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## Breastfeeding as Men’s “Kin Work” in the United States

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In recent decades in the United States, breastfeeding has become the subject of significant controversy in both popular and academic literatures (cf. Blum 1999, Hausman 2003, Wolf, JH 2006, Wolf, JB 2007, Hausman 2009). Hanna Rosin, in her April 2009 article in *The Atlantic*, incited intense debate when she compared breastfeeding to “this generation’s vacuum cleaner—an instrument of misery that mostly just keeps women down.” Rosin argued that the exclusive bodily involvement entailed in breastfeeding leads to a fundamental rearrangement of the division of labor resulting in greater freedom and power for fathers and a restricted domestic role for mothers. Indeed, Rosin’s critique calls attention to breastfeeding promotion efforts that fail to address the lack of structural support for breastfeeding and uncritically enshrine women’s domestic roles (cf. Hausman 2009, 2003; Weiner 1994, Ward 2000). Yet, ethnographic studies can offer richer social perspectives that take us beyond dichotomous views of breastfeeding as “liberating” or “oppressive” and the unexamined assumption that it is the concern of women, not men. My study documents men’s vital support for breastfeeding among a group of middle class families in the U.S. and provides unique insight into breastfeeding as a kin and class-making process.

The focus on men in this paper offers important analytical insights. First, my ethnography provides an example of the reversal of gender relations described in Di Leonardo’s (1987) classic study of “kin work” among Italian-American families in California. In Di Leonardo’s study women were central to sustaining inter-household kin relations, a previously unrecognized category of gendered labor Di Leonardo termed “kin work,” so much so that these relationships often diminished in the women’s absence. I argue that spouses in my study carried out similarly essential “kin work,” without which breastfeeding would not have been sustainable for many of my participants. This “kin work,” as I discuss below, entailed the commitment of substantial resources and labor: the time for becoming educated about breastfeeding; the provision of support in the birth process and immediate post-partum period; significant rearrangements of work within and outside the household; and the renegotiation of night-time sleep practices.

Second, drawing upon the insights provided by Marcia Inhorn’s 2003 study of infertility in Egypt, I suggest that successful breastfeeding in the U.S., similar to producing children after experiencing infertility in Egypt, is a special site where kin bonds between spouses are renegotiated and social class is (re-)produced. The inability to comply with cultural expectations in the form of producing children in Egypt, or breastfeeding them in the U.S., respectively, is considered morally problematic, particularly for women whose bodies are considered the sites of reproductive “failure.” Furthermore, finding a way to produce children, or to breastfeed, requires considerable financial, educational, familial, and emotional resources in societies that lack broad structural support for these processes. Although breastfeeding in the U.S. has experienced a resurgence in recent decades, breastfeeding beyond the first few weeks remains significantly more common among white,

<sup>17</sup>This table reflects demographic characteristics of all couples, including those of the three spouses who did not participate in the study.

<sup>18</sup>In order to address the role of men in breastfeeding, I did not incorporate data from the lesbian couple in the study in this paper.

educated, and middle class or wealthier women (Li et al 2005, Ryan & Zhou 2006).<sup>1</sup> Just as in Egypt, where learning about, locating and purchasing high quality fertility diagnostics and treatments is difficult and expensive, obtaining sufficient knowledge, medical support, and equipment to breastfeed can be fraught with challenges in the U.S.,<sup>2</sup> albeit in a less extreme form. In both Inhorn's study and my own the enduring support of spouses mitigated these challenges – as their lack of support could destabilize the entire marriage and family. Because infertility treatments and the resources necessary to sustain breastfeeding beyond a few weeks are elite goods in these two societies the production of children among previously infertile couples in Egypt, and successful breastfeeding in the U.S., become signs of, and ultimately sites for, the (re-)production of social class.<sup>3</sup> Thus, my paper, along with Inhorn's work, illustrates how examining men's contributions to reproduction can reveal important loci for the reworking of kinship and social class.

