

The Social Consequences of Long-term Breastfeeding¹

Kathleen A. Kendall-Tackett, Ph.D., IBCLC

Family Research Laboratory, University of New Hampshire

Muriel Sugarman, M.D.

Augusta Mental Health Institute, Augusta, Maine

This study examined the social consequences for mothers of long-term breastfeeding in a non-supportive culture. One hundred seventy nine women who were recruited from La Leche League area conferences nationwide from 1989 to 1991, completed a self-administered closed-ended questionnaire which asked about their breastfeeding and weaning experiences. The percentage of mothers who cited "social stigma" as a negative aspect of breastfeeding increased dramatically as the age of the child increased; 29 percent cited social stigma for breastfeeding past six months, 44 percent for breastfeeding past 12 months, and 61 percent for breastfeeding past 24 months. In spite of the social stigma, the women cited more positive aspects for breastfeeding ($M=6.18$ aspects) than they did negative aspects ($M=.85$ aspects). The positive aspects of breastfeeding emphasized the strong bond between mother and child, and the emotional benefits they both received. Mother-to-mother support, spousal support, and a woman's own sense of confidence were important buffers against the criticism of others. And while the criticism of others was likely to cause negative feelings, the mothers reported that it had very little impact on their breastfeeding behaviors.

Key Words: Extended breastfeeding, weaning, social stigma

In North American culture, breastfeeding a child past infancy is likely to raise a few eyebrows. Many people, professionals included, exhibit an extremely negative reaction to long-term breastfeeding, leading some researchers to observe that the age of weaning is socially coerced. For example, Morse and Harrison (1) state that breastfeeding occurs in a social context, and the "attitude of others towards breastfeeding modifies the mother's choice of how the infant is fed, where the infant is fed, and for how long breastfeeding is maintained" (p. 205). Along these same lines,

¹ We would like to thank Marsha Salett, Barbara Popper, M.Ed. and Elizabeth Hormann, M.A.T. for their assistance with data collection, and Edward Frongillo, Ph.D. for his suggestions regarding data analysis. This research was partially funded by a grant from the Boston Institute for the Development of Infants and Parents, and was presented at the 22nd Annual Seminar for Physicians on Breastfeeding, co-sponsored by La Leche League International and the American Academy of Pediatrics, Boston, MA, 1994.

Dettwyler (A time to wean: The hominid blueprint for the natural age of weaning in modern human population: Unpublished manuscript), in her anthropological review of the literature, notes that breastfeeding is both "a biological and heavily culturized activity...[A]s a heavily culturized activity, it is modified by a wide variety of cultural beliefs" (pp. 2-3). These cultural beliefs modify frequency and length of breastfeeding episodes, as well as duration of breastfeeding. Given the societal pressures against breastfeeding, particularly long-term breastfeeding, it is not surprising that weaning from the breast tends to occur within the first four months (1-2).

Mothers who practice what Newton (3) referred to as "unrestricted breastfeeding" tend to do so for longer periods of time. According to Newton, unrestricted breastfeeding is characteristic of preliterate and traditional cultures (an example being the !Kung of the Kalahari desert (4)). Breastfeeding proceeds without rules to restrict suckling, and breastfeeding is used as a means of both feeding and comforting infants. Newton recognized that such a style of breastfeeding, while ensuring an adequate milk supply and successful lactation, may also produce an intense attachment to breastfeeding in the infant and resistance to giving up breastfeeding in the older infant and toddler. Although more typical of traditional cultures (4), the unrestricted style is practiced in the United States as well by mothers who are often (but not always) associated with La Leche League International, and are also likely to breastfeed their children well past infancy. On average, the weaning ages for children of League mothers are typically between 2 and 3 years of age [Sugarman M, Kendall-Tackett KA: Extended nursing and weaning ages in an atypical group of breastfeeding women. (Presentation at the 22nd Annual Seminar for Physicians on Breastfeeding, Boston; July 16, 1994)].

