

Breastfeeding as custom not culture

Cutting meaning down to size

Richard A. O'Connor and Penny Van Esterik

Richard A. O'Connor is Biehl Professor of Anthropology at Sewanee: The University of the South. Penny Van Esterik is Professor of Anthropology at York University, Toronto. This article is developed from a chapter in 'The dance of nurture: Embodying infant feeding' (in preparation) by the authors, and builds on the biocultural approach begun in 'Negotiating anorexia: From virtue to vice' by the same authors.

Save the Children identifies breastfeeding as the most effective child-focused factor in reducing infant mortality among the 'lifesaving six' (see Fig. 2). Were breastfeeding to be universally adopted, it is estimated that it would save 13% of infant deaths worldwide (only iron foliate supplementation of mothers during pregnancy would save more, at 19%). With rare exceptions, anthropologists have mostly ignored sustained discussion of breastfeeding. To encourage discussion of this important subject, we here present research by two Southeast Asianist medical anthropologists, to which we have invited a comment from Mara Mabilia (2005), one of few anthropologists to have published a book-length study based on her research of breastfeeding in Tanzania, and to which the authors, in turn, reply (see pp 23-25). Ed.

Anthropology, Ruth Benedict (1934: 1) said, is 'the science of customs'. That was when ethnography served ethnology's comparative questions. Yet her book, *Patterns of culture*, took the discipline in another direction. So even as Benedict stressed custom, she highlighted overarching integration. Her three case studies – Zuni, Dobu, Kwakiutl – were chosen to show how a group's disparate customs sometimes pulled together, creating an overall cultural coherence. Sometimes that patterning, she reminded her readers, was a tendency evident in only some groups (1934: 46, 48, 223, 228).

What Benedict began took on a life of its own. Eventually the inner logic of meaning's inward pull became a constant, not a variable. Then anthropology could treat every group as if it were so well integrated that meaning could explain how each lived. Soon this now axiomatic whole, 'culture', was as neatly bounded as a nation state and as coherent as a story. As the discipline came to study each people's story in its own terms, not comparatively, ethnography quietly displaced ethnology (Stocking 1992: 357). An architect of that move, Geertz (2000: 13), later characterized it as cutting 'the idea of culture down to size'. That was half true: culture as an inheritance ('history') and an adaptation ('function') did indeed shrink but what remained – culture as meaning – grew grand enough to be today's all-purpose explanation.

Has the move to meaning gone too far? It has for infant feeding. Today's cliché, saying breastfeeding is culturally constructed, errs twice over. First, it exaggerates meaning: infant feeding is never just what meaning makes it but always also a working compromise with what the past provides and practicality urges. Second, treating breastfeeding as a part that fits the cultural whole misconstrues their actual relationship: the two are often and perhaps always in tension. Why? Anything but automatic, nursing requires some combination of social support, practical knowledge and enabling customs to flourish. That package – a postpartum womb of sorts – is nowhere near as malleable as meaning. So for viable breastfeeding what is culturally meaningful must bend to what is historically and functionally workable – either that or babies suffer. And that happens: in what Bateson would call a collective error in thinking, some groups force breastfeeding into ill-fitting cultural moulds (Van Esterik 1989: 198-203). Our era and Euroamerican context are a prime though hardly unique example.

We came to downplay meaning reluctantly. After all, as medical anthropologists we were painfully aware that today's sweeping cultural explanations countered even



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Fig. 1. Creating a private moment in a public space.

worse biological ones. So if saying breastfeeding was 'culturally constructed' wasn't exactly right, it still got research closer to the relevant realities than doctrinaire biomedicine ever would. Yet like it or not, our research obliged us to ask what defending meaning categorically disallows: does breastfeeding – or at least its customs – actually fit the broader culture? The closer we looked at postpartum customs the more separate they seemed. We began to wonder if breastfeeding were an island of practice-refined custom set apart from – and sometimes against – its surrounding cultural sea. That fit how we had begun to re-theorize breastfeeding as a practice (Bourdieu 1990) and it fed our growing appreciation of how Benedict had distinguished 'custom' from the larger pattern we now call 'culture'. And as this stance gelled, it raised theoretical doubts about how today's tautology of meaning hides the way breastfeeding actually works.

