Index

Note: The letters ‘f’ and ‘t’ following the locators refer to figures and tables respectively.

A
Acceptability, Affordability, Safety and Sustainability (AFASS), 172, 176, 183
Advisory Panel on the Marketing in Australia of Infant Formula (APMAIF), 57–58
Africa (central and southern), traditional to optimal breastfeeding practices
optimal breastfeeding, 233
practices recommended by GSIYF, 233

traditional practices and perceptions
breastfeeding cessation, 237–238
discarding of colostrum, reasons, 235–236
exclusive and complementary feeding, 236–237
good and bad milk, 237
Mwanamphepo, 234
Mruwala herbal water and moto, 234
prelacteal feeding, 234–235
special feeding for pregnant and lactating mothers, 239
taboos among Tumbuka and Datoga woman, 237
unilateral breastfeeding, 238
wetnursing, 238–239
transitioning from traditional to optimal breastfeeding practices
Baby Friendly Hospital Initiative (BFHI), 240–242
Community-Based Breastfeeding Interventions (CBBI), 242–244
supportive environment, 244
sustaining the optimal breastfeeding culture, 244–245
Africa, sub-Saharan
breastfeeding and HIV/AIDS in new millennium
AFASS (Acceptability, Affordability, Safety and Sustainability), 172
beliefs about various infant feeding options, 168–169
breastfeeding vs. replacement feeding, 168–170
difficulty in fully abstaining from feeding, 171
dose-response relationship, 170
early breastfeeding cessation, 171
gastroenteritis, 171
12-h dietary recall, 172
infant feeding choices in group of HIV-positive women, 169–170
optimal weaning period, 167
options for HIV-positive mothers, 167
pattern of infant feeding, 170–171
weaning, 171–172
breastfeeding and HIV/AIDS in 1980s, 164–165
calls for HIV-positive women to abort and/or to abstain from breastfeeding, 165
heat-treated donated breast milk, 164
morbidity and mortality breastfeeding vs. non-breastfed infants of HIV-infected mothers, 164
use of wetnurses, 164
breastfeeding and HIV/AIDS in 1990s, 166–167
Baby Friendly Hospital Initiative (BFHI), 166
Africa, sub-Saharan (cont.)
importance of empowering mothers, 166–167
Innocenti Declaration, 166
ten steps to successful breastfeeding, 165

Ambiguity
HIV-free label value for the mother, 207
perceived quality of breast milk, 285
shared breastfeeding, 284

Ambivalence
among ‘significant others,’ 101
breast milk is perceived with, 149
from partners between wanting to be in baby work, 102
societal ambivalence about infant feeding intentions, 155

American Academy of Pediatrics, 26, 30, 125, 333

Ankyloglossia, definition, 311

Anti-retroviral therapy, 169–170, 172, 178–179

Anxiety, breastfeeding project
age of anxiety, expert and consumerist regimes, 26–27
good mothering standards, 27
lactation consulting, 27
breastfeeding project, 28–34
‘Breast Is Best’ (public health campaigns), 25–26
breastfeeding advocacy organisations, recommendations, 26
caution, critics of science of human lactation, 26
‘liquid gold,’ 26
positive effect on health conditions, 26
study and methods, 27–28
interview topics, 28
trends in US, 24–25
disparities, reasons, 25
drop in initiation rates, 24
marker of privileged motherhood, 25
privatise childrearing responsibilities, 25
racialised and sexualised public discourses, 25

APAIB: Association pour la promotion de l’Alimentation Infantile au Burkina Faso, 199

Artificial feeding technology, 272

Attitudes
determining factors, 39–40
embarrassment with breastfeeding, 43–44
breastfeeding in public, 43
commitment/confidence/determination, 44
negative reaction from others, 43
fathers’ breastfeeding attitudes, 44–46
beliefs, fathers of bottle-fed children, 45
commitment to, and expectations of, 45
fathers in breastfeeding discussions, 45–46
negative influence on, 45
paternal support, 44
media portrayal of breastfeeding, 47–51
‘Breastfeeding – Six months that build up life’ (slogan), 50
idea of ‘scientific motherhood,’ 49
incidents, prohibiting breastfeeding in public, 48
negative/supportive comments following incidents, 49t
television advertisements, 50
mothers’ breastfeeding attitudes, 40–43
advantages in using IIFAS, 42
Iowa Infant Feeding Attitude Scale (IIFAS), 41–43, 41t
social norms, 40
societal attitudes to breastfeeding in public, 47
dichotomous role of breast, 47
societal attitudes to prolonged breastfeeding, 46–47
dependence on mother/delay in maturity process, 46
for kids beyond 12 months of age, 46
theory of reasoned action, 40f
Australian Aboriginal people, see Indigenous Australian communities, infant feeding in
Australian Breastfeeding Association (ABA), 58–59, 62
Australian perspectives
benefits, 56–57
exclusive breastfeeding, 56
long-term effects, 56
international and national strategic and policy responses, 57–60
Advisory Panel on the Marketing in Australia of Infant Formula (APMAIF), 57–58
Australian Breastfeeding Association (ABA), 58
Australian Midwives Association, 58
Baby Friendly Hospital Initiative (BFHI), 58
‘Breastfeeding in NSW: Protection, Promotion and Support,’ 59
Breastfeeding Inquiry (2006), 58
EatWell NSW, NSW Health’s Strategic Directions for Public Health Nutrition 2003–2007, 58
Global Strategy for Infant and Young Child Feeding, 57
Innocenti Declaration, 57
MAIF Agreement, 57
‘National Breastfeeding Strategy,’ 58
National Child Nutrition Program, 58
NHMRC, 58
Trade Practices Act 1974, 57
need for strategies that support breastfeeding women, 70–72
BFHI, implementation of, 70–71
individualised care for women, 71
person-centred communication skills, 72
preferences and practices of health professionals, 71–72
prioritising as public health issue, 70
support from relationships, 72
professional perspective, 60–61
lack of time and resources, 60
rigid implementation of policies, 61
workplace stress, 60
women’s experiences, 61–69
feeling the imperative to breastfeed, 64–69
grounded theory study of infant feeding decisions, first 6 weeks post-birth, 61–62
internal pressure, 68–69
knowing breast is best, 62–64
professional pressure, 64–66
societal pressure, 66–68
Australian women
attachment problems, 350
and Turkish woman, comparison, 344–346, 347t
and Vietnamese women, comparison, 344, 346t
See also Australian perspectives
‘Avoid Ear Infections’, 26