## The Study

My findings are drawn from a two-year ethnographic study of 18 middle-class first-time mothers and 15 of their spouses<sup>4</sup> who attended childbirth education classes at two large centers in a small Midwestern city I call Green City<sup>5</sup> and who planned to breastfeed for 6 months to a year in accordance with the guidelines of the American Academy of Pediatrics (AAP 2005a). Most participants were Euro-American, highly educated, heterosexual married couples and resided in or near Green City. (See Table 1). All participants succeeded in breastfeeding their children to at least 6 months, and all but two continued to 12 months<sup>6</sup> and many beyond. Since over two-thirds of the population of the United States considers itself middle class (Zeller 2000 cited in Townsend 2002), this category is clearly an elastic cultural concept that encompasses a wide variety of incomes and occupations. Nicholas Townsend (2002), in his analysis of middle-class fatherhood based on a California high school class that graduated in the early 1970s, suggests that the concept of middle class is both comparative and normative (2002:122–123). My study offers an ethnographic perspective on how supporting breastfeeding is implicated in the construction of contemporary middle-class fatherhood and kinship.<sup>7</sup>

I followed participants from the second or third trimesters of their pregnancy through at least the end of their child's first year of life. In addition to in-depth interviews and ethnographic participant observation at the homes of participants, I also spent time observing childbirth education classes, interviewed childbirth professionals, trained as a post-partum doula, observed local hospital childbirth and breastfeeding practices, and kept informed of media coverage of childbirth, breastfeeding, and infant sleep issues.

Green City is particularly rich in childbearing-related services partly due to the resources associated with a major university and its affiliated large hospital as well as the presence of a second large hospital. Additionally, families can attend several different childbirth

<sup>1</sup>According to Rosin, women make these sacrifices due to vastly overstated public health claims about breastfeeding's benefits for babies.

<sup>2</sup>See, for instance, the disproportionate effects of formula marketing on low-income mothers in GAO-06-282 and the discussion of the courts in upholding the firing of a lactating employee for taking pumping breaks in Hardin 2009 and Shellenbarger 2009.

<sup>3</sup>Alison Clarke (2004) has similarly argued that consumption practices surrounding the birth of one's child are central to the constitution of the middle-class motherhood.

<sup>4</sup>Three spouses chose not to participate in the study due to their various commitments.

<sup>5</sup>All names are pseudonyms in order to protect participants' confidentiality.

<sup>6</sup>One of these two participants discontinued breastfeeding due to a serious medical condition that required taking pharmaceuticals that could potentially harm her breastfeeding child. The other participant stopped due to a confluence of inaccurate pediatric advice, difficulties with pumping at work and her perception of the baby's lack of desire to breastfeed.

<sup>7</sup>While breastfeeding and kinship have been examined in other cultural and historical contexts (cf. Dettwyler 1988, Carsten 1997, Khatib-Chahibi 1992, Wright 1993, Lambert 2000, Parkes 2001), this topic remains largely unexplored among white middle-class families in the United States.

education courses that are reimbursed by major insurers, and can choose from a large selection of trained professional birth support personnel, pregnancy massage providers, lactation consultants, stores that supply a variety of goods relating to childbearing, etc. Taking advantage of these services requires the ability to seek them out, to be adequately covered by health insurance, and to be able to purchase additional resources when necessary.

All but one couple in my study gave birth at the above two local hospitals<sup>8</sup> and many experienced typical medical interventions for childbirth,<sup>9</sup> with the significant exception that participants used lower than expected rates of epidural anesthesia.<sup>10</sup> This result likely reflects the high percentage of couples in the study, and in many of the childbirth education courses I attended throughout my fieldwork, who desired an unmedicated birth and systematically sought out resources in order to pursue this goal.<sup>11</sup>

## Men as Pivotal Sources of Breastfeeding Support

### Childbirth Education as a Site for the Socialization of Men's Support for Breastfeeding

For men in my study, participation in childbirth education courses was an important step in preparing for the baby's arrival and for supporting their spouses in breastfeeding. At both childbirth education locations where I conducted fieldwork, spouses were encouraged to attend classes together. Most participants took breastfeeding classes as part of a package that included preparation for childbirth as well as newborn care. Childbirth education classes met in two formats – weekly sessions of two and two and a half hours for 6 or 7 weeks and compressed courses over one or two weekends. Breastfeeding classes were presented in one half-day session or in two sessions of two and a half hours each, and newborn care classes similarly included one to three sessions of four to six hours. Thus, expectant parents made a significant time commitment to participate in these classes that often stretched from the second trimester of pregnancy to the middle or end of the third trimester.

