje je promovirano kao najbolja opcija prehrane za zdravlje dojenčadi. Međutim, interes za dojenje također je odražavao brigu vezanu uz poželjno majčinsko ponašanje i želju za kontrolom nad ženama i njihovim majčinskim praksama.