In a study of long-term breastfeeding conducted in the early 1970's (5), Reamer and Sugarman found that the percentage of mothers who felt social criticism increased as the child's age increased. For example, 24 percent of mothers cited "social stigma" as a negative aspect of breastfeeding a child past six months of age; the percentage jumped to 42 percent of those breastfeeding a child past the age of 12 months. Mothers tended to cope with criticism by "going underground," and not telling others that they are continued to breastfeed (2). Hence the term: "closet nursing" (6).

In the 20 years since Reamer and Sugarman's data (5) were collected, many changes have occurred in the U.S. However, these changes may not have influenced attitudes towards breastfeeding in a positive direction. A more recent prospective study of women who breastfed past 12 months found that the women felt it necessary "to be strong" in the face of social unacceptability (7). Both of these prior studies also noted that mothers persisted with breastfeeding because of the close emotional bond they felt with their child, and the fact that it "felt right" for them to continue. However, both of these studies only included data for breastfeeding up to 12 months. The present study considers the social consequences of breastfeeding past the ages of 6, 12, and 24 months; an expansion of previous research. Specifically, the following questions are considered:

- 1) What do mothers see as the positive aspects of breastfeeding past infancy, and do these perceived advantages change as the child reaches one and two years of age?

2) What are the negative aspects of breastfeeding past infancy, and do these change as the child matures? Does the percentage of women who report “social stigma” increase between 12 and 24 months?

3) Who offers the most support for mothers who do breastfeed past infancy? And who is likely to criticize this decision?

Method

Study Population

One hundred seventy nine women participated in this study. All the women had breastfed one or more babies past the age of six months. Their average age at the time of the survey was 34.4 years (range 23-55), the average age of their partners was 37.2 years (range 23-59), and the women's average age at first birth was 27 (range 17-40). Thirty seven women were primiparous, 73 had two children, and 69 had three or more. Forty-three percent had graduated from college and an additional 25 percent had graduate degrees. Ninety-four percent were married at the time data were collected. The mean age of weaning ranged from two years six months to three years (women reported on the weaning ages for up to their three youngest children). Eighty-three percent had breastfed past one year, 66 percent breastfed past two years of age, and 44 percent breastfed past three years of age.

The women were recruited for participation in the study from La Leche League (LLL) Area Conferences for parents, LLL leaders, and lactation consultants nationwide between 1989 and 1991. The survey forms were placed at the conference registration tables with a cover letter describing the purpose of the study and asking mothers if they would participate. Mothers could return the completed questionnaire form at the conference table or mail it to the address on the cover sheet. Four hundred questionnaires were distributed and 179 were returned for a completion rate of 45 percent.

Sampling Frame

Women who breastfeed long-term are often reluctant to reveal this information (6). Therefore, it was difficult to identify the full sampling frame ahead of time. A technique known as purposive sampling (8) was employed; the target population was long-term breastfeeding women. As Suen and Ary describe (8), the representativeness of a purposive sample can be inferred by other sources of information, such as examining the samples of previous research on the population of interest, and comparing the present sample on key demographic variables such as age at first birth and education level.

All but one of the previous studies on long-term breastfeeding have used samples from La Leche League (2,5, 9-11). Those samples were recruited from local groups (2, 9-11) or advertisements in *Leaven*, the magazine for La Leche League leaders (5). The most recent study (7)

was not conducted with League mothers, but was a prospective study drawn from the wider community. All of these studies described a similar population, i.e., women who were older at their first birth (typically ranging from 27 to 29.9 years), and having a higher level of education (the percentage of college graduates ranged from 50 to 62 percent) than women who did not breastfeed long-term. The mothers in the present sample were very similar in both age at first birth and education level, and they were therefore thought to be an adequate representation of our target population.