The class sessions primarily emphasized spouses' active role in facilitating the birth process, for instance, in the creation of a birth plan. The aim to minimize medical interventions, often featured as a central component of these plans, was partly motivated by the desire to avoid the potentially adverse effects of pharmaceuticals or procedures used in labor, or complications whose treatment necessitates the separation of mothers and babies, all of which can reduce babies' ability to breastfeed. Thus, although the largest portion of the classes focused on birth itself, instructors made clear that the process of birth had implications for breastfeeding. By inviting spouses to participate in these sessions, each field site's instructors emphasized that spousal support is essential throughout the entire childbirth/breastfeeding process. In turn, spouses' participation in these classes signaled that they would play an active role in caring for the baby once he/she was born.<sup>12</sup>

At one site, the childbirth sessions concluded with an activity that asked expectant parents to estimate the time each of them would spend on different aspects of life in the first few weeks postpartum using a pie chart. When the instructor filled in a larger model pie chart to show the average time one would spend on the tasks related to caring for the baby, a stunned silence usually filled the room. In particular, participants were often taken aback when

<sup>8</sup>One couple who planned a home birth made the decision to transfer to the hospital due to maternal fever, a sign of potentially dangerous infection. Another couple gave birth at a hospital closer to their home outside Green City.

<sup>9</sup>Cf. Declercq et al 2002 and Declercq et al 2006.

<sup>10</sup>Only 8 of 18 women in my study received epidural anesthesia, which is given in over 90% of births at local hospitals.

<sup>11</sup>In my observations of childbirth education classes, the desire to seek unmedicated childbirth and to breastfeed for at least one year mostly overlapped, although there were notable exceptions. Furthermore, I witnessed significant variation in priorities and a sense of commitment to these goals.

<sup>12</sup>Richard Reed (2005), drawing on interviews and ethnographic observations with middle-class fathers, argues that birthing classes constitute important ritualized interactions through which fathers can fulfill new ideals of involved, emotionally engaged fatherhood.

shown that breastfeeding took approximately six hours each day. In several cases, attendees commented on how different their own and their spouses' charts looked because most spouses returned to work shortly after the babies' birth, while new mothers stayed at home and spent the majority of their time breastfeeding the baby. This recognition of the demands of breastfeeding prompted several men to express their support in the class for helping with household activities to support their spouses to breastfeed their babies, which was then reinforced by the instructor's comments. In sum, these educational activities strengthened spousal bonds and prepared spouses for an active, supportive role in the birthing and breastfeeding processes. Therefore, childbirth education courses played an important role in eliciting and socializing spouses into providing support to enable breastfeeding for their partners.

### **Enacting Breastfeeding Support in the Birth Process & Immediate Post-partum Period**

Spouses supported mothers during the birth process in multiple ways, including encouraging the mother's intentions to pursue "natural childbirth" and/or helping them come to terms with various interventions, such as the augmentation of labor with the synthetic hormone Pitocin, epidural anesthesia and surgical birth via Cesarean section. Once the baby arrived, spouses played a particularly important role in seeking lactation support.

