

CULTURAL ASPECTS OF BREASTFEEDING

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I. INTRODUCTION

Breastfeeding is a culture-bound physiologic behavior.

- What is culture?
 - *Culture is the learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world.*
 - ‘The thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups’ (Office of Minority Health, 2005)
 - How rights and protections are exercised
 - What is considered to be a health problem
 - How symptoms and concerns about the problem are expressed
 - Who should provide treatment for the problem
 - What type of treatment should be given
 - Values – what has meaning?
 - Characteristics of culture
 - It changes
 - Historically influenced
 - Individuals adopt their cultural worldview to varying extents
 - Verbal and non-verbal communication patterns and etiquette
- What is the difference between race and culture?
 - *Further, cultural groups are not the same as racial groups, though culture and race are both aspects of human diversity. Race is a social construct used by scientists and the general public to identify groups of people by physiological characteristics such as skin color, hair texture, facial features, bone structure, etc.*
- What is the difference between social norms and culture?
 - Cultural groups are not *necessarily* national origin groups, because most sizeable nations include more than one ethnic/cultural group
 - Mainstream social norms vs. outside the mainstream norms (insider vs. outsider view)
 - Historical influences: Colonization, slavery, immigration
- Socio economics and culture
 - “Culture of Poverty”
 - Role of SES in determining breastfeeding behaviors
 - “The large differentials between high and low socioeconomic classes among blacks suggest that socioeconomic status has a bigger impact on breastfeeding practices among blacks.” (Li, Fridinger, & Grummer-Strawn, 2004)
- Why we need to understand the other’s cultural orientation?
 - ‘health care is a cultural construct, arising from beliefs about the nature of disease and the human body, cultural issues are actually central in the delivery of health services treatment and preventive interventions.’ (Office of Minority Health, 2005)
 - Storti (2001) states culture is related so strongly to values, cross-cultural challenges to belief systems, so it can be perceived as threats, and the response is often deeply emotional. Thus, cultural awareness requires understanding, reflection, and supports in order to deal with the strong opinions and emotions that cross-cultural conflict can provoke.

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II. WHAT IS THE EVIDENCE THAT CULTURE INFLUENCES BREASTFEEDING?

- Race/ethnicity as a surrogate measure
 - Epidemiology: The national surveys that include breastfeeding data, which are conducted by the CDC, do not collect adequate data on ethnicity, group all Hispanics and Asians each into one group and some omit Native Hawaiians. The Early Childhood Longitudinal Survey, Birth Cohort survey has the most complete ethnicity data.
 - Racial and ethnic disparities in breastfeeding (Li et al., 2004) “Within each race and ethnicity, breastfeeding rates were generally lower among socioeconomically disadvantaged”
- Changing cultural traditions: Acculturation in immigrant & indigenous populations
 - The ‘Hispanic Paradox’ does not apply to Hispanic women born in the US.
 - Each additional year of US residency decreased the odds of breastfeeding by 4%. These differences by immigration status were seen for Mexicans, other Hispanics, and non-Hispanics (Gibson-Davis & Brooks-Gunn, 2006)
 - Coercion by social power structures (historical trauma)
 - Breastfeeding rates in Native American populations decreased when the government provided incentives for tribal members to move from reservations to cities (1950-1970’s) (Dodgson & Struthers, 2003)
 - Colonization of Native Hawaiian people
 - Desegregation in African American communities
- Ethnographies of specific cultural groups

III. MOVING BEYOND OUR OWN CULTURE UNDERSTANDINGS

It is also common for people to perceive themselves as normal and others as different or deviating. This perception is related to *ethnocentrism*, a tendency that seems to be common to every culture—viewing one’s own group as superior, as well as the norm.

- Can we ever get beyond our own culture understandings?
 - Insider/outsider views
 - Mainstream/minority
 - Walking in two worlds
 - *Cultural brokering* has been defined as "...bridging, linking or mediating between groups or persons of different cultural backgrounds to effect change"
 - First step *self understanding* – knowing your own values –
 - Self assessment – see *Promoting Cultural Diversity & Cultural Competency Checklist*

- What is **culture competency**

Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge, and skills along the cultural competence continuum (adapted from Cross et al., 1989).

- "Cultural competence is the process of becoming; not a state of being." (Campinha-Bacote, 2009)
 - *Cultural awareness* as recognizing and observing similarities and differences among and between cultural groups (Goode, 2001, revised 2006). It includes recognition of one’s own cultural influences upon values, beliefs, and judgments, as well as the influences derived from the professional’s work culture” (Winkelman 2005, p. 9)

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- *Cultural knowledge* is defined as the process in which the healthcare professional seeks and obtains a sound information base regarding the worldviews of different cultural and ethnic groups as well as biological variations, diseases and health conditions and variations in drug metabolism found among ethnic groups (biocultural ecology).
- *Cultural skill* is the ability to conduct a cultural assessment to collect relevant cultural data regarding the client's presenting problem as well as accurately conducting a culturally-based physical assessment.

- Basic characteristics of cultural competency are sensitivity and self-consciousness: the understanding of other behaviors and ways of thinking as well as the ability to express one's own point of view in a transparent way with the aim to be understood and respected by staying flexible where this is possible, and being clear where this is necessary. It is a balance between three parts:
 - *Knowledge* (about other cultures, people, nations, behaviors...),
 - *Empathy* (understanding feelings and needs of other people),
 - *Self-confidence* (knowing what I want, my strengths and weaknesses, emotional stability)

- *Cultural relevance*
Creating health educational materials, policies and practices that are respectful of the cultural traditions of others

IV. ASPECTS OF CULTURE THAT IMPACT BREASTFEEDING

- Cultural Components essential to understanding infant feeding behaviors
 - The status of women (Hausman, 2003; Palmer, 2009)
 - Individualism vs. collectivism (Melby, Dodgson, & Tarrant, 2008)
 - Connectedness to traditional culture
 - Etiquette during social interactions
 - Roles of wife, mothers & grandmothers
 - Women's knowledge
 - Culturally emphasized attributes of women
 - Modesty/shyness
 - Dependency/self-sufficiency
- Values related to breastfeeding
 - Breasts
 - Breast milk & Colostrum
 - Maternal role
 - Employment
 - Spirituality
 - Children
 - Western/traditional medicine
 - Herbal medicine – galactogogues

V. CLINICAL EXAMPLES OF THE AFFECTS OF CULTURE ON BREASTFEEDING

- Specific cultural groups
 - *Hispanic*:
 - Less acculturated Hispanic women were more likely to cite their child's physical/medical condition as a reason not to breastfeed (53.1%), whereas whites and more acculturated Hispanics

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- were more likely to cite their child preferred the bottle (57.5% and 49.8%, respectively) (Gibson, Diaz, Mainous, & Geesey, 2005)
- *African American* (Luddington-Hoe, et al. 2002; McCarter-Spaulling, 2007)
 - *Indigenous peoples*
 - *Navajo* (Wright, Naylor, Wester, Bauer, & Sutcliffe, 1997)
 - *Pima* (Forman, et al. 1984)
 - *Asian American immigrants*
- Applications for clinical practice situations
 - Avoiding assumptions - stereotyping
 - Assessing cultural identification & preferences
 - Respect – cultural etiquette
 - Keeping communication open and flowing
 - Observing for the ‘politically correct’ answer
 - Culture defines how: - health care information is received
 - Strategies for tailoring health information in culturally relevant ways

Concluding Summary

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