B
The Baby Book, 29
Baby Friendly Hospital Initiative (BFHI), 166, 240–242
impact of, 241
limitations of, 242
ten steps to successful breastfeeding promotion, 240–241
Bad breast milk, 3, 236–237, 285
See also Colostrum
“Bad milk”/“first milk”/“gold milk,” see Colostrum
Behaviour
‘bad behaviour’ of husbands in Malawi, 216
guilty, 85
and perception of Turkish people, 291–293
Beliefs and practices across cultures
“a rich symbolic content,” 1
authoritative knowledge and health professionals, 12–14
“correct” or “proper” breastfeeding, 12
feeding on schedule, 13
“irrelevant or misleading,” 13
“on-demand feeding” and “by-the-clock” feeding, 13
beliefs about breast milk, 2–4
colostrum, see Colostrum
employment and breastfeeding practices, 7–9
ability to combine employment and breastfeeding, 8
mixed-feeding, 8
negative influence, 7
infant feeding practices and HIV/AIDS, 9–12
antiretroviral treatment (ART), 9
exclusive breastfeeding (EBF), 9–11
informed choice, 12
mother-to-child-transmission (MTCT), 9
vertical transmission from infected mother to infant, 9
WHO’s recommendations, 11
infant feeding practices and social structures, 4–7
ethnicity, 5
low/higher income mothers, 4, 6
shape of breasts, 6
situation in Thailand, 6
socio-demographic characteristics, 4
tensions, breast-/bottle-feeding, 5
working-class mothers, 5

Bottle feeding
‘accountable decision,’ 153
‘bagfuls of paraphernalia,’ 33
breast feeding v. bottle, 44, 164
and breast, moral and deviant mothers of Northern Thailand, 143–144
dangers of, 163
Bottle feeding (cont.)
exclusive, 319
‘knowledgeable rather than ignorant,’ 155
moral and deviant mothers, 143–144
tensions, breast-/bottle-feeding, 5
‘Breaking the rules,’ concept of, 85–86, 143
Breastfeeding attitudes, see Attitudes
Breastfeeding education programs for migrant
women, 350
Breastfeeding in public, 29, 40, 43–44, 47–51,
134, 258, 272, 325
discomfort among woman in Vietnam, 325
embarrassment, 43
less support in Thai community, 134
media portrayal of prohibiting incidents, 48
social discouragement of among Māori
women, 258
societal attitudes to dichotomous role of
breast, 47
Breastfeeding project, 28–34
consulting books and asking experts, 28–30
La Leche League (LLL), 30
investing in production facilities, 33–34
managing (uncooperative) lactating body,
32–33
plans devised by lactation
consultants, 32
setting goals and assessing product, 30–32
‘Breastfeeding: Protecting a natural resource’
(UNICEF statement), 232
Breastfeeding transmission of HIV, 179, 208
Breastfeeding vs. replacement feeding,
168–170
Britain
risk-based promotion of breastfeeding, 83
social and political context, 96–98
Every Child Matters, 96
higher income groups, increase of
breastfeeding, 97
High Quality Care for All: Next Stage
Review, 96
policies by labour governments, 97
sense of ‘failure’ and ‘guilt,’ 98
See also UK/Irish-American tensions
between health and social attitudes
Bulamaç (kind of dessert in Turkey), 294
Burkina Faso, experience of HIV positive
women
Cultural landscape of infant feeding in early
2000s, 198–200
influence of ‘health education’ in
Mother-and-Child Health
Services, 199
keep infants ‘au dos’ (keeping them on
their backs), 199
water as ‘indigenous vaccine,’ 199
evolving culture of infant feeding, 206–208
‘maintain distance’ from actors of
infant feeding, 206
shared decision-making, 208
HIV outbreak, introducing ‘choice’ in
infant feeding, 200–202
economic and social constraints, 202
National PMTCT program, 200
‘HIV particularism,’ 196–197
HIV-positive mothers’ strategies in
community, 202–204
‘complementary feeding,’ 202
fathers’ attitudes, 204
water as ‘greeting present,’ 203
HIV-positive mothers’ strategies in health
services
follow-up by health workers, 205
HIV stigmatisation, 205
‘space of confidentiality,’ 205