Although one of the couples in the study experienced an uncomplicated vaginal birth process with epidural anesthesia at a local hospital, they faced fairly typical obstacles to breastfeeding. Leslie and her husband, Alex, were already exhausted, having gone through birth during the previous night and because of the difficulty getting rest and soothing their baby while undergoing routine hospital procedures in the post-partum period (vital signs, heel pricks, etc). When Leslie and I met a couple of weeks after giving birth, Leslie's voice was still filled with annoyance as she described her distraught reaction to a resident's orders for a special kind of light therapy to treat jaundice due to slightly elevated levels of bilirubin in the baby's blood. The nurses who conveyed the order recommended taking the baby to the nursery for the night while being treated with phototherapy so that the couple could "get a good night's sleep." The parents both agreed that they did not want to be separated from their baby and offered to stay with him, holding the baby under the two different kinds of light blankets throughout the night. One important reason for staying with the baby was to be able to breastfeed him whenever he desired. Leslie and Alex took turns sleeping and holding the baby and asked for further clarification on the plan from the resident on duty. The resident's explanation suggested that he was treating a different kind of jaundice based on maternal-child blood type incompatibility, which both Leslie and Alex recognized to be an incorrect diagnosis based on their knowledge of Leslie's and the baby's blood types. Alex explicitly questioned the resident's explanation. Together, Leslie's and Alex's advocacy and continued insistence on a better explanation the next day from a different resident resulted in the correction of the treatment plan and in their continued ability to stay with their baby. Since the establishment of breastfeeding is greatly facilitated by the proximity of mother and child (cf. AAP 2005a), in this case, Alex's advocacy most certainly contributed to the success of the breastfeeding process.

### **Breastfeeding and the Renegotiation of the Division of Labor**

The minimal provisions built into the U.S. employment system for supporting the intensive caretaking involved in rearing children has been cited as an especially difficult challenge for breastfeeding families (Galtry 2000, Galtry & Callister 2005, Calnen 2007, Van Esterik 2002). Indeed, due to the significance of maintaining regular contact between the mothers and their babies and/or access to breaks for expressing breast milk for the baby, breastfeeding played a pivotal role in the configuration of couples' work arrangements after their babies' births.

Several spouses supported their wives by taking advantage of workplace policies that enabled extended unpaid family leaves or flexible work arrangements from home. Some of these arrangements were made to reduce the burden on mothers in the early postpartum weeks when the establishment of breastfeeding was the central activity in which the new mothers and babies engaged, while in other cases spouses became primary caregivers for a period when the mother returned to full-time employment, such as in Leslie's and Alex's case. Leslie and Alex meticulously planned for their baby's arrival, relying on a sequence of Leslie's paid and unpaid maternity leave from her work as a lawyer, followed by Alex caring for their son during the day and working from home in the evenings, and finally additional help from Leslie's retired mother. During the time when Alex and Leslie's mother took care of their son, Leslie used an electric pump to express breast milk at her office as well as at home in order to provide breast milk that would be fed to her son by her husband or mother. Here, Alex's weeks as a primary caregiver were a part of a larger set of arrangements that enabled the couple to delay placing their baby in childcare, to minimize the time that Leslie spent away from their baby, and to reduce the stress of leaving her son while she was at work.

Despite these efforts, Leslie became increasingly dissatisfied with full-time employment. The inability to breastfeed her son during the day and the burden of pumping greatly contributed to her desire to alter work arrangements. At six months post-partum, she had a meeting with her supervisor at which the supervisor reviewed Leslie's work and Leslie proposed a way to complete her work in a part-time format that could be easily accommodated into the office structure. When her supervisor rejected this proposal, Leslie decided to leave her job. Throughout this situation, Alex was supportive of Leslie's employment arrangements. He participated fully in enabling her to continue to breastfeed by supporting pumping and breastfeeding at home during the day and night, by feeding their son the pumped breast milk, and in becoming the family breadwinner when Leslie's part-time arrangement for employment became unattainable. In this and similar other cases, spousal employment became pivotal, since the entire family now depended on the income and the employer-provided benefits of the spouse. Thus, participating in paid employment outside the home<sup>13</sup> for long hours is often a very important, yet potentially overlooked way in which some spouses enable and support new mothers to breastfeed.

