Embodied experiences of breastfeeding: when social space, power, identity and services make a difference.

Danielle Groleau PhD
Associate Professor, Departement of Psychiatry & Family Medicine, McGill University
Senior investigator, Jewish General Hospital
Fonds de Recherche Québec - Société & Culture
Today’s reflections will build from different studies

• Why do women living in poverty BF than others in Québec (Canada)?

• How can health services address these underlying social process?

• Do BFI services really make a difference in women’s experience of BF & services?

FQRSC

PI: Danielle Groleau PhD

Co-investigator: Phyllis Zelkowits PhD
Research assistants: Marguerite Soulière & Catherine Sigouin

Departements of Psychiatry & Family Medicine
Problem

• Health benefits of breastfeeding are numerous

• Disadvantaged children benefit most from the protection of exclusive breastfeeding. Why?
  – Sick more often, less access to a nutritious diet, use more health services

• Despite a recent improvement in the provincial average of breastfeeding, poor F-C Quebec mothers continue to have lower breastfeeding rates (initiation and duration).

• Over represented in the clinical group of mothers that give birth to LBW babies.
Goal

Identify sociocultural determinants of breastfeeding among Quebec Francophones living in context of poverty.
• **Population:** Disadvantaged French-Canadian mothers

• n= 62: 31 Breastfed & 31 bottle-fed

• 50% first time mothers
• Mean age of mothers : 23

• Ethnographic interviews completed at one month after delivery
• Validation with mothers and professionals
Mothers who chose to bottle outset were more likely to reach the threshold of postpartum depression (not different from the literature in Qc).
Reasons given by mothers for not breastfeeding

Extrait Video 0355.2 et Video 0359.3
And the support of partners?
Extrait Video 0224.4

- Choosing the bottle does not seem to be related to the lack of spousal support because bottle feeders were more satisfied in average with the support from their spouse (80% satisfied) than those who chose to breastfeed.

- However, women who abandon breastfeeding felt, on average, slightly less supported by their spouse (36.3%) than those who continued (25.8%).
Women who chose to bottle-feed are those whose loved ones have the most unanimous pro-bottle discourse.

The persistence of the duration of breastfeeding is more often associated with a pro-breastfeeding discourse in relatives.

The more mothers abandoned BF early on, the more relatives had divergent opinions on the best choice of infant feeding.
And the support of nurses?

Perception d'un manque de soutien technique

80%

Abandon précoce

16.60%

Allaitent + qu’1 semaine

Mothers who abandoned nursing received, on average, less support and breastfeeding advice from nurses than those who persisted.

Support from nurses from birth on was a key factor in mothers’s persistence to breastfeed. It made a big difference between those who dropped out early and those who were able to continue.
Breasts? What are they for?

• 59% of women who chose the bottle did not see the its nutritional function.
  – It’s not natural to breastfeed. Breasts are sexual.

• 68% of women who breastfeed for longer than one month, considered it natural to BF.
Breast? What are they for?

- Symbol of mother’s sexual attraction and capacity to seduce for young mothers.
- Fear BF will deform their body.
- Thus, breastfeeding interferes with their symbolic capital.
What’s symbolic capital?

- Bourdieu was an ethnologist and sociologist from the post-structuralist school, professor at College de France.
- One of his main interest was to explore by which process social classes reproduce themselves.
- He argued that access to power is governed by overall capital which is not only economic but also social, cultural and symbolic.
Breastfeeding in public space
Mother uncomfortable with breastfeeding in public spaces

<table>
<thead>
<tr>
<th>BF &gt; 1 week</th>
<th>Abandon BF &lt; 1 week</th>
<th>Bottle from birth on</th>
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<tbody>
<tr>
<td>19,3%</td>
<td>54,5%</td>
<td>65%</td>
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Mothers giving the bottle: are the most uncomfortable with breastfeeding in public.

While bottle feeders find it sexual to BF in front of others, 46% find it acceptable for OTHER women to do so.
Translation:
Wouach this is disgusting!
Wow to make sense of these results?
• Why are mothers living in poverty can not overcome these barriers while middle class women can?
• Little education, younger = less critical of the hypersexualisation.
  – What Foucault call disciplinary power/interiorization of oppression.
• They have less sources of symbolic capital: attractiveness & good mother.
• They rely more on the symbolic capital provided by the 'good mother' produced by the judgment of their close ones.
• Middle class women have more sources of symbolic power: like social class & their work.
• Scientific knowledge that favors the choice of BF is less valued than experiential knowledge their close ones and women of the family.


Second study:  
Process evaluation of the Quebec breastfeeding policy  
FQRSC 

Co-Pi’s: Danielle Groleau PhD & Sonia Semenic PhD 

Co-investigators: Rosario Rodriguez, Ph.D.  
Katherine Gray-Donald, Ph.D. 

Collaborators: Laura Haiek, MD, M.Sc.  
Lindiwe Sibeko, Ph.D.
Context

- Project developed in response to a call for proposals by FQRSC & MSSS
- Concerted action program
- Baby Friendly Initiative: Quebec is recognized as a leader in Canada
- Process evaluation, not an outcome evaluation.
- Formative vs Summative
POLICY: ‘Allaitement maternel au Québec’

• 4 strategies in the Quebec policy, including implementing the Baby Friendly Initiative (BFI) province wide.

