



Research report

“It's like giving him a piece of me.”: Exploring UK and Israeli women's accounts of motherhood and feeding



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ARTICLE INFO

Article history:

Received 10 February 2015

Received in revised form

21 May 2015

Accepted 6 June 2015

Available online 26 June 2015

Keywords:

Israel

Pregnancy feeding

Breastfeeding

Motherhood

Ideal-mother

Good-enough mother

Burdened mother

ABSTRACT

Objective: The present study explored how Israeli and UK mothers integrate feeding into their conceptualisations of mothering 2–6 months post-partum.

Background: The nature and importance of motherhood is subject to differential contextual, cultural, political and historical influences. We set out to compare experiences of motherhood and feeding between these two countries using a qualitative approach.

Methods: Forty one women (mean age 36.4 ± 2.7 years) from Israel and the UK, mostly married or in a committed relationship were interviewed about their experience of pregnancy, motherhood and feeding. Data were analysed thematically.

Results: The experience of motherhood in the early postnatal period was dominated, for all mothers, by the experience of breastfeeding and clustered around three representations of mothering, namely; 1) a devoted mother who ignores her own needs; 2) a mother who is available for her infant but acknowledges her needs as well; and 3) a struggling mother for whom motherhood is a burden. Such representations existed within both cultural groups and sometimes coexisted within the same mothers. UK women described more struggles within motherhood whereas a tendency towards idealising motherhood was observed for Israeli women.

Conclusion: There are similarities in the ways that UK and Israeli women experienced motherhood and feeding. Where family life is strongly emphasized, mothers reported extremes of idealism and burden and associated an “ideal” mother with a breastfeeding mother. Where motherhood is represented as just one of many roles women take up, they are more likely to represent a “good enough” approach to mothering. Understanding the experience of motherhood and feeding in different cultural settings is important to provide the context for postnatal care specifically where mothers are reluctant to share problems or difficulties encountered.

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1. Introduction

Mothering is defined as the social practice of nurturing and caring for dependent children. Mothering is a dynamic activity involving a changing relationship with a child (Arendell, 2000). Scholars, such as Forcey (1994) consider motherhood as representing women's first identity and the form in which they learn their first adult place in society. Motherhood is often associated

with femininity, gender identity (Chodorow, 1978; McMahon, 1995) and as a primary feature of self-identity for most adult women (Forcey, 1994).

Becoming a mother involves physical, emotional and psychological changes. However, and as suggested in a meta-synthesis analysis by Nelson (2003), researchers tend to explore mothers' physical changes from pregnancy to the postpartum rather than their emotional and psychological well-being. Pridham and Chang (1992) similarly note that research on motherhood tends to prioritise the behavioural aspect of motherhood, especially feeding and infant care.

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Maternal feeding behaviours are associated with maternal characteristics such as well-being, eating behaviour and BMI (Brown and Lee, 2011; Rodgers, 2013). Shloim, Rudolf, Feltbower, and Hetherington (2014) noted that mothers with higher levels of self-esteem, for example, reported higher levels of enjoyment of food for their infants. This study suggested that maternal wellbeing can influence infant feeding practice and even feeding traits of the infant. However, as Crossley (2009) illustrates breastfeeding can be very demanding and costly for women, and in can negatively affect their well-being. Postnatal depression can also affect their mother's ability to interact and feed their child (Ball, 1987; Oakley, 1979; Winson, 2009) and, Watkins, Meltzer-Brody, Zolnoun, and Stuebe (2011) noted that women with negative early breastfeeding experiences were more likely to have depressive symptoms at two months postpartum, which has been associated with a negative experience of motherhood (Leahy-Warren, McCarthy, & Corcoran, 2012).

Hoddinott, Craig, Britten, and McInnes (2012) addressed maternal feeding experience in 220 interviews with breastfeeding mothers in the UK. Findings suggest that there is a clash between the idealism of breastfeeding and the reality of breastfeeding, which is stressful, challenging and disappointing for many women. Although the World Health Organisation (WHO) recommends exclusively breastfeeding in the first six months, this is an unrealistic goal for many women, and often contributes to a strong and enduring sense of failure.

Of course, experiences of mothering and motherhood are highly contextualised, both in terms of women's immediate familial and partner contexts, as well as in societal and cultural contexts. This study focuses on the experiences of mothers who live either in the United Kingdom (UK) or Israel. These two countries offer two different contexts for mothers, shaped by differing parenting policies, birth rates, religious and political forces, as well as consequent, embedded expectations for women and families.

In the UK, for example, birth rates fell between 2000 and 2005 to an average of 1.79 children per family, compared with 2.04 during 1970–1975 (United Nations Department of Economic and Social Affairs, Population Division, 2007). A similar decrease can be seen in other western countries (Shaw, 2009). Higher levels of education and working status, later marriage and an increase in divorce rates have a major impact on women's decisions to become mothers (Shaw, 2011). Mothering therefore becomes one of many possible roles which women can experience.