C
Centers for Disease Control (CDC), 164
Chichiawase (Mie Prefecture), 306
Child health and survival, 9, 149, 165, 176,
178, 182–183, 189, 221–222
Child nutrition, 233
breastfeeding preference in Thai culture
nutritional value, 130
EatWell NSW, NSW Health’s Strategic
Directions for Public Health
Nutrition 2003–2007, 58
knowledge of lactation mechanism and
nutrition in Vietnam (rural), 324
mothers’ nutrition, importance in Turkey
(rural), 297
National Child Nutrition Program,
Australia, 58
National Food and Nutritional Policy
(NFNP), 126
nutritional rituals, Turkey (rural), 294
Nutrition Rehabilitation Unit (NRU), 222
Chizukeoya or chinomioya, 306
Cholecystokin (CCK), 304
Close the Gap Indigenous Health Equality
Summit, Canberra, 274
Colostrum
attitudes and practices towards feeding, 339
beliefs concerning, 2
“human milk,”/“animal milk,” 3
reason for considering to be beneficial, 3
reasons for discarding colostrum, 2–3
“first milk,” 3, 295–296
“gold milk,” 3
perceptions in Vietnamese women, 349
reason for discarding in Turkey (rural), 295–296
reasons for discarding of colostrum in Africa (central and southern), 235–236
Commercialisation of childhood
contemporary parenting, 24
formula, 30, 178, 252, 298, 319, 330
influence of advertisement, 330, 332
introduction of bottle-feeding in Turkey, 292
wetnursing as a profession, 250
Community-Based Breastfeeding Interventions (CBBI), 242–244
BFCI, 242–243
impact and limitations, 244
mother support groups, 244
peer support-based interventions, 243
Confinement
influence of, 128, 132–133, 138t
self-imposed, 43
yu duan (confinement) period, 148
Contraceptive methods, 293
breastfeeding, natural contraceptive, 266, 292, 299
lack of knowledge, 293
Malawi, national contraceptive prevalence rates, 217
pills, 150
Culture(al)
beliefs/practices of employed Thai women, see Thai cultural perspective, beliefs and practices among employed women
breastfeeding promotion and individualisation of social problems, 81
Burkina Faso, experience of HIV positive women, 198–200
Northern Malawi, cultural perspective, 220–221
‘sex pollution,’ 220
Tumbuka theories of disease causation, 220
and social factors of decision-making around breastfeeding
England, social and political context, 96–98
interactions with health professionals, 104–106
moral dilemmas in decision to breastfeed, 100–101
study methods and introducing women, 98–100
women’s experiences of breastfeeding, 101–104
‘Culture bound syndromes,’ 212
D
Decisions
grounded theory study of infant feeding decisions, first 6 weeks post-birth, Australia, 61–62
mothers’ decision to bottle-feed in Northern Thailand
lack of confidence and trust in bodies, 149
not breastfeeding, justification of maternal morality, 152–154
‘not enough milk’ syndrome, 149–150
paid work and breastfeeding, 150–152
shared decision-making in Burkina Faso, experience of HIV positive women, 208
social/cultural factors shaping decision-making on sustaining breastfeeding elements of support, 104
England: social and political context, 96–98
input from health professionals, 105
interactions with health professionals, 104–106
moral dilemmas in decision to breastfeed, 100–101
study methods and introducing women, 98–100
women’s experiences of breastfeeding, 101–104
Department of Health and Social Security (DHSS), UK, 164
Department of Health’s Blueprint for Action on Breastfeeding, 26
Determinants, 39–41, 44, 135, 316, 320, 330
Deviant mothers, see Thailand (northern), good mothers and infant feeding practices
Diminution De La Transmission Mere-Enfant (DITRAME) PLUS study, 182
Early initiation of breastfeeding, 233, 299
See also Japan, early initiation and benefits
Early skin-to-skin contact, 304, 307–310
See also Kangaroo mother care
EatWell NSW, NSW Health’s Strategic Directions for Public Health Nutrition 2003–2007, 58
Education programs for migrant women, 350
Embarrassment, 43–44
breastfeeding in public, 43
commitment/confidence/determination, 44
negative reaction from others, 43
Employed mothers, see Employment
Employment
and breastfeeding practices, 7–9
ability to combine employment and breastfeeding, 8
mixed-feeding, 8
negative influence, 7
Thai employed women, see Thai cultural perspective, beliefs and practices among employed women
UK/Irish-American tensions between health and social attitudes, 113–114
lapses of concentration, 113
Vietnam (rural), infant feeding patterns within 6 months postpartum
mother-related factors, 324–325
workplace stress, Australian perspectives, 60
England
social and political context, 96–98
Every Child Matters, 96
higher income groups, increase of breastfeeding, 97
High Quality Care for All: Next Stage Review, 96
policies by labour governments, 97
sense of ‘failure’ and ‘guilt,’ 98
See also UK/Irish-American tensions between health and social attitudes
‘Equality,’ problem of, 78–80, 112, 290
Ethnographic method, 198
Evidence for the Ten Steps to Successful Breastfeeding, 305
Exclusive breastfeeding (EBF), 182
Australian perspectives, 56
HIV era, challenges and opportunities, 182
infant feeding practices and HIV/AIDS, 9–12
Japan, supplemental feeding, 305
Turkey (rural), weaning and supplementary food, 296
Vietnam (rural), infant feeding patterns within 6 months postpartum, 316
Zambian Exclusive Breastfeeding Study (ZEBS), 183
Expanded programme of immunisation (EPI), 277
Expressed breast milk (EBM), 48, 68, 85, 98, 167–169, 316
Father’s attitudes, 44–46
beliefs, fathers of bottle-fed children, 45
commitment to, and expectations of, 45
fathers in breastfeeding discussions, 45–46
negative influence on, 45
paternal support, 44
See also Attitudes
The Feeding and Care of Baby, 251
Feeding in hospital, method of, 345t
First breastfeeding, definition, 308
“First milk,” see Colostrum
Formula feeding
convenient than breast feeding, 41
costs, 41
drawbacks for young babies, 84
infant, 303–304, 308
infant zidovudine (ZDV) prophylaxis vs., 181
to prevent transmission of HIV, 202
risks, 81, 85, 88, 181–182, 188, 201
variations in maternal experience, 87
working-class mothers, 84
Gender differences
in duration of breastfeeding by, 339
gendered element to the cause of moto in northern Malawi, 218, 223
gender status differences between women in Burkina Faso, 208
“gender-stratified fields,” 5
and generational bodily practices, 218
Japan, early breastfeeding base on gender, 290, 311
shift in gender roles, 208
Turkish laws, 290
Global Strategy for Infant and Young Child Feeding (GSIYF), 57, 176, 178, 233, 242
“Gold milk,” see Colostrum

H

Hangi, 220

12-h dietary recall, 172

Health

cold, 9, 82, 102, 111, 176, 186, 199, 204–205, 213, 215, 219, 222, 224, 232, 243, 267, 269–270

maternal, 33, 110, 121, 142, 303, 348

See also UK/Irish-American tensions between health and social attitudes ‘Healthy system of artificial feeding,’ 251

