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978-1-107-13729-5 — A World of Babies
2nd Edition
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CHAPTER 1

Raising a World of Babies

Parenting in the Twenty-first Century

Alma Gottlieb and Judy S. DeLoache

- Should babies sleep alone in cribs, or in bed with their parents?
- What's the best way to bathe newborns?
- Should parents talk to babies, or is it a waste of time?

In this book, you'll find answers to these and many other questions about how to care for infants and young children. In fact, you'll find several different answers to each one, not only from different societies around the world but even within the same society, as a result of both social complexity and social change. Whether the practices you read about here are longstanding or recent, and whether they are widely accepted or hotly contested, many differ significantly from what the majority of contemporary middle-class, White, North American or European parents do. Here are just a few examples of diverse views you'll encounter in these pages.

- In the Faroe Islands (an autonomous province of Denmark), babies always nap outdoors for a few hours every day – to avoid indoor germs, accustom the baby to cold

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temperatures, develop the immune system, and toughen children for a difficult life. Elsewhere in Europe, babies of Muslim immigrant families from Guinea-Bissau now living in Portugal are always allowed to nap uninterrupted – in case Allah might be sending angels delivering messages to the dreaming infant.

- Most middle-class North Americans bathe their infants inside their homes on a daily basis – socializing them early into a life that values privacy. In the West Bank and Gaza, Palestinians bathe their babies outside, with local children gathered around the basin in which the baby is bathed – socializing them early into a life that values the community.
- The Beng of West Africa talk regularly to their babies – who are cherished as reincarnations of ancestors and, as such, deemed to be able to understand all the languages of the world. In contrast, Somali adults in East Africa typically do not address babies and toddlers at all, because children in this authoritarian society are not permitted to respond to adult communications.

As these brief ethnographic summaries suggest, people in diverse communities hold dramatically different beliefs about the nature – and the nurturing – of infants. This book celebrates that diversity. At the same time, this book also addresses the challenges that violence, poverty, and rapid social change pose to parents in raising their children. For example, how should Israeli mothers answer questions about World War II that their children bring home from kindergarten after their teachers introduce a three-day unit for Holocaust Remembrance Day – inaugurated by a loud siren that disrupts their playful classroom at 10 a.m.? How should Palestinian mothers raise their sons to fight for statehood, while urging them to resist the call to throw stones at Israeli tanks or plan bomb attacks in Israeli cafés?

Attending simultaneously to the divergent goals of understanding cultural differences, as well as the larger political and economic contexts of globalization, poverty, and war facing so many families, calls for a creative approach. Accordingly, each of the eight chapters in this collection is

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written as though it were an "advice manual" for new parents in a particular society. This approach offers two distinct advantages. For one thing, the advice manual format makes for engaging reading. For another, the combination of eight distinct and sometimes contradictory "manuals" undermines the universalist assumption that underlies the "manual" genre itself – as we explore later in this Introduction.

UNDERSTANDING THE WORLDS OF BABIES

This book is an entirely revised edition of an earlier collection of essays written in the style of childrearing manuals (published in 2000). The new edition speaks directly to conversations gaining momentum across the US and elsewhere. In recent years, US interest in childrearing strategies has skyrocketed, with the proliferation of TED talks and popular books that have advocated "other" childrearing practices inspired by places as diverse as China and France. These books and talks have produced heated debates about whether mainstream, middle-class, Euro-American practices are too laid-back and forgiving compared to parenting practices elsewhere. Their authors' willingness to "parent in public" by airing personal thoughts and decisions about childrearing has encouraged a new generation of parents to consider both the virtues and the deficits of different parenting approaches.

With such texts and podcasts readily available, parents today increasingly realize that beliefs and behaviors differ substantially from one place to another. However, that awareness does not necessarily bring acceptance. Understanding and appreciating the ways of other people present a challenge precisely because our sense of how to do things we consider to be of great importance is so deeply ingrained. This is especially true for the task of raising children.

Every group thinks that its way of caring for infants and young children is the obvious, correct, and natural way – a simple matter of common sense. However, as the anthropologist Clifford Geertz once pointed out, what we complacently call "common

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sense" is anything but common. Indeed, what people accept as "common sense" in one society is often considered odd, exotic, or even barbaric in another.

Oddity cuts both ways. Although our readers will no doubt be surprised, perhaps even shocked, by some of the ideas and practices described in these pages, many parents who follow those practices would find our readers' values and behavior – *your* values and behavior – equally surprising.

Each of the eight childrearing "manuals" we present here is intended as a "common sense guide to baby and childcare" – echoing the title of the original edition of the best-selling childcare guide by "the world's most famous baby doctor," pediatrician Dr. Benjamin Spock. Since 1946, seven editions of that book have sold over 50 million copies – second in sales only to the Bible. Unlike the advice offered in that and other "how to" guides, however, the nature of the advice contained between the covers of this book varies dramatically from one chapter to another, underscoring the variability of how children are understood and raised in different communities.