Instrument

A closed-ended self-administered 96-item questionnaire was used. The closed-ended response categories were developed from a study conducted in 1974 (5). The current version of the questionnaire, included topics such as women's reasons for continuing to breastfeed past certain ages; their social, emotional and physical experiences associated with breastfeeding; and demographic characteristics of the women, their partners, and their children. Women were asked to indicate which of seven positive aspects and five negative aspects of breastfeeding applied to them in general, and for breastfeeding past six months, 12 months and 24 months. The women could check all that applied, and there was an "other" category women could complete as well. Women were then asked about the reactions of people listed on the questionnaire (e.g., LLL leaders and members, partner, friends, relatives, employers and strangers) to the women's breastfeeding experiences, ranging from very positive to very negative. In the next series of questions, the women were asked to rate the impact of these same people's reactions on the women's feelings and behavior ("behavior" was not defined). The women themselves provided a great deal of qualitative information in supplementary letters included with the questionnaires.

Analysis of Data

Data were analyzed using descriptive statistics and *Cochran's Q*, a non-parametric technique that allows for comparison of changes in distribution of dichotomous variables. In the present study, the dependent variables were the percentage of women who answered "yes" to any of the given questions.

Results

The women tended to be very positive about their breastfeeding experiences. Mean number of responses to the question about positive aspects of breastfeeding in general was 6.18. The results for the three different age ranges are found on Table 1. All the reasons listed on Table 1 showed highly statistically significant changes in percentages at the three different time points. Significantly fewer women indicated that the aspects of breastfeeding listed were positive aspects of breastfeeding an older child. The largest decline was for aspects such as "nutrition for the baby" or "practical benefits," while aspects such as "emotional benefits" and "positive effects on the mother/child relationship" had the smallest decline.

Table 1

Positive Aspects of Breastfeeding*

	Past 6 Months	Past 12 Months	Past 24 Months	Cochran's <i>Q</i> (N=163)	df	p²
None	0	0	5%	16.0	2	.0003
Nutrition for baby	95%	89%	70%	66.53	2	.0001
Emotional benefits	98%	97%	89%	22.84	2	.0001
Positive effect on maternal behavior	98%	91%	79%	49.0	2	.0001
Pos. effect on mother /child relationship	98%	95%	87%	18.9	2	.0001
Helps with problems	95%	97%	89%	16.38	2	.0003
Practical benefits	87%	64%	41%	108.46	2	.0001

*The number reported represents the percentage of women who answered “yes” to questions about whether these were positive aspects of breastfeeding.

Our findings about the continuing importance of the mother/child relationship were reinforced by comments from the mothers themselves:

I wouldn't trade breastfeeding my children for anything. It is one of the most satisfying experiences I have ever had.....The closeness I feel for my kids because of breastfeeding is wonderful.

² *Cochran's Q* is the statistic used to determine whether there were significant changes in the percentage of women who answered “yes” to each of the questions at the three different ages. *df* is “degrees of freedom” and refers to the number of levels minus one (3 ages - 1). It is an indicator of statistical power. *p* refers to the “probability that the event could have occurred by chance alone.” By convention, a *p* value of less than .05 is considered “significant.” All of these values reported above are “highly significant.”

I think that prolonged breastfeeding allows mother and child to refuel throughout the day. ...Depending on the situation, breastfeeding has meant a lot of things to my kids. "Liquid courage," comfort for a boo boo, a quick snack, attention from mom, a chance to snuggle, a way to wind down when you're feeling out of control, or a way to settle in for a nap.

I wouldn't think of limiting or ending the breastfeeding relationship anymore than I would think of limiting or ending my love for my children. Gradual weaning allowed us both to grow into other ways of expressing our love. I never limited breastfeeding in public because I felt it was important that I meet my children's needs and that the public needed to see babies/toddlers/children nurse.

My son, through consistent fulfillment of his needs in a sensitive and nurturing way, has become a sensitive and nurturing child--almost to an extreme! He is also very healthy and energetic; both traits I credit to child-led weaning and prolonged breastfeeding.

Another interesting finding was that, even within this group of LLL-affiliated mothers (a group that generally has similar beliefs on parenting practices), five percent answered "none" when asked to indicate the positive aspects of breastfeeding a child past the age of 24 months.

Mothers chose fewer responses describing negative aspects of breastfeeding (mean number of responses=.85). However, as the age of the child increased, the percentage of women who selected "none" markedly decreased. These results are summarized in Table 2.