Highly active antiretroviral therapy (HAART), 171, 179

HIV/AIDS and breastfeeding, 9–12

experience of HIV positive women, see

Burkina Faso, experience of HIV positive women

infant feeding practices and beliefs across cultures, 9–12

antiretroviral treatment (ART), 9

exclusive breastfeeding (EBF), 9–11

informed choice, 12

mother-to-child-transmission (MTCT), 9

vertical transmission from infected mother to infant, 9

WHO’s recommendations, 11

in new millennium, Africa (sub-Saharan)

AFASS (Acceptability, Affordability, Safety and Sustainability), 172

beliefs about various infant feeding options, 168–169

breastfeeding vs. replacement feeding, 168–170

difficulty in fully abstaining from feeding, 171

dose-response relationship, 170

early breastfeeding cessation, 171

gastroenteritis, 171

12-h dietary recall, 172

infant feeding choices in group of HIV-positive women, 169–170

optimal weaning period, 167

options for HIV-positive mothers, 167

pattern of infant feeding, 170–171

weaning, 171–172

in 1980s, Africa (sub-Saharan), 164–165

calls for HIV positive women to abort and/or to abstain from breastfeeding, 165

heat-treated donated breast milk, 164

morbidity/mortality, breastfed vs. non-breastfed infants of HIV-infected mothers, 164

use of wetnurses, 164

in 1990s, Africa (sub-Saharan), 166–167

Baby Friendly Hospital Initiative (BFHI), 166

importance of empowering mothers, 166–167

Innocenti Declaration, 166

See also Human Immuno Deficiency Virus (HIV) era, challenges and opportunities

Hoki Ki Te Ukaipo, reinstating Māori infant care practices

artificial baby milk industry, growth of, 252–253

Glaxo-‘baby formula,’ 252

Kariol and Karilac, 252

bonnie babies for strong nation, 251–252

healthy system of artificial feeding, 251

‘The Race marches forward on the feet of Little Children’ (slogan), 251

Royal New Zealand Plunket Society (Plunket), 251

1917 ‘Save the Babies’ Week, 251

SIDS prevention, 252

destruction of Māori infant feeding traditions

1924 Campaign for Safe Maternity, 254

Pap (European preparation), 253–255

urban-myth, maintenance of, 254

foreign infant care practices, 250–251

alternative ‘milk’ or cereals to feed infants, 250

government’s health policy strategies, 260

influences that divert Māori women from breastfeeding, 255–258, 256f

social discouragement of breastfeeding in public, 258

Te Reo o te Aratika (diversionary influences), 256f

Karitane Products Society (KPS), 252

Māori health policy strategies, 260

Māori mothers and breastfeeding among Māori today, 255

Plunket babies exclusively and fully fed, percentage of, 255t

new-comers (Pākehā) and colonisation of New Zealand, 249–250

Tohunga Suppression Act of 1907, 250

Treaty of Waitangi, 250
Hoki Ki Te Ukaipo (cont.)
opportunities for intervention:, 259–260
pre-European Māori infant care, 248–249
breastfeeding another baby, 249
feeding for varying lengths of time, 249
karakia (prayer), 249
Tikanga guidelines, 248
whakapapa (genealogy), 248
tobacco smoking, barrier to breastfeeding, 258–259
negative impacts of anti-smoking campaign, 259
Human Immuno Deficiency Virus (HIV) era, challenges and opportunities
breastfeeding and HIV/AIDS in new millennium, see Africa, sub-Saharan
highly active antiretroviral therapy (HAART), 179
implementing infant feeding choices, 184–185
concept of choice, 184
fear of disclosure of HIV status and stigma, 184
international guidelines on HIV and infant feeding, 185
relationship between health workers and women, 184–185
increasing optimal infant feeding practices
assessment of health worker knowledge, 188
good-quality infant feeding counselling and support, 187–189
improving infant feeding practices in the general population, 186–187
inappropriate choices, 188
infant feeding counselling, 189
peer counselling, 186
mode of feeding
Diminution De La Transmission Mere-Enfant (DITRAME) PLUS study, 182
exclusive breastfeeding (EBF), 182
exclusive replacement feeding, 181–182
MASHI (meaning milk in Setswana) study, 181
Zambian Exclusive Breastfeeding Study (ZEBS), 183
Zimbabwe Vitamin A for Mothers and Babies (ZVITAMBO) study, 183
overview of scientific evidence, 178–180
PMTCT programs, 179
scientific evidence on HIV and infant feeding, 180
single-dose nevirapine, 179
See also HIV/AIDS and breastfeeding
Hunter-gatherer, see Indigenous Australian communities, infant feeding in