• Objective of breastfeeding initiation is reached.

• Exclusive BF far from being achieved

• Significant regional variations

• Disadvantaged mothers and LBW babies remain a challenge!

(Neil et al., 2006; PHAC, 2008; MSSS, 2001)
Baby Friendly Initiative (BFI)

**Aim** Transform maternity services and community health clinics to provide care to support and not undermine breastfeeding

- BFI approval requires:
  - Compliance with the Ten Steps to Successful Breastfeeding
  - Compliance with the International Code of Marketing of Breast-milk Substitutes

- Positive impacts of BFI practices include:
  - ++ rates of breastfeeding
  - ++ rates duration of breastfeeding
  - ++ rates of exclusive breastfeeding

(Forster & McLachlan, 2007; Hanula et al., 2008)
Aside from the performance in terms of breastfeeding rates, does BFI benefit mothers?

Guilt health services imposed on mothers was criticized in Quebec medias ...

So what are experiences of mothers exposed to BFI and non BFI services?
- experience of services?
- is the embodied and social experience of breastfeeding the same?
Conceptuel framework

- **Bourdieu** on power and the body (Bourdieu, 1990; Groleau et al, 2013;., 2012; 2009)

- **Field**: hierarchical systems of social positions in which social workers are waging a struggle for them to dominate the resources, issues.

- **Habitus**: ways a person disposes of her body that is expected and feels natural. (table manners, breastfeeding in Africa)

- **Symbolic capital**: a source of non-economic power that provides prestige & respect.

- **Social capital**: people one can rely on as a source of support, sense of community, safety.
Methodology: multiple case-study (6)

- Design: compare mothers of High vs Low BFI

<table>
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<tr>
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<th>CSSS &lt; 1000 birth/year</th>
<th>CSSS &gt; 1000 birth/year</th>
<th>University hospital</th>
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</thead>
<tbody>
<tr>
<td>High level of BFI implementation</td>
<td>Small CSSS High BFI</td>
<td>Big CSSS High BFI</td>
<td>UH High BFI</td>
</tr>
<tr>
<td>Low level of BFI implementation</td>
<td>Small CSSS Low BFI</td>
<td>Big CSSS Low BFI</td>
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- Data Collection method:
  - Focus group with mothers using services from these CSSS and University hospitals.
Objectives

• We aim to understand the experiences of mothers of promotion and support services.

• Does BFI change the fields of power of women and their capacity to negotiate BF in various social spaces?

• With our high initiation rates, has BF become an habitus in Québec?

• Does BFI change the embodied experience of BF?
Mothers from high BFI

- Tend to share the decision to breastfeed with partner
- Spouse: source of emotional & domestic support
- Have better access to support when problems arise.

Their breastfeeding experience focuses on:
- less of a performance in terms of duration
- more on positive experience of motherhood compared to guilt

Approach duration of BF with flexibility & not as a measure of their maternal competency (good mother)
Mothers from high BFI

• Better prepared to negotiate hypersexualisation with self & others:
  • **Self:** can rationalize their embodied discomfort by ‘making the switch’ from discomfort to comfort with their body
  • **Family:** breastfeeding played down with men of their family
  • **Public:** discreet & empowered (potential reaction of others is not their problem)
Does BFI empower BF women?

– Recognizes that breastfeeding is not a habitus, despite the high rates of initiation:
  – requires some habituation of self & others
  – requires assertiveness of their free choice.
BFI & BF mothers

• BF mothers seemed to have:
  – developed critical thinking: hypersexualisation
  – downplayed the reaction of others
  – prepared mothers to access support
  – equipped mothers to cope with stigma in various social spaces (fields).
  – Interiorize the idea that success of breastfeeding is not an indicator of their maternal competence.
• Mothers of our sample are educated….

• Mothers living in poverty have less education and less sources of symbolic:
  – Less critical towards hypersexualization
  – More vulnerable to judgment of others toward their competency as ‘good mother’ because they have less source of gratification and status
  – Need more support
  – Are more sensitive to stigma in social and public spaces
The ideal would be to study the experience of the IAB disadvantaged mothers ... but in the meantime..

Involve partner in decision and support should follow!
Inform mothers on clinical & community support.
Discuss hypersexualisation critically: role playing
Dedramatize embodied discomfort
- Provide discursive tools to negotiate BF in social spaces (family and public):
  ‘You'll have to get used to it Dad, because I'll be BF for the next 6 months'

- LOBBY in local public spaces (shopping center)
Publications

• 2013 **Groleau, D., S. Semenic, L. Molino, K. Gray-Donald. J. Lauzière** The breastfeeding experience of Quebec (Canada) mothers using health services with various levels of BFI: Discussing the expected and unexpected. *Maternal and Child Nutrition* 3: 36.


• *(In writing)* **Groleau, D., S. Semenic, L. Molino, K. Gray-Donald. J. Lauzière.** BFI and women’s empowerment to breastfeed: using Bourdieu to understand the embodied and health service experience.
Thank you!

FRQSC & Ministry of Health and Social Services, Government of Québec

• To the hundreds of women in Québec that participated in these studies...

danielle.groleau@mcgill.ca