Again, all but one of the responses showed a statistically significant change over time. "Social stigma" was the most commonly cited negative aspect. The percentage of women who reported experiencing it increased as the age of the child increased, but this increase was not related to the age at which their own children weaned. The comments of the mothers themselves also indicate the same experience of social stigma. Social coercion for weaning appears to start in earnest when the child is around six months of age.

[in answer to a question about reactions of doctors] Very positive regarding breastfeeding an infant! Less acceptance past six months. Now I don't discuss the toddler breastfeeding or pregnancy breastfeeding due to fear of non-acceptance....I don't discuss it though I know I should try to educate him as to the benefits of prolonged breastfeeding.

Table 2

Negative Aspects of Breastfeeding

	Past 6 Months	Past 12 Months	Past 24 Months	Cochran's Q (N=160)	df	p
None	54%	47%	31%	47.79	2	.0001
Physical problems	17%	10%	9%	11.63	2	.003
Restricts activities	13%	9%	6%	15.88	2	.0004
Social stigma	29%	44%	61%	74.14	2	.0001
Negative effect on husband	8%	11%	12%	4.43	2	.10 (n.s.)

I am a physician. My partners assume I've stopped breastfeeding and I don't tell them anything different. I sometimes feel I should mention it to educate them, but I know they would tease me about it!

I generally advise women to be a bit discreet if breastfeeding a child older than three years, not to talk about it too freely as there is so much prejudice about extended breastfeeding.

There was also a non-significant trend for an increase in "negative effect on husband" that occurs as the child matures. The other negative aspects appear to be less of a problem as the mother gains confidence, becomes more skillful in her breastfeeding, and can fit breastfeeding in with other aspects of her life.

Given that long-term breastfeeding is a stigmatized behavior, it is important to consider who is criticizing and who is supporting the mother's decision to breastfeed. These findings are in Table 3.

Our findings clearly reveal the importance of mother-to-mother support in breastfeeding, as the highest percentage of women indicated that LLL leaders and members were "very positive" toward their breastfeeding experience. A lower, but still large, percentage of women indicated that their spouse or partner was "very positive" toward their breastfeeding experience. The two main sources of negative response were relatives and strangers.

Table 3

**Positive and Negative Reactions of Others to Women’s Breastfeeding Experiences
(N=173)**

	Very Positive	Very Negative
LLL leaders	93%	0%
LLL members	88%	0%
Spouse or partner	75%	3%
Relatives	19%	30%
Friends	26%	11%
Employers	17%	21%
Strangers	2%	31%

In Table 4, we considered what effect (if any) this support and these negative reactions had on women's feelings and behavior. Again, the most positive reactions were created by LLL leaders and members, and the women’s partner. The most negative reactions were from relatives and strangers. Interestingly, in every case *feelings* were more likely to be influenced (positively or negatively) than were *behaviors*.

Discussion

The women in this study, while acknowledging some difficulties, were very positive about their long-term breastfeeding experiences. In the early stages of mothering, all the aspects of breastfeeding appear to be important. As the child matures, fewer women cite nutritional or health benefits, but a large percentage cite aspects of breastfeeding that have to do with the emotional aspects of the mother-child relationship. Our findings are very similar to those of Hills-Bonczyk et al. (7), who found that the most frequently chosen reason for breastfeeding past 12 months was the special time it created for both mother and child. Our data demonstrate that positive aspects related to the mother-child relationship continue to be cited at 24 months.

Table 4

**Effect of Others' Reactions on Women's Feelings and Behaviors
(N=171)**

	Negative Feelings	Effect on Behavior	Positive Feelings	Effect on Behavior
LLL leaders	0	0	96%	90%
LLL members	1%	1%	96%	86%
Spouse or partner	8%	3%	86%	83%
Relatives	28%	10%	47%	40%
Friends	9%	4%	56%	38%
Employers	13%	6%	31%	26%
Strangers	20%	10%	9%	7%