I
IBFAN-FAN: International Baby Food Action Network-French speaking African Network, 199
Identity
changing identity during pregnancy, 101
as good mother, 81, 104, 106, 153
maternal, 62, 68–69, 85, 87, 155
as ‘non-mothers,’ 84
positive identity during formula feed, 88
ILCA, see International Lactation Consultant Association (ILCA)
Indigenous Australian communities, infant feeding in
contemporary infant feeding practices, 267–271
Aboriginal with non-Aboriginal women, 269f
decline in breastfeeding among non-Indigenous Australians, 268
introduction of solid food, 269–270, 270f
2004–2005 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), 269
1994 National Aboriginal and Torres Strait Islander Survey, 268
negative association with urbanisation, 267
factors influencing breastfeeding, 271–272
artificial feeding, 272
Perth Aboriginal Breastfeeding Study (PABS), 271
importance of breastfeeding among Indigenous populations, 273
chronic diseases, prevalence of, 273
immune-protective benefits, 273
smoking and alcohol intake, 272–273
detrimental affect on lactation, 272–273
maternal/paternal smoking, 272
National Health and Medical Council, recommendations, 273
traditional infant feeding practices, 266
hormonal mechanisms, 266
mouth-to-mouth feeding, 266
Indigenous mothers and children, see Indigenous Australian communities, infant feeding in
Individualisation, 79–81
See also Infant feeding and problems of policy
Infant death syndrome, 26, 248, 253
Infant feeding and problems of policy breastfeeding promotion and individualisation of social problems, 79–81
material and cultural explanations, 81
outcome of individualisation, 81
policy in the contemporary context, 80
rise of ‘health inequality’ as policy, 80
wet nursing or feeding babies diluted condensed milk, 79
moralisation and problem of moral jeopardy, 86–88
feelings of guilt, 87
formula feeding, variations in maternal experience, 87
‘scientisation’ and effacing of maternal choice, 81–86
‘breaking the rules,’ concept of, 85–86
‘child-centred,’ 82
‘choosing health,’ 82
‘constrained choice,’ 83
experience of physical reality, 84
‘guilty behaviour,’ 85
‘informed choice,’ 82
male partners’ involvement, 85
North American breastfeeding promotion programmes, 83
Infant feeding choices in group of HIV-positive women
PMTCT program in South Africa, 169
Rwanda, 170
Infant feeding patterns, 6, 143, 170, 197–198, 201–202, 266, 298, 315–331
Infant Feeding Survey (IFS), 77–78
Innocenti Declaration, 57, 126, 166, 232, 240
Insufficient milk syndrome, 24, 26, 237
Intermittent preventing treatment of malaria in infants (IPTi), 277–278, 283, 285–286
Intermittent preventive treatment (IPT), 277, 279, 286
International Code of Marketing of Breast milk Substitutes, 57–58, 163, 232, 241
International Lactation Consultant Association (ILCA), 27
Iowa Infant Feeding Attitude Scale (IIFAS), 41–43, 41t, 45
IPT during pregnancy (IPTp), 277
‘Iraq formulas,’ 297
Islamic society, see Turkey (rural), infant feeding beliefs and practices in Islamic societies
J
Japan Breastfeeding Association, 304
Japan, early initiation and benefits
effects of breastfeeding
early breastfeeding, 308–310
mothers’ satisfaction, 310–311, 310f
obstacles for early breastfeeding, 309
infant gender, 311
kangaroo mother care, 306–307, 307f
after delivery, 307
low-birth weight programme, 306
skin-to-skin contact, 307
‘the newborn infant awakening term,’ 307
mother–child interaction, 305
pathological breast engorgement, 305
secular trend of feeding at 1 month, 304f study, 307–308
classification of feeding, 308
time from birth to first breastfeeding, classification, 308
suggestions from Ministry of Health, Labor and Welfare, 304
supplemental feeding, 305–306
aichichi (Okayama Prefecture) or chikezichi (Kochi Prefecture), 306
awasechichi (Osaka Prefecture), 306
chichiawase (Mie Prefecture), 306
chizukeoya or chinomioya, 306
exclusive breastfeeding, 305
first breastfeeding customs, 306
makuri (seaweed called kaininnsou), 306
midwifery, 306
protection from diarrheal enteritis, 306
warmth and comfort, 305
Japanese Society for Breastfeeding Research meeting in 1985, 304
Joint United Nations Programme on HIV/AIDS (UNAIDS), 9, 11–12, 167, 171, 179, 196, 212, 214, 222, 278
K
Kaininmsou (seaweed), 306
Kangaroo mother care, 306–307, 307f
after delivery, 307
low-birth weight programme, 306
skin-to-skin contact, 307
‘the newborn infant awakening term,’ 307
Karilac (Plunket Emulsion), 252
Karitane Products Society (KPS), 252

L
Lactating body, breastfeeding project in the age of anxiety
age of anxiety: expert and consumerist regimes, 26–27
good mothering standards, 27
lactation consulting, 27
breastfeeding project, 28–34
‘Breast Is Best,’ public health campaigns, 25–26
breastfeeding advocacy organisations, recommendations, 26
cautions, critics of science of human lactation, 26
‘liquid gold,’ 26
positive effect on health conditions, 26
study and methods, 27–28
interview topics, 28
trends in US, 24–25
disparities, reasons, 25
drop in initiation rates, 24
marker of privileged motherhood, 25
privatise child rearing responsibilities, 25
racialised and sexualised public discourses, 25
Lactation consultants
breastfeeding plans, 32
physiological impediments, work through, 33
La Leche League guidance on ‘Beginning Breastfeeding,’ 111
Lifestyle
nomadic, 266
and parenting, 35
perceived lifestyle choice, 259
reducing lifestyle risks, 63
risk factors, 273
Local cultures
of infant feeding, 197, 206
See also Burkina Faso, experience of HIV positive women
Longitudinal study of Aboriginal women, 268–274
of Australian children, 56–72
in rural Vietnam, 316–331
Luad nai ok (‘blood from mother’s chest’), 147

M
Malaria, 216t, 223, 277–279, 281–286
See also Vertical disease transmission and volition of medicines in Malawi
Malawi (northern), multiple meanings of illness ‘moto’
‘bad behaviour’ of husbands, 216
biomedical responses to moto and mzuwula, 221–224
causes related to sex, 216–217
Chikhakha, 215
Chingwenya, 215
discussion
mzuwula treatment with biomedical care, 223
sexual promiscuity, 223
ideas concerning ‘promiscuity’ (types of sexual practice), 216
moto in historical/cross-cultural perspective, 220–221
‘sexpollution,’ 220
Tumbuka theories of disease causation, 220
moto, symptoms and causation of, 215–218, 216t
permeable bodies, fluid boundaries and treatment practice, 218–219
mzuwula (herbal infusion), preparation and usage, 218–219
Soils, Food and Healthy Communities Project’s (SFHC), 213
study, 214–215
follow-up interviews, 215
participatory workshop, 215
semi-structured interviews, 214
theoretical framework, 213–214
Primary Health Care (PHC), 213
‘traditional medical beliefs’ against ‘biomedical knowledge,’ 213
See also Vertical disease transmission and volition of medicines in Malawi
Māori infant care practices, Hoki Ki Te Ukaipo artificial baby milk industry, growth of, 252–253
Glaxo-’baby formula,’ 252
Kariol and Karilac, 252
bonnie babies for strong nation, 251–252
healthy system of artificial feeding’, 251
Index