Our primary aim is to illustrate how the childrearing customs of any community, however peculiar or unnatural they may appear to an outsider, make sense when understood within the context of that society, as well as within its broader geopolitical context. Childcare practices vary so much across time and space precisely because they are firmly embedded in divergent physical, economic, and cultural realities.

Challenges of Caring for Children

The remarkable diversity of infant and childcare practices is all the more remarkable when we consider that, to a substantial degree, these diverse practices largely represent strategies for dealing with similar challenges. Human infants are distinguished from many other animals by, among other things, extreme helplessness at birth and a very long period of dependence on others for survival and development. A crucial role undertaken by their parents is ensuring their survival, health, and safety. Parents or other caregivers furthermore typically assume a major

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role in encouraging their children to develop desirable personal characteristics and social relationships, acquire technical skills, and adopt the values and beliefs that will enable them to participate fully in their society. In the following pages, we focus first on the general challenges involved in keeping infants alive and healthy and then on the practices that promote cultural learning.

Helping Babies Survive and Thrive

The first challenge to rearing children is successfully navigating pregnancy and childbirth. People in the communities represented in the chapters that follow posit culturally distinctive models and practices of conception and pregnancy to enhance the likelihood of a successful birth.

Infant Mortality

The likelihood of surviving infancy depends on basic economic resources. In industrialized societies throughout the world today, the rate of infant mortality is very low – only two to five children of every thousand die, making it likely that few of these parents worry constantly about their children perishing. Parents in many areas of the world today face a far more grim reality. As of 2015, many countries in the global south have very high infant mortality rates, including three countries in which fully 10–11 percent of all babies die. A great majority of these deaths could be averted by access to professional medical care. Here, we address the more proximate causes, while reminding the reader of the geopolitics of the past half-millennium of European colonizing of the world that contributed to the current tragic state.

Nutrition

Economic factors play a major role in whether infants have a diet sufficient to promote their survival and development. Medical researchers assess the incidence of "undernutrition," and the more serious condition of "malnutrition," by measuring the

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proportion of children who are significantly below the standard height ("stunting") and weight for their age. Although these statistics have improved significantly over the preceding twenty-five years, in 2013, 161 million children under five years of age were estimated to be "stunted." That same year, 99 million children under five years were classified as "underweight." In both cases, nearly all of these children lived in Asia and Africa.

Such nutritional deficits frequently take a fatal toll. As of this writing (2015), approximately 3.1 million children die from hunger each year, even though the world's farmers produce enough food to feed the world's population. The unequal distribution of global resources that causes tragic inequities in food availability remains a major political issue of our planet.

Adequate maternal nutrition is necessary for the development of the fetus, and most societies encourage pregnant women to pay attention to their diets for the sake of their unborn children. Yet the specific rules and recommendations for expectant mothers about which foods they should seek out and which they should avoid vary greatly around the globe.

In many places, traditional reasons for forbidding certain foods based on various symbolic notions have now been replaced by practical considerations. For example, in the Faroe Islands (an autonomous province of Denmark), industrial pollution from fertilizers, distant mining, and fossil fuel combustion has contaminated the local waters with high levels of mercury and PCBs. These poisons accumulate in the fatty parts of fish and whales – and in the bodies of pregnant and nursing women who eat them, posing a particular threat to healthy fetal brain development. Pregnant Faroese women are now advised by government-sponsored maternity nurses to avoid eating these traditionally rich sources of protein.

People in societies around the world adopt a wide variety of strategies for providing adequate nutrition to developing infants. Throughout human history until the last few decades, breastfeeding was the *only* way to supply young infants with a reliable source of sustenance. Although their biological mothers have most often provided infants' primary source of breastmilk, "wet nursing" – the practice of having an infant breastfed by

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someone other than his or her own biological mother – has been practiced in both Western and non-Western settings, and in both ancient and modern times. In the ancient world, from Mesopotamia and Egypt to Greece and Rome, wet nurses commonly fed wealthy women's babies. In western Europe, the practice became common in elite families in the eleventh and twelfth centuries and lasted through the eighteenth century: infants of wealthy mothers were nursed by peasant women, who in turn handed their own babies to others for their sustenance. In 1780, this practice was so common in Paris that, of the 21,000 infants born in the city, only about 700 were breastfed by their own mothers. In some European countries, wet nursing did not cease entirely until World War I, when poor women could, for the first time, make more money working in factories than from serving as wet nurses.

Elsewhere, infants who are breastfed primarily by their mothers may occasionally be nursed by other women as well. In many Muslim societies, infants who are breastfed by the same woman become "milk kin." Having suckled at the same breast is considered to create a bond between children as strong as that between biologically related siblings. In these societies, a marriage between "milk kin" would be considered incestuous.

Before the relatively recent introduction of "infant formula," there were several disastrous attempts to substitute something for breastmilk as infants' main source of nourishment. For example, in seventeenth- to eighteenth-century Iceland, infants were typically fed cow's milk rather than human breastmilk. So many babies died that women bore as many children as they could, in an effort to offset the shockingly high losses.