In other families, spouses shared primary caretaking due to part-time work arrangements, and one spouse became the primary caregiver of the child. These families developed such work-arrangements mainly because the new mothers held employment that was the primary income of the family and/or health care benefits upon which they depended, and because they could not negotiate longer leaves or reduction in hours. In one such family, Jocelyn worked full time at the local university while Samuel had a more flexible, part-time job at a local delicatessen. After her maternity leave she returned to work full-time while Samuel became the primary caregiver of their baby, completing some of his work at home while the baby napped, or at times when Jocelyn was home. Furthermore, Samuel took on the bulk of household work with baby in tow and during the times when his wife was nursing the baby. At a visit to the pediatrician a few months post-partum, Jocelyn and Samuel learned that their baby was not gaining weight at an adequate pace, indicating that the electric pump could not adequately stimulate Jocelyn's milk production. Despite increasing the number of pumping sessions at home and at work, Jocelyn's milk supply continued to dwindle.<sup>14</sup> In order to facilitate breastfeeding, Samuel drove to his wife's work every day, often twice, so

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<sup>13</sup>These long hours are often supplemented by additional work carried out at home in the evenings, for example, after the baby has gone to bed.

<sup>14</sup>See Dykes 2004 and Lepore 2009 on the ways in which lactation becomes focused on breast milk production and is infused in capitalist machine-metaphors.

that their daughter would have adequate opportunities to breastfeed, providing her with a greater supply of milk than what Jocelyn could provide by pumping alone. The frequent contact with her baby also ensured that Jocelyn would continue to produce sufficient milk for breastfeeding (not only pumping) in the long-run. Thus, despite employment arrangements that resulted in physical separation of the mother and child, spouses caring for the baby during the mothers' work actively participated in supporting and maintaining breastfeeding by feeding the baby expressed breast milk as well as by transporting the baby to the mother when the alternative feeding system failed.

Regardless of their employment arrangements, a primary way in which spouses enabled breastfeeding was through completing household chores. Cooking, doing dishes, cleaning the house, doing laundry were some of the most common tasks that often shifted to spouses. This new division of labor often became particularly important for mothers who returned to work soon after giving birth. Overburdened by the physical after-effects of childbirth, the labor involved in breastfeeding and pumping milk at home and at work, the separation from their babies and/or by the organization of childcare, in addition to the usual stresses of work itself, spouses' willingness to take on the bulk of housework proved essential to these mothers' ability to maintain breastfeeding.

### Night-Time Breastfeeding Support

Couples fundamentally altered their night-time practices in order to accommodate the breastfeeding as well as other night-time needs of the infant. These rearrangements were often intimately linked to work arrangements during the daytime and constituted another realm of dividing labor. Spouses played an important role in developing new sleep arrangements that facilitated night-time breastfeeding. Sleeping in the same bed with a baby is considered risky by many medical experts in the U.S. (cf. AAP 2005b), but it is an arrangement that many parents considered very helpful – if not essential – to maintain breastfeeding.<sup>15</sup> Spouses weighed in on the safety of this arrangement. Regardless of whether the spouses perceived co-sleeping as problematic or not, they were willing to play a supportive role so that the mothers could breastfeed and get some sleep. For instance, in families where mothers relied on co-sleeping, spouses were very supportive and welcomed the baby to the bed. This often meant significant physical rearrangement to reduce the risk of suffocation – such as removal of duvet covers, pillows, and other objects so that nothing could cover the face of the infant. In some cases the baby slept between the spouses, while in others the baby slept on the side of the mother, resulting in the rearrangement and reduction of night-time sleep space. Furthermore, during co-sleeping both spouses needed to acclimate to the sleep patterns of the infant that included new sounds, as well as awakenings during the night. In some cases the lack of space resulted in the spouse leaving the bed and sleeping elsewhere so that mother and baby could sleep and breastfeed comfortably and safely together. Thus, the support of breastfeeding involved significant changes in many spouses' sleep patterns and locations.