In this article, we invert the usual culture/breastfeeding relationship. To study breastfeeding in its own terms, we flip today's hermeneutics on its head, asking how the whole (culture) fits the part (breastfeeding). Addressing that question to three bodies of ethnographic evidence – single culture studies, regional traditions, and cross-cultural regularities – we find breastfeeding often stands apart from the host culture.

Breastfeeding within culture

Today's notion of culture expects anthropologists to study each people and place in their own terms. In that genre Jane Hanks's (1963) classic work on maternity in a Thai rice village is culture-as-meaning at its best. While her cultural interpretation makes all the right connections, how tight are they? By our re-analysis, the postpartum experience is not constructed by a single coherent culture. Instead it centres in one breastfeeding-friendly set of customs – what we'll call a system – that stands apart from two other incompatible systems.

One system, a female-centered fertility cult, treats life as a flighty, fragile spirit or soul. To keep everyone alive and healthy, their souls are nurtured by kind words, gentle gestures and tasty morsels lest fear or insult cause flight. In this ontology, where birth and infancy are especially vulnerable moments, the same soul-sustaining practices

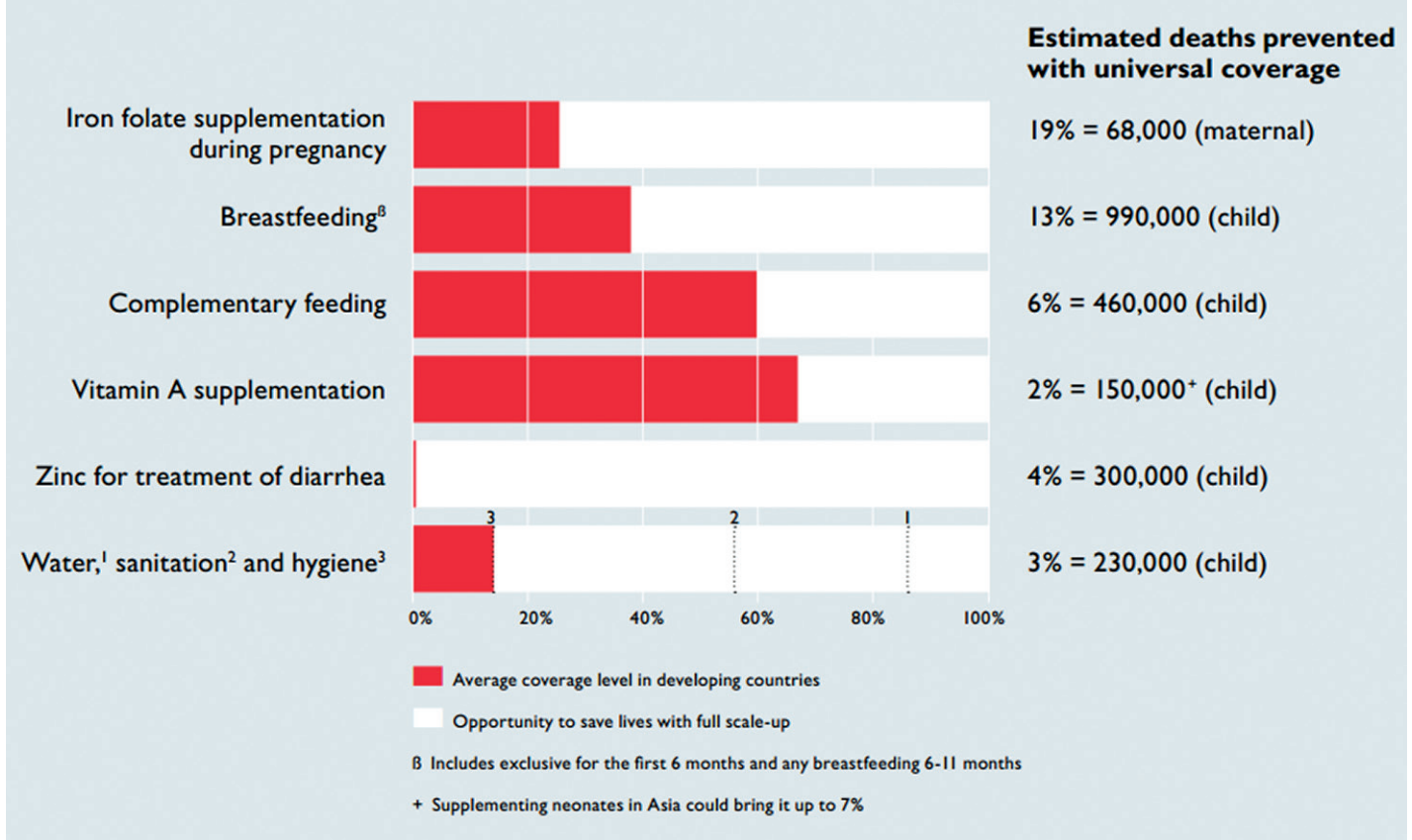


Fig. 2. The 'Lifesaving six' from Nutrition in the first 1,000 days: State of the world's mothers. *Save the Children*, May 2012: 26.

apply to the entirety of life. So breastfeeding an infant, parenting a child, running a household, and growing rice are all similar practices that demand similar skills. In each instance, adept nurturing keeps evanescent life within its proper physical containers – body, house, village, granary, rice field. In this system of meaning, where nurturing turns the cosmos, breastfeeding makes perfect sense.

A second system, Buddhism, gives austere answers to life's larger questions. If it factors the postpartum experience in at all, it is to explain why one woman births easily and another suffers, or why one infant lives while another dies. Its insistent answer, karma, is cold comfort compared to the fertility cult's soothing words and warm embrace. Where Buddhism bids the Thai to escape the cycle of rebirth, the fertility cult is what keeps the circle turning. Indeed, the two are at odds in that the cult posits souls that Buddhism denies, feeds abundantly where monks eat sparingly, and celebrates life where asceticism embraces death.

The third system is medical. For a month after birth, the new mother 'roasts' beside a fire to dry out the bad blood of birth and restore her body's balance. Of course the principle here – the idea that the fire's heat counters the chill and wetness of birth – echoes the ancient four humours physiology, a coherent life philosophy. Yet this one ritual is as far as that philosophy typically goes. What usually governs Thai everyday life is nurturing souls, not balancing humours. And, as with Buddhism, the two regimens are incompatible: the cult pampers invisible souls where the fire discomfits tangible bodies.

