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Power to negotiate spatial barriers to breastfeeding in a western context: When motherhood meets poverty

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ABSTRACT

Although breastfeeding is beneficial to the health of babies born into poverty, rates have remained consistently low among this group. This paper presents findings from a study conducted with poor French Canadian women, who were exposed to breastfeeding promotion. Analysis of 31 qualitative interviews suggests that the 'good mother' imperative in context of poverty and the western hypersexualization of breasts acted as major deterrents to breastfeeding. Poor mothers, lacked access to the power required to negotiate these barriers in their social space. Public health should prioritize the transformation of social and public spaces when promoting breastfeeding to poor mothers.

Numerous studies have shown that breastfeeding provides optimal health benefits for newborns and mothers (Kramer and Kakuma, 2002). The World Health Organization, recognizing breast milk for its nutritional advantage and immunological properties, has been vocal in its advocacy of this infant feeding option, releasing pro-breastfeeding statements in the 1980s and 1990s (WHO, 1981; WHO/UNICEF, 1989, 1990, 1992). This culminated in their *Global Strategy for Young and Infant Feeding* (WHO, 2003), a resolution recommending exclusive breastfeeding for the first 6 months of life, and further breastfeeding up to a minimum of 2 years of age. These efforts to encourage breastfeeding appear to be working as overall breastfeeding rates, since the 1970s, have been increasing in the United States (Wright, 2001), Canada (Millar and MacLean, 2005), and Europe (Yngve and Sjostrom, 2001).

Despite these promising trends, breastfeeding rates have remained consistently low among low-income women of Western countries, even if these women have been exposed to breastfeeding promotion activities (Callen and Pinelli, 2004). This trend is seen in the Canadian province of Québec, the location of this study, where overall breastfeeding initiation and duration rates have remained low among women living in poverty despite a dramatic rise in overall provincial rates in the initiation of breastfeeding from 45% in 1995 (Levill et al., 1995) to 85% in 2006 (Neill, 2006). This is a particularly pressing problem for Western countries in general, because children born into poverty have been shown to have limited access to a nutritional diet and are known to be more vulnerable to diseases (Baker et al., 1998). Thus, children born into poverty constitute, by far, the social group that benefits most from being breastfed (Giugliani et al., 1996). Nevertheless, the reasons why low-income mothers in Western countries tend to reject breastfeeding are not completely clear, but it is likely that structural and economic factors contribute to the problem. In the USA, for example, low-income mothers are eligible to receive free infant formula through the Special Supplemental Nutrition Program of Women, Infants, and Children (WIC) and need not rely on exclusive breastfeeding (Ryan et al., 2002). Low-income women are also less likely to have the flexible work schedules and maternity leave that allow breastfeeding a child (Heinig et al., 2006).

Many studies have also indicated that along with these structural and economic deterrents, a correlation exists between low breastfeeding rates in mothers and their low levels of education (Celi et al., 2005; Mitra et al., 2004). For example, a study in California found that the education level of both parents was more important in predicting breastfeeding compared to parental income and occupational status (Heck et al., 2006). As shown in Fig. 1, compared to the general population in Québec, exclusive breastfeeding rates have remained low among mothers with low income (< $20,000.00) and even lower among those with low level of education (< 11 years) (Neill, 2006).

Studies among disadvantaged Western-born women consistently show the rejection of breastfeeding in relation to young age,

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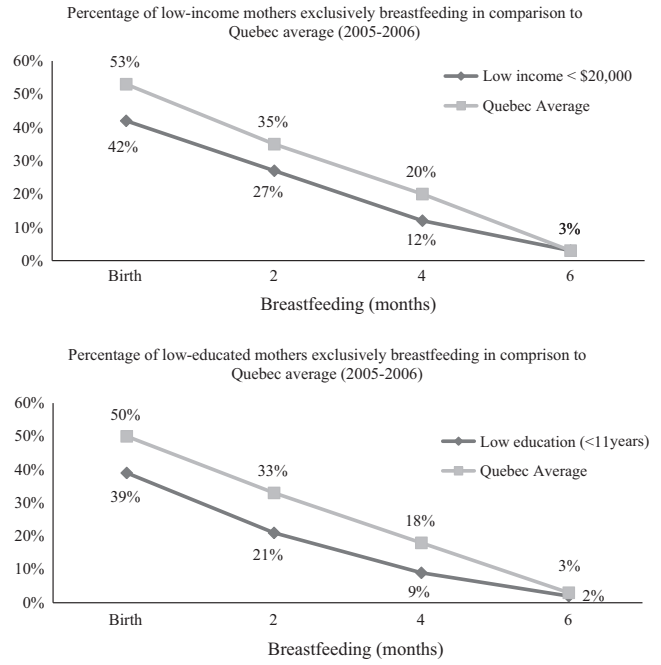

Source: Neill (2006)

Fig. 1. Exclusive breastfeeding rates in Québec according to income and education (2005–2006).
Source: Neill (2006).

low income, and low education. Few studies, however, have attempted to understand the meaning behind these factors and the corresponding social processes taking place. There is a need to understand this complex phenomenon so that health policy and public health programs may better respond to the needs and worldviews of poorly educated, low-income women of Western countries. Therefore, the goal of our study was to better understand the subjective experiences and meaning linked to the rejection of breastfeeding among Québec-born women living in context of poverty.