Spouses also took on a wide variety of roles to support breastfeeding during the night. Spouses often assisted with tasks that helped the mother breastfeed or reduced her time awake. In Jocelyn's and Samuel's family, for example, in the days after childbirth Jocelyn wanted to breastfeed their daughter during the night, but could not share the bed with her because she was worried about rolling over and suffocating her. Since Jocelyn was not able to get any sleep, the couple eventually decided to place the baby in a different room close to their own bedroom. In order to alleviate the burden of night-time breastfeeding, the parents

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<sup>15</sup>See McKenna, Ball & Gettler 2007, McKenna & McDade 2005 on anthropological perspectives on the relationship of breastfeeding and sleep arrangements.

took turns taking care of the baby at night. Samuel would take care of the baby for shifts during the night when she simply needed soothing and/or would provide pumped milk for her so that Jocelyn could sleep longer and she could be adequately alert for the next work day. In this example, and in the many others in my study, spouses' acts of night-time caretaking reduced mothers' stress and extended mothers' sleeping time.

Not all changes during the night were welcomed by spouses or new mothers. For example, some spouses acknowledged that having the baby in the middle of the bed and frequent night-nursing presented new obstacles to spousal relations. Spouses mentioned the challenges of having bodily contact with their partners as well as the opportunity to spend time together, even when the baby did not share the bed but was present in the same room, as most participants started out with the baby sharing the parental bedroom in at least the first few weeks. Thus, the baby's awakenings, which were primarily seen as driven by the desire to breastfeed, often resulted in the rearrangement of sexual relations. Some couples found inventive ways to work around these issues. Camilla and Erik, who shared their bed with their baby, regularly laid down with the baby as part of their night-time ritual while Camilla nursed her to sleep. After their baby had fallen asleep, the couple spent time together in another room in the house and then retired to the same bed for the remainder of the night. Spouses' ability to support their partners' breastfeeding and productively contribute to new arrangements once again played an important role in the successful continuation of breastfeeding.

In some cases, spouses supported breastfeeding by helping to revise night-time arrangements and implementing changes the couple had discussed. For instance, Johanna grew increasingly frustrated with night-time nursing routines and found sleeping together impossible. At the same time, she was very deeply committed to breastfeeding and wanted to continue breastfeeding during the day for months even beyond the 12 month recommendations suggested by the AAP (AAP 2005a). She had many discussions with her husband, Carl, about these issues and his support helped them decide that she would not nurse the baby during the night and they would let the baby cry in another room until he fell asleep. The first couple of nights with this new plan were emotionally difficult for both parents because the baby cried for several hours. Johanna felt very torn about her decision and questioned it throughout the process but found comfort in her husband's support, who sat with her and listened to the baby's cries to make sure that he was going to be fine. Ultimately, these discussions and the emotional support offered by Carl enabled the parents to successfully eliminate the undesired night-feedings, resulting in more rest for the mother. Furthermore, Johanna felt that this change helped her continue to breastfeed her son during the day as she desired. In this case, then, Carl's support did not result in more frequent breastfeeding at night, but played an important role in ultimately extending the period of time for which Johanna breastfed their baby.

## The Limits of Breastfeeding Support

Despite their shared support for breastfeeding, couples and spouses within each couple negotiated unique ways of making breastfeeding possible. Couples' actions were clearly bound by structural inequities that made it much more difficult for women to remain employed, even if they desired to do so. These inequities reinforced American cultural ideologies of women's primarily domestic roles. Furthermore, men in my study varied in their contributions to supporting breastfeeding. For instance, some new mothers pointed out that at first their spouses were not aware of how difficult it would be for the mothers to complete housework while staying home with the baby, who often nursed frequently throughout the day. Yet, each of these situations was followed by discussions that resulted in new divisions of household labor that better accommodated the needs of the new mother.

Since breastfeeding was valued by participants per the selection criteria for the study, it is also possible that couples were less willing to share information that could be interpreted as hindering breastfeeding. Finally, since I met with mothers more regularly in most cases, my study design may have limited my ability to learn about spouses' ambivalence about breastfeeding or about their concerns about sensitive areas such as sexuality and breastfeeding. Despite these limitations, my findings repeatedly reinforced the significance of men's acts of caring and support for breastfeeding.