The major negative aspect that mothers cited was the social stigma of breastfeeding a child past infancy. Although the majority (61 percent at 24 months) of women cited this as a negative aspect, many indicated that it really was not a major impediment to their breastfeeding. When comparing the present results to those of Reamer and Sugarman (5), we see that a slightly higher percentage of mothers in the present study indicated that they felt stigmatized at 12 months than did the mothers in 1974, and a very high percentage of mothers felt social stigma for nursing a child past age 24 months. Our findings suggest that cultural attitudes towards long-term breastfeeding have not changed substantially over that past 20 years and may in fact have gotten worse. Similarly, the recent study by Hills-Bonczyk et al. (7) indicates that mothers who breastfeed past 12 months must also withstand the disapproval of others. Future research needs to consider the experiences of women who breastfeed longer than 24 months, especially those whose children wean at ages four, five, six, and beyond.

We found that the women in our sample received the most support from La Leche League leaders and members, and their own partners. A high percentage of women indicated that relatives were critical of their breastfeeding decisions; not a particularly surprising finding. More surprising, perhaps, is the high percentage of women citing "strangers" as critical. Some of the women specifically recounted instances of being approached and harassed by strangers about breastfeeding

an older child. Other women had the experience of sitting in a public place and having two (or more) strangers talk about the breastfeeding women while she was present and within earshot.

Comments from our subjects illustrate that support is most *influential* in modifying parenting practices and beliefs during the initial stages of mothering (but we hasten to add that it is *important* at all stages). As women gain confidence, they are more likely to make their own decisions and less likely to be influenced--one way or the other--by the opinions of others. Indeed, the women in this sample indicated that both positive and negative reactions were more likely to influence their *feelings* than their *behaviors*.

Our data clearly indicated the importance of support for mothers who choose to practice extended breastfeeding. For our subjects, the most supportive individuals were La Leche League leaders and members. Several women specifically mentioned that leaders were most helpful when they encouraged the women to trust in their own mothering instincts. Also helpful was information that helps “normalize” long-term breastfeeding. This could include referrals to groups where long-term breastfeeding is more common, or reading materials about other cultures where it is the norm. When mothers are reassured that they are not doing something that is terribly odd or harmful to their children (such as creating “excessive” dependency), then they feel more confident mothering in a way that they feel is right.

References

1. Morse JM, Harrison MJ. Social coercion for weaning. *J Nurs Midwif.* 1987; 32:205-210.
2. Wrigley EA, Hutchinson SA. Long-term breastfeeding: The secret bond. *J Nurs Midwif.* 1990; 35:35-41.
3. Newton N. Psychologic differences between breast and bottle feeding. *Am J Clin Nutr.* 1971;24: 993-1004.
4. Konner MJ. Maternal care, infant behavior and development among the !Kung. *in* Lee RB, DeVore I: Kalahari hunter-gatherers. Cambridge, MA: Harvard University Press, 1976; pp. 218-245.
5. Reamer SB, Sugarman M, Breastfeeding beyond six months: Mothers' perceptions of the positive and negative consequences. *J Trop Ped.* 1987; 33:93-97.
6. Avery JL, Closet breastfeeding: A symptom of intolerance and a forerunner of social change? *Keeping Abreast J.* 1977; July-Sept: 212-227.
7. Hills-Bonczyk SG, Tromiczak KR, Avery MD, Potter S, Savik K, and Duckett LJ. Women's experiences with breastfeeding longer than 12 months. *Birth.* 1994; 21:4: 206-212.

8. Suen HK, Ary D. Analyzing quantitative behavioral observation data. Hillsdale, NJ: Lawrence Erlbaum: 1989.

9. Buckley KM. Beliefs and practices related to extended breastfeeding among La Leche League mothers. *J Perin Educ.* 1992; 1: 45-53.

10. Cable TA & Rothenberger LA. Breastfeeding behavioral patterns among La Leche League mothers: A descriptive study. *Pediatrics.* 1984; 73: 830-835.

11. Elias MF, Nicholson NA, & Konner M. Two sub-cultures of maternal care in the United States. *in* DM Taub & FA King. *Current perspectives in primate social dynamics.* New York: Van Nostrand Reinhold, 1986: pp. 37-50.