



Removing Societal Influence from Motherhood: Why Society Should Not Tell Mothers to Breastfeed

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1. In many cultures, motherhood is the most important job a woman will have. Despite the emphasis society places on being a mother, motherhood also comes with a lot of scrutiny. Mothers will be criticized for what they do or what they do not do regarding raising their children from the moment their children are born to when they leave the house as adults. One of the very first acts a mother will do as part of her journey through motherhood is feed her newborn. Whether she gets society's approval for doing this depends on her chosen feeding method. Compared to bottle feeding, breastfeeding is the more socially acceptable way for mothers to feed their children. Unfortunately, society's constructed image of motherhood puts significant pressure on women to breastfeed. In places where a woman's greatest role in life is to be a mother, having issues with breastfeeding may hurt her self-worth. Societal pressure to breastfeed can range from the people in a mother's life pushing her to breastfeed, social media influence, or even legislation requiring her to breastfeed, such as the United Arab Emirates law requiring women to breastfeed their children for two years (Graham-Harrison, 2014). The people who expect all mothers to breastfeed are not considering that for many women, breastfeeding is not an option. They are putting an unfair burden on mothers to breastfeed when it may strain their mental, emotional, or physical health while also negatively impacting her child's health. Therefore, society should not encourage mothers to breastfeed.
2. There are a myriad of challenges a mother can face when she breastfeeds. The act of breastfeeding is very time consuming, which may come as a shock to new mothers (Kelleher, 2006). For working

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mothers, this means they may have to stop breastfeeding early or quit their job to continue breastfeeding their child depending on the amount of paid parental leave they are given (Anonymous, personal communication, October 21, 2021). Physical challenges of breastfeeding can range from pain and soreness to infections, such as mastitis, or bleeding, cracked nipples (Kelleher, 2006). The physical challenges of breastfeeding are often not widely discussed and can take many women off guard. Additionally, depending on the severity of the physical pain and discomfort mothers are facing, they may have trouble responding to the needs of their infant (Kelleher, 2006). Mothers often choose to stop breastfeeding due to the physical pain, but they may feel guilty about their decision because they feel their body is inadequate or they are not giving their child the best possible care (Kelleher, 2006; Anonymous, personal communication, October 21, 2021).

3. The presence of anxiety or stress in mothers correlates with breastfeeding complications (Abou-Dakn et al, 2009). Women who experienced pain when breastfeeding would often develop anxiety toward breastfeeding, and it is common for the mother's anxiety to negatively impact her relationship with her child (Abou-Dakn et al. 2009; Kelleher, 2006). Mothers with mental health issues are less attached to their child and provide less care and support for their child's mental and emotional needs, which may result in the child developing mental health issues (Cho et al. 2015). Additionally, physical illness in the mother as a result of breastfeeding may make her less able to respond to her child's emotional needs (Anonymous, personal communication, October 21, 2021).
4. Pushing a mother to breastfeed when she cannot may put the health of her child at risk. Mothers who have negative experiences with breastfeeding find that the physical pain or illness associated with it makes responding to their child's needs more difficult (Kelleher, 2006). While there are health benefits associated with breastfeeding for both the mother and the baby (Department of Health and Human Service Office on Women's Health, 2003), if the mother is having trouble with breastfeeding, sacrificing her health for the sake of breastfeeding her child will do more harm than good. The mother will have to cope with the pain or illness related to breastfeeding that she is experiencing while taking care of her child at the same time. For most people, being ill makes taking care of

oneself and carrying out basic tasks difficult, let alone taking care of an infant on top of that. Therefore, it is unreasonable to expect that the mother will be able to provide proper care to her child without consequences to her own health. Rather than making mothers feel they must sacrifice their health to feed their child, society should emphasize the importance of children having healthy mothers that can take care of them, not the importance of breastfeeding.

5. Cultures should not stress breastfeeding as a key aspect of motherhood. Breastfeeding as the standard method of feeding a child may have direct consequences for the child's health. Women with HIV are told not to breastfeed their children due to the risk that their child may contract the virus. In African communities, mothers are expected to breastfeed, which raises issues with African mothers who are HIV positive. Choosing not to breastfeed puts them under scrutiny and risks the revealing of their HIV status (Tariq et al, 2016). This requires mothers to choose between keeping their HIV status hidden or their child's health. Depending on their social situation they may be forced to breastfeed because they cannot afford for their family or community to know they are HIV positive. The risk this puts on the baby's health could be avoided if society could leave the choice of how a child is fed up to the mother and not judge her for her choice. Additionally, society needs to shift its view of motherhood to include all feeding methods as acceptable rather than making women feel they are failing as a mother because they are not breastfeeding. This will make it easier for mothers to make the right decision as to whether she should breastfeed without being swayed one way or the other by society's opinions.
6. To protect their mental health, mothers should not be told they need to breastfeed. The Department of Health and Human Services Office on Women's Health (2003) states that breastfeeding can have "psychological benefits, such as increased self-confidence" (p.126). However, there is a correlation between psychological stress in the mother and breast disease (Abou-Dakn, 2009). Mothers may develop stress and anxiety about breastfeeding and meeting the expectation that they should breastfeed, especially if they are having issues with it. Unfortunately, even if the best course of action for the mother's mental health is to stop breastfeeding, societal pressure to continue may make this hard. A woman's vulnerability to societal pressure may increase after giving birth (Anonymous,

personal communication, October 21, 2021), so being surrounded by other people who are breastfeeding or encouraging her to breastfeed may make her feel guilty about stopping. Therefore, it is necessary to emphasize that mothers do not have to breastfeed, so that if it is negatively affecting their mental health, they will not feel the need to ignore their own wellbeing for the purpose of continued breastfeeding.