1. Background

Breastfeeding is a health behavior that can significantly contribute to reducing health disparities known to affect children born into poverty. Understanding why poor Western-born mothers tend to reject such a beneficial health behavior even if exposed to promotion activities requires the need to address how this infant-feeding choice also reflects a social context that structures the production of a health inequality. Since breastfeeding has been known to vary through space, time, ethnicity and economic level (Shaw, 2004; Groleau et al., 2006) there is a need to better understand the complexities underlying this social practice in a way that adequately addresses the relationship between agency and structure as well as the role played by lay knowledge (Popay et al., 2008). While post-structural theorist have been criticized for having produced relatively little critical discussion regarding breastfeeding (Adkins and Skeggs, 2004; Dykes, 2006), there has been recent claims that using concepts developed by Pierre Bourdieu can enhance our understanding and interpretation of breastfeeding (Amir, 2011; Groleau and Rodriguez, 2009; Groleau and Sibeko, 2012; Shaw, 2004). Bourdieu indeed argues that "food and eating is much more than a process of bodily nourishment: it is an elaborate performance of gender, social class and identity" (Bourdieu, 1984). Since Bourdieu's approach to examining social structure has been productively applied to research on health inequalities in other areas of marginality (Gatrell et al., 2004; Veenstra, 2007), we chose to build from his critical theory of *social space* (1984, 1985, 1989) to examine, in a novel way, the full complexity of the social mechanisms underlying the rejection of breastfeeding.

The social world according to Bourdieu's offers several dimensions where agents or groups of agents are defined by their relative position and access to power. Within this perspective, *social space* can be described as being made up of *fields of power* relations that impose themselves on those who enter them. Agents, according to Bourdieu, engage with others within these *fields of power* according to the overall *capital* they hold.

> "These [forms of capital] are, principally, economic capital (in its different kinds), cultural capital and social capital, as well as *symbolic capital*, commonly called prestige, reputation, renown etc., which is the form in which the different forms of capital are perceived and recognized as legitimate (Bourdieu, 1985, p. 724)."

Bourdieu (1985) thus states that access to power is determined by the totality of one's capital, including cultural, social, and symbolic forms. While Bourdieu (1990:118) has argued that *symbolic capital* has been underestimated as a source of power to the benefit of other sources of capital, this seems particularly true in the literature of social sciences of health. Recognizing and identifying the role played by *symbolic capital* in the understanding of health behaviors that contribute to health inequality is of particular importance (Stoebenau, 2009). *Symbolic capital* is defined as a form of power that comes with social position, affords prestige, and leads others to pay attention to the agent holding such capital. While *symbolic capital* is often associated with economic capital in the Western world, it also exists outside affluent circles. The notion of *symbolic capital* is particularly relevant to understand how poor mothers engage in *fields of power* because, as Attree (2005) states, poor women have "few alternative sources of capital and ways of legitimizing their role in society" (p. 236). For mothers living in poverty, the rearing and health of their children become key sources of *symbolic capital and* power (Groleau and Sibeko, 2012) and, as such, their infant feeding choice may be experienced differently depending on the *field of power* they engage in.

The *field of power* is thus expected to vary according to the *social space* the mothers engage in, such as a hospital setting, a village, a public space, a family gathering or any social group with its own rules to accessing power. The *field of power* concept is important when studying marginalized populations for whom "the general community significantly determines social and economic opportunities and constraints" (Stoebenau, 2009: 2046). For example, while discussing infant feeding with a health professional in the social space of a hospital, the *field of power* will not be the same for a mother with a university degree as compared to an uneducated mother. In this social space, a young and uneducated mother may not feel she has as much *symbolic capital* and thus power, to negotiate requests and recommendations with health professionals. Thus as argued by McNay (1999) *fields of power* are autonomous by their functioning and internal logic but individuals also hold the possibility to participate in a proliferation of differentiated *fields* of action in various social spaces which holds both the potential to have negative and positive effects.

Habitus, another critical concept of Bourdieu's theory of *social space*, is a useful concept that helped interpret our data. *Habitus* corresponds to a mental disposition that is experienced as the expected, normal and appropriate embodied behavior to adopt within defined *social spaces*. Habitus is shaped by the conditioning of agents over time through their participation in different *fields*