Is this one culture or three? Once scholars would have explained these three systems as historical layers – first animism, then Brahmanism, finally Buddhism – but that is to misunderstand the past as well as the present. Instead, as Kirsch (1977) shows, a division of labour unites the three *functionally* while leaving them *symbolically* incompatible. In this scheme, if our focus is breastfeeding, then that form of nurturing is constructed by only one system – the fertility cult – and not the other two or Thai culture in general. Indeed, the culture's other discourses – royal, nationalist, Buddhist, commercial – could only interfere with breastfeeding.

Is this Thai arrangement – breastfeeding as part of, yet apart from the culture – evident when we re-analyze other ethnographies? Some other richly described cases show

how breastfeeding can connect closely to the larger culture. In rural Senegal, for example, Mandinka mothers breastfeed by the same cultural ideal that organizes village life (Whittemore & Beverly 1996); and, for the Gogo in Tanzania, breastfeeding is a Maussian total social phenomenon, a locus where the whole culture comes together (Mabilia 2005). Does it matter that these two cases are not only rural and remote but described as if national politics, global markets and world religions were all irrelevant? If Hanks's Thai village were that pristine, it would just be a case of farmers following a fertility cult that organized everything – not only breastfeeding, but household, village and agricultural life as well. Arguably, then, culture and breastfeeding can converge only in small, isolated groups. If that is so, then unsheltered breastfeeding has long been rare. Since the rise of civilization, most mothers have had to breastfeed within cultures driven by agendas other than nurture.

Can larger and more cosmopolitan societies have a breastfeeding-friendly culture? In urban Mali Dettwyler (1988) found widespread, full-term breastfeeding in a multi-ethnic squatter settlement. One reason for this is that women 'grow up surrounded by older women nursing babies and expect to be successful at nursing their own children'. Such a supportive state of affairs – an arrangement tacitly worked out between a half dozen or more ethnic groups – is best understood as custom (an accepted practice), not the cultural imperative of any one group. Indeed, when it comes to the overt culture, there's tension, as 'women do not follow strict Moslem teachings' in their breastfeeding. Moreover, as a mother's milk establishes a woman's claim to her children, breastfeeding specifically counters the way in which strongly patrilineal societies favour the father and his kin. That sort of culturally constituted interference isn't unusual: in Bolivia Tapias (2006: 92) finds breastfeeding 'is permeated by cultural forces' and, in their cross-cultural survey, Obermyer & Castle (1997: 40) conclude that 'the cultural meaning of breastfeeding is tied to many aspects of the social structure'. Valuable as these case studies are, they frame the cultural connections of breastfeeding too broadly to answer our Thai-inspired question: just how separate and self-contained is breastfeeding within the broader culture?