7. Putting the mental health of the mother at risk by promoting breastfeeding to protect the child's well-being will hurt the child. Abou-Dakn et al. (2009) reports that "a higher stress level in a mother is known to lead to an increase in the stress reactions of a newborn child (Alehagen et al, 2005; Rieger et al, 2004; Sheinkopf et al, 2006)" (discussion). This indicates that the consequences of making mothers feel obligated to breastfeed is that her children will suffer from her mental health issues because it impacts their own mental health. Mothers with depression are less available to care for the mental health of their children, and their children have a higher likelihood of having future mental health issues (Cho et al, 2015). When people advocate for the child's health by ignoring the mother's health problems and pushing her to breastfeed, they overlook the way that the child's health is intertwined with the health of the mother. Rather than maintaining the "breast is best" attitude, society should recognize that the best position for the child is when their mother is healthy and able to care for them regardless of whether she breastfeeds. Although breastfeeding has nutritional benefits for the child (Department of Health and Human Service Office on Women's Health, 2003), if their mother is having issues with breastfeeding, the child will be healthier in the long run if she switches to bottle feeding rather than putting herself through the physical, emotional, and mental turmoil of trying to breastfeed.
8. Breastfeeding is often promoted because of the benefits it has for infant health. However, this puts pressure on women to meet the expectation that they breastfeed. Although one may not intend for this to happen when they encourage breastfeeding, the result is that a mother's health may be negatively affected if she has issues with breastfeeding. One way to provide infants with the health benefits of breastfeeding is to provide a wet nurse if the mother cannot breastfeed, as suggested by the UAE law requiring women to breastfeed (Graham-Harrison, 2014). However, this has

not been implemented by the UAE, and the logistics of doing so on a large scale would be difficult. This would also put a significant aspect of caring for the child into the hands of someone other than their mother, making her feel less connected with her child and that she has a smaller place in their life. Instead of focusing on how a newborn is fed, people should focus on promoting the mother's health to avoid the potential negative effects that breastfeeding problems may have on her health, and stop those problems being transferred to her child.

9. Society needs to change its image of motherhood to give mothers more freedom to choose how they care for their children. This will improve the lives of both the mother and the child. The mother will not have to deal with the stress and anxiety that comes with being unable to fit society's expectations of her. If breastfeeding is not working for her, she will have an easier time choosing to stop without feeling guilty or judged for her decision. Without societal influence on her choice to breastfeed, a mother is free to make her own decisions on the matter, giving her the ability to fully take care of her mental and physical health, and by extension, the health of her child. On the other hand, if society is pushing her to breastfeed, then that may make her hesitate in her decision to stop even though it is the right choice for her and therefore her child's wellbeing. If the mother can take care of her own health, then she will be in a better position to take care of her child. This protects the child from possible mental health problems that they might develop as a result of mental health issues in their mother. If the child's mother is experiencing pain or infections from breastfeeding that are preventing her from responding to her child's needs, then stopping breastfeeding will put her in a better position to take care of her child. Although breastfeeding has positive effects when it goes well for both the mother and the baby, it becomes a problem when mothers are pressured to continue when this is not the case. Society needs to give mothers the ability to make the choice that they know to be right for the health of themselves and their child, to avoid any issues that may arise from breastfeeding problems.

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Appendix

Transcript of Interview

In what ways can the physical issues mothers may face when breastfeeding (such as pain or their child is having trouble breastfeeding) impact their relationship with their child?

It can create some emotional complexity because the being that you love so fully is also the source of immense pain, in my case mastitis. It didn't change my love for her, of course, but I was sick, tired, and weak for a time, and therefore likely not able to be as emotionally available or bond as effectively.

How can societal views surrounding breastfeeding influence whether a woman decides to breastfeed and for how long?

I think societal and cultural norms absolutely influence so many decisions we make and how we approach more universal things like parenting and breastfeeding. In times of great vulnerability, such as we are after giving birth, we are, I believe, more susceptible to the influences of those people and messages around us, and if our peers are breastfeeding for a certain amount of time or we are told that "breast is best" as is so often the message, it can cause women to feel guilty or bad...or at least conflicted...when we want to stop nursing. Luckily, some of my closest friends are OB/GYNs, and are of the mindset that "a healthy mom and healthy baby is best" and so this provided me comfort and support as I sought to stop breastfeeding sooner than some of my peers.

What barriers might mothers face that prevent them from being able to choose how they feed their child?

In the US, the fact that we have to go back to work so soon after giving birth, and that there is no universal paid leave for parents creates a barrier for so many to be able to bond with their children and attach in healthy ways, including breastfeeding. So, I would say sexism in labor laws and family leave policy is a major barrier.

What impacts can breastfeeding have on a woman's mental health? How can those impacts affect her ability to respond to her child's physical, mental, and emotional needs?

It can be positive and/or negative. There are certain "feel good" chemicals, if I remember correctly, that are released through

breastfeeding, positively affecting a mother's mental health and connection with her kiddo. However, for those of us who really value our bodily autonomy, when breastfeeding, my body never really felt like it was "my own" and after a period of time that was difficult from a mental health perspective.

Do you feel that the UAE law requiring breastfeeding has impacted the lives of mothers? If so, what are those impacts?

I didn't realize there was such a law (I haven't lived there in 15 years). This seems a bit of an overreach on women's body autonomy at first glance but I don't know the whole story or the specifics. There are women who are unable to breastfeed for various reasons (breast reductions, etc.) and I would hope there was room in the law for them to still be supported and not shamed.

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