‘The Race marches forward on the feet of Little Children’ (slogan), 251
Royal New Zealand Plunket Society (Plunket), 251
1917 ‘Save the Babies’ Week, 251
SIDS prevention, 252
destruction of Māori infant feeding traditions
1924 Campaign for Safe Maternity, 254
Pap (European preparation), 253–255
urban-myth, maintenance of, 254
foreign infant care practices, 250–251
alternative ‘milk’ or cereals to feed infants, 250
government’s health policy strategies, 260
health policy strategies, 260
influences that divert Māori women from breastfeeding, 255–258, 256f
social discouragement of breastfeeding in public, 258
Te Reo o te Aratika (diversionary influences), 256f
Karitane Products Society (KPS), 252
Māori mothers and breastfeeding, current situation, 255
Plunket babies exclusively and fully fed, percentage of, 255t
new-comers (Pākehā) and colonisation of New Zealand, 249–250
Tohunga Suppression Act of 1907, 250
Treaty of Waitangi, 250
opportunities for intervention, 259–260
pre-European Māori infant care, 248–249
breastfeeding another’s baby, 249
feeding for varying lengths of time, 249
karakia (prayer), 249
Tikanga guidelines, 248
whakapapa (genealogy), 248
tobacco smoking, barrier to breastfeeding, 258–259
negative impacts of anti-smoking campaign, 259
The Mask of Motherhood, 68
Mastitis, 11, 67, 179, 199, 203
Maternal health, 33, 110, 121, 142, 303, 348
Maternal–infant separation in hospitals, 8–9, 24, 97, 127, 295
Maternal satisfaction with first breastfeeding, 118, 311
Media portrayal, 47–51
‘Breastfeeding – Six months that build up life’ (slogan), 50
idea of ‘scientific motherhood,’ 49
incidents, prohibiting breastfeeding in public, 48
negative/supportive comments following incidents, 49t
television advertisements, 50
Migrated woman in Australia, attitudes and practices of women born in Turkey/Vietnam
Australian women
attachment problems, 350
breastfeeding initiation, 343
care in hospital, 350–351
breastfeeding education programs for migrant women, 350
method of feeding in hospital, 345t
multivariate analysis, 346–348
participants, background characteristics, 342–343, 343t
study, 340–342
Victorian Perinatal Data Collection Unit (PDCU), 341
Turkish and Australian women, comparison, 344–346, 347t
Turkish women, 349–350
‘attachment problems,’ 349
trouble breastfeeding, 349
Vietnamese and Australian women, comparison, 344, 346t
Vietnamese women, 348–349
colostrum, perceptions, 349
shorter period feeding, 348
Milk-siblings, 292
‘Moon stroke’, 294
Moralization of pregnancy, 63
See also Australian perspectives
Motherhood
discourses of ‘natural’ motherhood
La Leche League guidance on ‘Beginning Breastfeeding,’ 111–112
early, 7, 100
experience of, 69, 80–81, 96, 98, 143
full-time, 31
marker of privileged, 25
The Mask of Motherhood, 68
media portrayal, idea of ‘scientific motherhood,’ 49
Mother’s attitudes, 40–43
Iowa Infant Feeding Attitude Scale (IIFAS), 41–43, 41t
advantages in using IIFAS, 42
See also Attitudes
Mother-to-child transmission of HIV (MTCT), 9, 65, 165, 169, 177, 179, 189, 196, 238

*Moto*, see Malawi (northern), multiple meanings of illness ‘*moto*’

*Mwanamphepo*, 234

‘*Mzuwula*’, 211–213, 218–223

N

National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), 269–270

1994 National Aboriginal and Torres Strait Islander Survey, 268

National Food and Nutritional Policy (NFNP), 126

National Health and Medical Research Council (NHMRC), 58–59, 270, 317

Natural motherhood, 111–112

1989 Nestle boycott, 165

‘Not enough milk’ syndrome, 149–150

NSW Health system, 59–60

*The Nursing Mothers Companion*, 29

Nutrition Rehabilitation Unit (NRU), 222

O

Optimal breastfeeding practices, 126, 231–245

See also Africa (central and southern), traditional to optimal breastfeeding practices

‘The optimal method of infant feeding,’ 144

*Our Bodies Ourselves*, 27

P

Pap (European preparation), 253

Parenting culture, 24, 26–27, 34–35, 45–46, 59, 78, 80, 85, 88


Peripartum or postnatal period via breastfeeding (MTCT), 9, 165–167, 170, 172, 175–176, 178–179, 183, 187

Perth Aboriginal Breastfeeding Study (PABS), 269, 271–272

Plunket Emulsion, see Karilac (Plunket Emulsion)

PMTCT, see Prevention of Mother-to-Child Transmission of HIV (PMTCT)

Policy

breastfeeding promotion and individualisation of social problems, 79–81

in contemporary context, 80

material and cultural explanations, 81

outcome of individualisation, 81

rise of ‘health inequality’ as policy, 80

wet nursing or feeding diluted condensed milk, 79

government’s health policy strategies, Māori infant care practices, 260

international/national strategic and policy responses, 57–60

moralisation and problem of moral jeopardy, 86–88

feelings of guilt, 87

formula feeding, variations in maternal experience, 87

National Food and Nutritional Policy (NFNP), 126

problems of, see Infant feeding and problems of policy

‘scientisation’ and effacing of maternal choice, 81–86

breaking the rules, concept of, 85–86

child-centred, 82

choosing health, 82

constrained choice, 83

experience of physical reality, 84

guilty behaviour, 85

informed choice, 82

male partner’s involvement, 85

North American breastfeeding promotion programmes, 83

Postpartum practice

affairs, Turkey (rural), 293–294

*Albasmas*, 294

bad spirits, protection from, 294

‘moon stroke,’ 294

nutritional rituals, 294

water, drinking, 293

importance of postpartum abstinence, Northern Malawi, 220

proportion of full breastfeeding, Japan, 309f

sexual taboo, 216, 219–221, 223

Postpartum taboo, 216, 219–221, 223

Post-traumatic stress disorder, 212

Poverty, 10, 148, 222, 224, 232, 330, 332

Pre-natal preparation, 29–30, 35

Index

Promiscuity, sexual, 212–213, 216, 219–220, 223


Public health campaigns, 23–26, 34, 36, 80, 110–111, 126–127, 219, 221, 243–244, 259, 330