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- Some thoughtful answers come from research on the Navajo. Wright and her co-authors (1993a, 1993b) undertook in-depth interviews to develop a 'cultural interpretation' of breastfeeding. Although some aspects were mentioned by only a few interviewees, the researchers found an overall coherence which one could call a 'cultural text'. Then, well aware that the whole we call 'culture' is jointly constructed by anthropologist and informants, the researchers sought to test their construct with a survey of 250 postpartum Navajo women. In the initial open-ended questions, few respondents covered what the cultural text said (mentioning less than eight per cent of its items), but when the subsequent checklist presented the cultural text item by item, from 87 to 98 per cent were accepted. So it would seem that the way breastfeeding relates to its surrounding culture is an open issue. Culture is and isn't relevant: it's not at the forefront of anyone's mind but it is there if the natives (or anthropologists!) want it.
- Regional evidence**
- In studying a culture in itself and by itself, today's anthropology conveniently assumes meaning, function and history all work well together. The Boasians knew better. They took care to distinguish the three. One vital tool, regional comparison, pulled them apart. For example, by tracing the guardian spirit cult across North America one could see how the complex kept its historic character even as groups remade its meaning to suit themselves. That approach, in probing a culture's inner working comparatively, is exactly what we need to understand breastfeeding. How remarkable then that regional patterns in breastfeeding are virtually unstudied!
- Southeast Asia has one such pattern. While this corner of Asia is nothing if not diverse, many groups have variations on the breastfeeding complex that we described for the Thai. Consider their Malay neighbours (Carsten 1995). Despite differing dramatically in religion (Buddhist vs. Muslim), language family (Tai-Kadai vs. Austronesian) and traditional subsistence (inland rice farmers vs. coastal farmers, traders and fishermen), these two cultures share a remarkably similar breastfeeding complex. For both groups the postpartum event sequesters mother and infant together, traditionally by a fire and within the house. Each group also treats the body as a container – like the house and village – that feeding fills with the shared substance that binds people together. For both, breastfeeding begins what family meals do ever after. In all these specific and quite meaningful ways, custom constructs Thai and Malay breastfeeding in a very similar manner even though their encompassing cultures differ significantly.
- As with the Thai, Malay breastfeeding *custom* sets this realm apart from the larger *culture* with its quite different concerns. While some see Malay culture as a single all-encompassing whole, its disparate realms (McKinley 1979) are as obvious as with the Thai. Here too the disconnect between the breastfeeding complex and the larger culture is not just historical (animism vs. subsequent Indic, Muslim and modern orders) but functional. So while a fertility cult nurtures everyday life gently, the encompassing cultural whole asserts order authoritatively. As the latter is caught up in a city-centered state, world religion and national politics, it readily puts power over nurturance, sanctity over intimacy, moral betterment over bodily balance, and hierarchy's ranking over commensality's sharing (Hocart 1970; O'Connor 1989). Is it any wonder then that the two diverge? Although meaningful metaphors can always link these two realms (e.g. stressing how a ruler 'nurtures' his people), keeping them apart is what allows breastfeeding to flourish by its own nurturing logic.
- How can Thai and Malay – two otherwise quite different cultures – have nearly the same breastfeeding complex? Indeed, why do so many Southeast Asian peoples have similar infant feeding practices? Here common traits likely mark a common origin: Thai, Malay and many others are cultural offspring of the South China Neolithic. While this suggests the breastfeeding complex is surprisingly ancient – it could go back 8,000 years or more – its close connection with agriculture makes perfect sense. After all, as farming radically changed the human diet as well as women's roles, early farmers had to adapt infant feeding to these new conditions (Van Esterik 2010). What they worked out – customs that organized not just breastfeeding but body, household, village and farming all by the same principles – came to carry a highly refined body of practical knowledge. That, anyway, would account for its remarkable stability even as encompassing cultures – the realities we now call 'Thai', 'Malay' and a hundred others – have diverged so dramatically.
- Diverse as Africa is, if we focus on infant feeding, there are indications of a regional pattern. Three characteristics stand out. First, the postpartum taboo is far more common in Africa (Saucier 1972) and, arguably, more salient than in other world regions. Second, the postpartum taboo often embeds breastfeeding in an intense micro-politics of sexuality and gendered subsistence strategies (Lockwood 1995). It is this gendered division of labour, twisted by colonial and now global dislocations, whereby economic change destabilizes infant feeding. Third, by stressing how milk makes the child, breastfeeding claims a mother/infant oneness that crosscuts – and thereby potentially competes with – a lineage/infant oneness predicated on paternity (e.g. Dettwyler 1988). Does that place breastfeeding outside 'shared paternal blood' as society's symbolic core? If so, then Africa contrasts sharply with Southeast Asia where commensality puts breastfeeding at society's very core.
- In Latin America what sometimes constructs breastfeeding is neither inclusive commensality (Southeast Asia) nor restrictive taboo (Africa) but a mortal-cum-moral danger, the disease called 'bad milk'. Abusing or merely upsetting a lactating woman can cause her milk to go bad and thereby harm the baby. That danger restricts the nursing woman (she should avoid trouble lest her body betray her) but it also puts everyone else (husband, kin, neighbours, even strangers) on guard, lest they harm the helpless. Everyday life thus gets entangled in a gendered politics of oppression and resistance where breastfeeding raises the stakes. Moreover, as no one knows how much conflict is too much until the damage is done, even the good can do evil accidentally. How deeply does that doubt colour breastfeeding? Whatever its salience, this Latin American moral ambiguity contrasts sharply with the moral certainty that commensality gives breastfeeding in Southeast Asia and the postpartum sexual taboo has in Africa.
- Three regions, three decidedly different patterns – that diversity precludes both biological and cultural explanations. It's too diverse for the uniformity of human biology and yet each region has too much internal similarity for how diverse their cultures otherwise are. That leaves history: each region's particular pattern is just one of many possible arrangements that worked well enough to get passed down. In Africa and Southeast Asia that history binds the breastfeeding complex to agricultural expansions. In Latin America it suggests how a colonial encounter created a cultural region: 'bad milk', it would seem, embeds breastfeeding in a discourse of oppression that evokes a Catholic-coloured resistance, calling for mercy lest the innocent suffer.
- Cross-cultural Regularities**
- Cross-cultural evidence opens up the breastfeeding/culture relationship in yet another way. Quite diverse cultures have