## Conclusion

The previously neglected realm of men's "kin work," documented in the above pages, demonstrates that in the U.S., men's contributions to the breastfeeding relationship can help overcome the lack of structural support for the practice. Additionally, my findings offer new opportunities for the analysis of gender, kinship, and labor practices. First, the acts of caring and support men provided highlight the significance of the relational elements of reproduction and the importance of developing more complex perspectives on men. Far from escaping the demands of parenthood, men in my study emerged as complex figures who strove to be engaged fathers and supportive spouses as they navigated many different obligations of demanding jobs and household tasks. Second, the incorporation of breastfeeding into their daily lives by rearranging the division of labor within and outside the household, and by reinforcing the affective ties of their relationships, provides insight into the construction of kinship in contemporary middle-class American families (cf. Carsten 2004, Franklin & McKinnon 2001).

My findings echo those of Townsend, who argues that "having children, being married, holding a steady job, and owning a home" (2002:2) are part of a "package deal" of closely interrelated cultural norms. Townsend found that men struggle to resolve contradictory desires within this scheme to be emotionally close to their families, while also supplying the material foundations seen as necessary for their family's existence. Indeed, in my study fathers' support for their wives' desire to cut back on paid employment after the birth of their children reinforced men's culturally valorized role of providing for their family. At the same time, my participants were younger and more educated than those of Townsend's study, and many were more willing to share the labor of housework and childcare, often despite extensive work obligations.<sup>16</sup> These men's participation in the lengthy childbirth education classes signaled their future involvement and provided further opportunities to strengthen their appreciation for the benefits of breastfeeding as well as for the importance of providing support for breastfeeding.

Supporting breastfeeding, therefore, could be viewed as an opportunity to rework norms of providing to include not only enabling wives to cut back on paid employment, but also for fathers to advocate for their wives and children during the birth process, to become caretakers of their children, and to alleviate the burden of household labor through unpaid leaves and flexible work arrangements. Each of these elements of support played a role in strengthening affective ties between spouses. Because of the enormous commitments of resources, the sheer ability to sustain breastfeeding reinforces norms for a spousal partnership that are nearly always attainable only to the middle- and upper-middle classes. It is my hope that my study will inspire further work to develop an ethnographically-informed

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<sup>16</sup>The fathers in my study were disproportionately what Katherine Gerson called "involved fathers," fathers who participated in every aspect of parenting from attending childbirth education classes to taking care of children and doing housework (1993). Despite cultural perceptions that such fathers are part of a relatively novel cultural phenomenon, social historians have demonstrated that although the kinds of engagements varied, many middle-class fathers were intimately involved in childrearing throughout the 19<sup>th</sup> and early part of the 20<sup>th</sup> centuries (cf. Johansen 2001, LaRossa 1997).



perspective of breastfeeding that will prompt a critical examination of the structural inequities and complex relationships negotiated by families.

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**Table 1**Demographic characteristics of the women and men involved in the study.<sup>17</sup>

Race		
	Euro-American (White)	35
	Asian American	1
Ethnicity		
	White, Non-Hispanic	35
	Hispanic	1
Native Country of Origin		
	USA	31
	Other (Canada, Europe)	5
Residence		
	Green City	30
	Surrounding towns	6
Home Ownership		
	Own single family home	36
Education level		
	Some college coursework	1
	College	17
	Advanced coursework or degree	18
Age		
	25–29	8
	30–34	22
	35–39	5
	40–44	1
Sexual Orientation	Heterosexual	34
	Lesbian <sup>18</sup>	2

<sup>17</sup> This table reflects demographic characteristics of all couples, including those of the three spouses who did not participate in the study.

<sup>18</sup> In order to address the role of men in breastfeeding, I did not incorporate data from the lesbian couple in the study in this paper.