R

Reasoned action, theory of, 40f


vs. breastfeeding, 168–170

S

1917 ‘Save the Babies’ Week, 251

‘Scientisation,’ 79, 260

and effacing of maternal choice, 81–86
breaking the rules, concept of, 85–86
child-centred, 82
choosing health, 82
constrained choice, 83
experience of physical reality, 84
guilty behaviour, 85
informed choice, 82
male partner’s involvement, 85
North American breastfeeding promotion programmes, 83

‘The Secret to Quick Weight Loss’, 26

Sexual promiscuity, 212–213, 216, 219–220, 223

Smoking

and alcohol intake and breastfeeding, 272–273
maternal/paternal, 272

See also Tobacco smoking, barrier to breastfeeding

Snowball technique, 28

Social and cultural factors influencing decision-making of breastfeeding

England, social and political context, 96–98
interactions with health professionals, 104–106
elements of support, 104
input from health professionals, 105
moral dilemmas in decision to breastfeed, 100–101

parent education classes by midwives, 100
partner’s involvement, 101
study methods, 98–100
experiences, 99–100
women’s experiences of breastfeeding, 101–104

Social change
to create supportive environments, 260
of modernisation and urbanisation, 128
to support breastfeeding, 232, 258

Social norms, 40, 44, 48, 70, 332

Societal and cultural attitudes
to breastfeeding in public, 47
dichotomous role of breast, 47
to prolonged breastfeeding, 46–47
dependence on mother/delay in maturity process, 46
for kids beyond 12 months of age, 46

See also Attitudes; Breastfeeding in public

Soils, Food and Healthy Communities Project’s (SFHC), 213, 215, 221

Solid food

at 16th week, 327
by 24th week, 326, 328
combination of breast milk, 111
hand feeding, 49
home-cooked, 320
semi, 238, 324
before six months, 110

‘Spoiled milk,’ 293, 298

See also Turkey (rural), infant feeding

beliefs and practices in Islamic societies

Strict breastfeeding schedules, 24

Struggle
to maintain positive identity, 88, 107
to maintain their status as “good mothers,” 87, 104
notion of breastfeeding, 115, 118

Sub-Saharan Africa, see Africa, sub-Saharan

Sudden Infant Death Syndrome (SIDS), 248, 253

Sudden Unexpected Deaths in Infancy (SUDI), 258–259

Supplemental feeding, Japan, 305–306

aichichi (Okayama Prefecture) or chikezichi (Kochi Prefecture), 306

awasechichi (Osaka Prefecture), 306

chichiawase (Mie Prefecture), 306

chizukeoya or chinomioya, 306
Supplemental (cont.)
exclusive breastfeeding, 305  
first breastfeeding customs, 306  
makuri (seaweed called kaininsou), 306  
midwifery, 306  
protection from diarrheal enteritis, 306

T
‘Techniques of neutralisation,’ 144  
‘Ten Links for Nurturing the Future,’ 127
Ten Steps to Successful Breastfeeding, Ministry of Public Health (MOPH), 127, 165–166, 240, 241t, 305
Thai cultural perspective, beliefs and practices among employed women
‘Baby Friendly Hospital Initiative,’ 126
breastfeeding preference, 130–132  
cost consideration, 131  
healthy and good development, 131  
mother/infant bonding, 131–132  
nutritional value, 130  
protection against infection and immunity content, 130  
findings and recommendations, 138t
Fourth National Economic and Social Development Plan (NESDP), 126
influence of confinement, 132–133  
concern about food prohibitions, 133  
period of ’yu daun’, traditional confinement practice, 132
Innocenti Declaration, 126
Marketing Code of Infant Food Products, 126
mistaken perception, 134–137  
inadequacy in nutritional value, 136–137  
infant illness, 136  
insufficiency of milk, 134–136  
misunderstanding in contemporary Thai society, 133–134  
confusion on demand and night feeding, 133  
feeding in public, less support, 134
National Food and Nutritional Policy (NFNP), 126
recognition of benefits in contemporary society, 129–130
‘Ka nam nom’ (value of breast milk), 129  
proper diet for milk production, 130
‘Ten Links for Nurturing the Future,’ 127
Ten Steps to Successful Breastfeeding, Ministry of Public Health (MOPH), 127
Thai women in Chiang Mai, study of, 128–129
Thailand (northern), good mothers and infant feeding practices
breast and bottle-feeding: moral and deviant mothers, 143–144  
’horrible’/’immoral mother,’ 143  
‘techniques of neutralisation,’ 144
‘breast is best’ notion, 145–147
benefits for the child, 146
perception among rural or poor women, 146
luad nai ok (‘blood from mother’s chest’) and mother/child connection, 147–148
consumed food and breastmilk, 148
mothers’ decision to bottle-feed
justification of maternal morality, 152–154
lack of confidence and trust in bodies, 149
‘not enough milk’ syndrome, 149–150
paid work and breastfeeding, 150–152
study, 144–145
See also Thai cultural perspective, beliefs and practices among employed women
‘The newborn infant awakening term,’ 307, 310
Tobacco smoking, barrier to breastfeeding, 248, 258–259
Tohunga Suppression Act of 1907, 250, 254
Tradition(al)
birth attendant, 317–318, 329, 333
foods for lactating mothers, 297
herbs, 215, 218, 223
infant feeding practices, 266, 273
to optimal breastfeeding practices, 231–245
postpartum practices, 348
societies, 12, 46, 147, 234–236, 266
Traditional Birth Attendant (TBA), 317–318, 329, 333
Treaty of Waitangi, 250
Turkey (rural), infant feeding beliefs and practices in Islamic societies
behaviour and perception, 291–293
breastfeeding on demand, 291
contraceptive effect, 292
‘milk-siblings’, 292
mothers-in-law, effect of, 292
preventative effect on childhood diseases, 291
religious basis, 291
spoiled milk in pregnancy, 293
wetnurse, use of, 292
cessation of breastfeeding, 298–299
halal and haram, 298
reasons to stop feeding, 298–299
colostrum, 295–296
Mawu, 295
reason for discarding, 295–296
prelacteal feeding, 295
myth of ‘insufficient milk supply,’ 295
organisation of health services, 295
weaning and supplementary food, 296–298
exclusive breastfeeding, 296
insufficient milk, 296
‘Iraq formulas,’ 297
mothers’ nutrition, importance of, 297
sex of the child, 298
traditional foods, 297
water, importance of, 297
Turkish National Health Survey (TNSA), 290
Turkish woman, 349–350
‘attachment problems,’ 349
and Australian women, comparison, 344–346, 347t
trouble breastfeeding, 349