somehow come to quite similar postpartum arrangements (Stern & Kruckman 1983; Dennis et al. 2007). Three regularities stand out. First, postpartum is a distinct, highly patterned, and set-apart period. Second, at least as an ideal, the new mother is 'mothered' – others care for her and often assume her usual responsibilities for a specified interval. Third, customs tend to cocoon the mother with the newborn baby, often ritualizing their relations with the outside.

What explains these global similarities? Arguably disparate cultures develop similar features because they're solving a similar problem. What is the problem? Breastfeeding is vulnerable: lactation can fail, infants just not flourish. When that happens, it jeopardizes the baby, impugns the mother and burdens the group. So until recently, when modern bottle feeding offered an alternative, groups that developed breastfeeding-friendly customs had an easier life. What would work? To succeed at breastfeeding, a lactating woman needs to negotiate with six potentially discrepant realities. First, there is the newborn, a minimally competent being with a very particular character. Advice and experience help, but each infant poses a new challenge. Second, there is the way in which the relationship she develops with the baby takes on a life of its own. In this intimacy, where self and other blur, the mother can only negotiate for what she wants, not unilaterally determine outcomes. Third, like any craft, the activity of breastfeeding has an inherent character that develops as a practice by its own inner logic. Fourth, the woman must negotiate with her own enculturated body. In growing up she develops bodily modes that may not fit the character of her infant, their relationship, or what the activity seeks. If she can't negotiate a compromise between her body and these other realities, nursing won't flourish. Fifth, the woman's social sensibility links her bodily functions to her surroundings. If that milieu isn't supportive, that dissonance makes it all the harder to deal with the previous four realities. Sixth, the woman must cope with her social group. Every new mother is also a daughter, most are wives, and nearly all are workers. Others are impatient for her return and yet she must suspend her other obligations or breastfeeding suffers.