In contrast, Israel fosters a strongly traditional, family focussed approach, with a greater emphasis on women becoming mothers as a central and important part of their identity. The Jewish-Israeli birth rate remains high with the average number of children being three per family, nearly twice that of other western countries (Remennick, 2006; Israel Central Bureau of Statistics [CBS], 2007; Lavee and Katz, 2003). It has been argued that there are unique religious, political and cultural imperatives on Jewish Israeli women to become (biological) mothers. As a country, it is economically and culturally modern, with a general tendency to adopt American trends and attitudes. Yet it demonstrates stability in the pre-eminence of the nuclear family and higher than average birth rates. It has been argued Israel has a predominantly pronatal culture; many Israelis perceive childless people to have empty lives (Glickman, 2003) and Israeli women with no children tend to be regarded as, at best, "not yet pregnant" ("Adain lo beherayon"), and at worst deviant, rather than as voluntarily or involuntarily childless (Portuges, 1986). In particular, for Jewish-Israeli communities, it has been argued that Biblical prescription, experience of conflict and population threat contribute heavily to pronatalism (Birenbaum-Carmeli, 2009).

Moreover, maternity benefits to working mothers were the first benefits to be paid by the State of Israel, with women receive

increasing allowances up until the fifth child (CBS, 2013). Israel also offers advanced, easily accessible and extremely well-funded fertility and reproductive treatments to women from different backgrounds, and up to the age of 44 (Birenbaum-Carmeli, 2009; Remennick, 2006; Rosner, Rosner, & Orr-Urtreger, 2009). This has been the case since the Inter-Ministerial Demography Team listed 'helping women seeking fertility treatments' at the top of its recommendations for stimulating the Jewish population (February 2, 1987), and despite health concerns linked to high hormone intake following repeated cycles of fertility treatment.

In recent years, there has been an increase in Israeli households consisting of a single parent (Central Bureau of Statistics, 2010) but this is relatively low compared to the UK (26%; Office of national statistics, 2012). In both Israel and the UK working mothers provide economic support for their family and levels of maternal employment are similar in both countries (60%). Nevertheless, people in Israel work 1910 h a year, which is nearly 200 h more than the annual working hours in the UK (<http://www.oecdbetterlifeindex.org/countries/israel/>). Thus, there is arguable additional burden placed on Israeli mothers both to have children and to work long hours.

Mothers who are employed outside the home therefore have to balance work and family (Daly, 1996) in addition to meeting their own needs. Even with provision at the workplace for childcare or for breastfeeding infants, working mothers in the early months postpartum face specific stressors associated with the demands of family, work and personal life.

The rationale for comparing both countries in this research is primarily based on cultural differences. Israel is a country in which the majority of the population is Jewish (76%) with 21% of Arabs (Muslims, Arab Christians and Druze). Culture and tradition have been previously associated with perceptions of motherhood (McQuillan, Greil, Shreffler, & Tichenor, 2008) and it was hypothesised that Israeli mothers will practice the traditional role of a Jewish mother (a stay at home mother who cooks, clean and takes care of her family; Callister, Semenic, & Foster, 1999). However, the exposure of Israeli women to Western lifestyle moderates such traditional roles. Therefore although Israel and the UK are both western developed countries, life in Israel is very different than that in the UK. Israel is a relatively new country (established in 1948) battling for recognition within a hostile climate. At the age of 18, all males and females must join the army for duration of 36 and 18 months respectively. During this time, parenting is necessarily less intense (Lavee and Katz, 2003) whereas for most young people this is a time of fulfilling their separation-individuation from their parents. These expectations are likely contribute to Israeli women's perceptions of motherhood.

Differences between Israel and the UK are also associated with maternal decisions regarding breastfeeding with higher levels of breastfeeding in Israel compared to the UK. For example, 51% of Israelis continue to breastfeed for more than 6 months (http://www.health.gov.il/English/News_and_Events/Spokespersons_Messages/Pages/19062013_1.aspx) whereas in the UK only 25% of the women exclusively breastfeed at the age of 4 months (Hamlyn, Brooker, Oleinikova, & Wands, 2002).

Recent initiatives have encouraged an increase in UK levels of breastfeeding with one in three mothers still breastfeeding their babies for longer than 3 months (<http://www.hscic.gov.uk/catalogue/PUB08694/ifs-uk-2010-chap2-inc-prev-dur.pdf>). However, and as suggested by Crossley (2009), it is possible that the high levels of pressure to breastfeed in the UK result in negative psychological and emotional effects as many women 'fail' to breastfeed. In support, findings from the study suggests that heavy promotion of 'breast is best' might result in mothers who feel disempowered. Thus the present study set out to explore how Israeli and UK mothers integrate feeding into their

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