U
UK/Irish-American tensions between health and social attitudes
breastfeeding and health
health agencies, role of, 110
health promotion campaigns, 111
‘Infant Feeding Recommendations’ (British NHS), 111
breastfeeding and workplace, 118–120
short maternity leave, 118
support from organisations, 118–119
breastfeeding as ‘work,’ 114–115
struggle and pain, notion of, 114–115
breastfeeding at home, 117–118
in front of guests, 117
‘shameful activity,’ 118
discourses of ‘natural’ motherhood
La Leche League guidance on ‘Beginning Breastfeeding,’ 111
physical, emotional and temporal labour, 112
employment, 113–114
lapses of concentration, 113
pressure to breastfeed, 115–117
good/bad mother, 116–117
guilt and anxiety at giving up, 116
social and cultural attitudes, 112–113
study, netnography, 114
understanding social antipathy, 120
tensions between notions of sexual and maternal, 120
UNICEF Baby Friendly Hospital initiative, 304
Unilateral breastfeeding, 238
United States
breastfeeding and health in, 109–111
breastfeeding trends in, 24–25
disparities, reasons, 25
drop in initiation rates, 24
marker of privileged motherhood, 25
privatise childrearing responsibilities, 25
racialised and sexualised public discourses, 25
national survey of public attitudes to breastfeeding, 46
United States Centers for Disease Control (CDC), 164
United States Department of Health and Human Services, 25
Urbanisation, 6, 126, 128, 134, 163, 239, 267, 269–270, 274

V
Vasoactive intestinal peptide (VIP), 304
Vertical disease transmission and volition of medicines in Malawi
background, 277–278
breastfeeding and health, 279–280
prevention of diseases, 279
‘vitamins,’ 279
disease transmission through breastfeeding, 280–281
expanded programme of immunisation (EPI), 277
fear of transmission of malaria, 278
intermittent preventing treatment of malaria in infants (IPTi), 277
Intermittent preventive treatment (IPT), 277
IPT during pregnancy (IPTp), 277
malaria, transmission of, 278
medication and breastfeeding, 282–283
vertical transmission of medicines and drugs, 282–283
quality of breast milk, 281–282
Vertical disease (cont.)
extramarital affair, 282
infidelity, 282
mother being ill, 281
woman becomes pregnant, 282
study, 278–279
See also Malawi (northern), multiple meanings of illness ‘moto’
Victorian Perinatal Data Collection Unit (PDCU), 341–342, 351
2002 Vietnam Demographic Health Survey, 339
Vietnamese women, 348–349
and Australian women, comparison, 344, 346
colostrum, perceptions, 349
shorter period feeding, 348
Vietnam (rural), infant feeding patterns within 6 months postpartum
close relative- and friend-related factors, 327–329
commercial advertisement, influence of, 330–331
demographic characteristics, 317–318
of respondents, 318
exclusive breastfeeding, 316
factors influencing infant feeding practices, 320–331, 321t–323t
father-related factors, 327
grandmothers, role of, 327–328
health setting-related factors, 329–330
Helsinki Declaration, 317
inappropriate infant feeding practice, 315
infant feeding patterns, 318–319, 319t
drinkable food, 319–320
feeding frequency, 320
formula and milk feedings, 319
ingredients of home-cooked food, 320
infant-related factors
infant health problems, 326–327
physical development, 326
sex of infant, 325
mother-related factors
discomfort of breastfeeding in public places, 325
education level, 320
employment, 324–325
health-related conditions, 325
knowledge of lactation mechanism and nutrition, 324
other factors, 325–326
NHMRC, 317
parents-in-laws, role of, 327–328
socio-economic factors, 330

W
Wetnurses, 23, 34, 164, 168, 238, 249–250, 266, 292
What to Expect Series, 29
WHO Global Strategy on Infant Feeding, 26
‘Why Breast is Best’, 26
Women, Infants and Children (WIC), 14
Women’s strategies
government’s health policy strategies,
Māori infant care practices, 260
HIV-positive mothers’ strategies in community, Burkina Faso, 202–204
‘complementary feeding,’ 202
fathers’ attitudes, 204
water as ‘greeting present,’ 203
to support breastfeeding women, Australia, 70–72
BFHI, implementation of, 70–71
health professionals, preferences/practices, 71–72
individualised care for women, 71
person-centred communication skills, 72
prioritising as public health issue, 70
support from relationships, 72
World Alliance for Breast-Feeding Advocacy (WABA), 26, 127
World Health Assembly (WHA), 57–58
World Health Organisation (WHO), 4,
11–12, 25–26, 46, 56–58, 96, 125,
134–135, 141, 149, 152, 163–172,
176–177, 179, 181–183, 186–187,
196–197, 219, 232–233, 240, 242,
271, 278, 289, 304–305, 315–316,
338, 350
Y
‘Yu daun’ (traditional confinement practice), 132
Z
Zambian Exclusive Breastfeeding Study (ZEBS), 183
Zimbabwe Vitamin A for Mothers and Babies (ZVITAMBO) study, 183