What postpartum customs typically do – separating and organizing this life-stage, mothering the mother, cocooning the mother and infant – facilitates the negotiation and separateness that successful breastfeeding requires. So cocooning denies the group's everyday demands, cutting off ordinary social life and prior bodily modes while focusing the mother on developing a new bodily mode with her baby. Cocooning speeds recovery from the trauma of birth while heading off postpartum malaise. And, thanks to custom, all of this is routinized and taken-for-granted.

Are we imputing functions to customs that are actually dysfunctional or purposeless or only symbolic? That's the danger in any field science – you can't manipulate the variables to test your explanation. Yet the modern West is running one massive, uncontrolled experiment that supports our argument. It began in the late 19th and early 20th centuries when all the customs that once supported breastfeeding collapsed before rapid social change and an intolerant ideology of progress. Suddenly many women who wanted to breastfeed found they couldn't, often complaining of insufficient milk. In documenting how this crisis struck Chicago, Wolf (2001) finds that the modern demand naturally regulated the mother's milk supply – turned nature against what mother and baby both wanted and needed. We know better today. Or do we? Apparently we still don't know enough to ensure postpartum support: whereas cultures that 'mother' the mother can hardly imagine sadness after a live birth (Becker 1998; Harkness

1987), countless Western women experience the blues and 10 to 15 per cent suffer clinical depression after birth.

Why would well-intentioned mothers subject helpless babies to a heartless clock? It made cultural sense to an industrial age. As 'modern' women they lived scheduled lives in a schedule-driven society where progress penalized laggards. As agents of that discourse, child-raising experts said that on-demand feeding raised drunkards. Inane as that was, if meaning were all that mattered, they would be right – shouldn't infants adapt to their culture, the sooner the better? Of course that assumes newborns and breastfeeding are both infinitely malleable – and, as we now know, neither is true.

Cutting meaning down to size

In characterizing anthropology as a 'science of customs', Benedict spoke for the Boasians. Yet her theory of pattern moved the discipline away from the historical particularism of scattered customs towards culture as a unitary synchronic whole. In theorizing that move to meaning, Geertz (1973: 5) says 'Believing, with Max Weber, that man is an animal suspended in webs of significance he himself has spun, I take culture to be those webs . . .'. Geertz was right to use 'I' – Weber's webs did not add up to what we call culture today. Quite the contrary, his angle of analysis crosscut ethnic and national lines; his level of analysis stayed close to custom, well away from culture's totalizing; and his explanations added meaning to what history and function had once explained alone. Where Weber kept all three in play, today's hermeneutics subtracts history and function to make meaning sovereign.

Cutting culture down to meaning went along with expanding that perspective to define an ethnic or national whole. Yet is that level of analysis apt for breastfeeding? After all, to engage her infant, a woman cannot simply enact a cultural text. Instead, focusing inward, she follows an unfolding logic where what works materially and interpersonally goes beyond what culture can code. Nor is this just breastfeeding. Arguably, construing culture as 'ethnic' or 'national' is too high an analytical level for other demanding, skill-based activities (crafts, trades, sports, shamanism, science, etc.) as well as other intimate relationships (friendship, romantic love, teamwork, parenting, etc.).

For medical anthropology, the critical question is how breastfeeding *works* bioculturally, not just what it *means* culturally. To answer it we need to put history and function back into the explanatory equation along with meaning. Once that's done, comparison tells us that the workable arrangements are far more diverse than human biology and yet far less various than the world's cultures. In that middle ground, where infant feeding constitutes the person bioculturally, most groups rely heavily on custom. Various as those arrangements are, the larger lesson is that they are not typically reasoned out and made to fit the meanings of the moment. Quite the contrary, as they are almost always inherited, the past structures the present.

That should not surprise us: all humans live within legacies that are too foundational to see, much less explain and interpret. What is surprising, however, is how today's anthropology resists deep history. Then again, perhaps this is to be expected: the more anthropology constitutes itself as ethnography rather than ethnology, the more the discipline collapses into how fieldwork makes meaning decisive. Fruitful as the move has been, it ironically takes breastfeeding out of context, reducing it to a symbol when it is also a practice embedded in personal and cultural histories, not to mention human phylogeny. Benedict would have understood that, but apparently giving history and function that big a say won't fit the story anthropology now tells itself about itself. ●

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