In the current era, breastfeeding occupies an increasingly contradictory space in the public imagination. On the one hand, scientific research overwhelmingly testifies to the nutritional superiority of breastmilk over any other substance for the human infant. The American Academy of Pediatrics and the World Health Organization both recommend exclusive breastfeeding, with no supplements, for virtually all infants for the first six months of their lives. These two organizations also recommend

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continuing to breastfeed (supplemented by solid foods) for another six months or eighteen months, respectively.

Yet the proven nutritional superiority and health benefits of breastmilk have come to be ignored in many places. In the United States, while the percentage of infants who begin breastfeeding at birth has increased significantly from recent public health campaigns, only 49 percent of all infants are still breastfed at six months – although there is substantial variation by region, economic status, educational level, and ethnic background. For example, 71 percent of six-month-old infants are still breastfeeding in California and Oregon compared to only 2 percent in Mississippi. Beyond the US, the figures are even lower: globally, fewer than 40 percent of infants under six months of age are exclusively breastfed.

In industrialized countries, commercially produced “infant formula” can support healthy growth and development, although with a somewhat higher rate of infections and other medical problems, both short and long term. In many countries in the global south, however, formula-feeding presents far graver health risks. Some 750 million people around the world – approximately one in eight people – lack access to safe water. In such places, infant formula is inevitably mixed with polluted water in unsanitary containers. Furthermore, impoverished parents often dilute the formula, to make the expensive powder last longer. Under such circumstances, parents’ sincere efforts to promote the health and well-being of their babies can be tragically undermined.

The decision of when to introduce solid food – and what, and how – differs greatly from one society to another, for reasons including both local availability of alternatives to breastmilk, and cultural norms. In Palestinian communities detailed in this book, for example, infants from three months on receive food pre-chewed by their mothers and other female relatives. With this practice, the decision to introduce solid food becomes a social one shared among women.

Weaning decisions are not just individual or even community-based; government policies can also have an enormous impact on when a mother weans her child from the breast. In northern

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European nations that offer generous, paid maternity leaves, women have the luxury of exclusively breastfeeding their infants for four to six months. In this volume, our manual for the Faroe Islands of Denmark chronicles such a case:

> From between four and six months of age, you should start introducing solid foods to your infant. Most families make their own food for their infants – for instance, by putting cooked vegetables in a blender. Because you have a long maternity leave and will therefore be home more than your husband, you'll probably be the one to make this food most of the time.

In nations lacking such government support, many working mothers may find it impossible to continue breastfeeding their babies exclusively (or at all) once they return to their jobs. Some women in industrialized settings may also find it impossible to continue breastfeeding because of lack of workplace facilities to pump breastmilk. From local norms (and, sometimes, laws) that assume that women's breasts should never be bared in public, scolding and other shaming practices further discourage many women from breastfeeding in restaurants, shops, parks, and other public spaces. Frustration over such constraints led one American journalist to call for a return of wet nurses, to help working mothers continue their working lives.

Broader issues of global import also affect micro-level feeding decisions. In this volume, our chapter on China discusses dangerous levels of food contamination due to lack of government oversight, with accompanying risks to infants. Chinese mothers who prefer to use infant formula are cautioned to buy or import formula from the West. Such scenarios underscore the extent to which globalization also includes fatal flows of poisonous substances.

Illness

Whether or not an infant survives also depends on the resources that are locally available for treating disease. Strategies and resources to prevent, diagnose, and cure illness vary dramatically around the globe. At the pragmatic level, they depend on whether medical clinics are available and affordable. At the

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cultural level, they also depend on what parents believe are the underlying causes of given ailments. What you do for a case of diarrhea may differ depending on whether you think your baby has "caught a bug" or has been "caught by a spirit."

In many societies today, including those featured in this book, parents have exposure to both traditional healers and modern medicine. If they can afford it – a big *if* – many will use both. For example, if she can pay for transportation to the closest clinic, a Beng mother of a sick child in Ivory Coast might consult not only a village diviner but also a clinic nurse or doctor. As insurance against medical risks, she might secure for her baby both a cowry shell bracelet and – if she can find the money for it, and if it is available locally – a tetanus shot.

Yet modernity not only offers beneficial new treatments for disease, it also brings new exposure to sickness. One of the bitter ironies facing many immigrants to the US is a general decline in health and an uptick in dangerous conditions such as obesity and diabetes due to changes for the worse in their diet – as chronicled in our chapter on Somali-Americans in Minneapolis.

Supervision

Babies also need protection from mishap and accidents. Strategies for safeguarding children depend on the nature of local risks. Cars whizzing by on a busy street, an open cooking fire in the middle of the family compound, and poisonous snakes all require different approaches to keeping babies and toddlers safe. Very different strategies are needed to protect against risks that are less visible but still perilous, such as the machinations of witches or malicious spirits who are said to harm or steal babies – or the equally mysterious workings of bacteria that might be killed by vaccines. Ideas about such invisible risks do not necessarily fade in modern, industrialized settings. In the Faroe Islands of Denmark, for example, mothers who are addressed in our imagined manual receive mixed messages about the relevance of such folk beliefs:

> You might . . . teach your child about our traditional belief in the "hidden people," or *huldufólk*. Most young people do not believe in these supernatural beings any more, but older people still share

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