9.
"But One Gets Tired"

Breastfeeding, Subjugation and Empowerment in Rural Guatemala

ANITA CHARY, SHOM DASGUPTA, SARAH MESSMER, AND PETER ROHLOFF

"*SI DIOS NOS DIO LOS pechos es para que mamen nuestros hijos*" (If God gave us breasts, it is so that our children can suckle), says Doña Victoria, a mother of ten. Like many women in the rural Maya village of K'exel, Victoria has spent nearly half her life breastfeeding one child after the next. "*Pero se cansa uno*" (But one gets tired), she qualifies.

In our engagements with women in K'exel and other communities in the Guatemalan coffee piedmont, we have been struck by the semiotic density of breastfeeding and its disorders. Indeed, as both practice and discourse, breastfeeding is a critical site in the construction of motherhood and womanhood within this gendered, highly stratified social field. In K'exel, men and women alike see nursing as part of a mother's duty to her family. Global health agencies share these expectations, promoting breastfeeding in the developing world to prevent infant malnutrition and death (Maher 1995; who 2003). From all fronts, local and global, the mothers of K'exel are expected to nurse their children.

In settings of severe poverty like those in K'exel, the fulfillment of normative breastfeeding practices requires physical and emotional sacrifice by indigent women, the effects of which are expressed in embodied and moral terms. In their explicit linkage to breastfeeding, syndromes of *cansancio*, "fatigue," encode a biological zero-sum game, wherein perpetual breastfeeding leads to chronic protein-calorie and micronutrient depletion (Adair & Popkin 1992; Merchant et al. 1990). Simultaneously, women's complaints of weakness and exhaustion express a *moral* fatigue resulting from grossly undercompensated care-work. The burden of child health falls upon the shoulders of the mother to a greater extent than it does on any other family member or political body (Maher 1995; see also Macdonald and Boulton, Chapter 6). In this way, cultural ideas

surrounding breastmilk and motherhood serve to reinforce and amplify political and gender inequalities.

The women of K'exel are aware of this inequality, and, in certain circumstances, critique it. As in other regions of Guatemala (Sullivan 2007), conversations about hardship in K'exel are often discouraged by a normalizing logic that it is improper to complain about things from which the entire community suffers. Furthermore, as men are the primary authorities of the village, women's opinions often go unheard. Yet discussions of breastfeeding are imbued with a unique urgency, as they are often accompanied by requests for help, especially when a child's life at stake.

Women's experiences with breastfeeding can provide them with socially-legitimated opportunities to reflect upon how poverty and gender subordination affect their lives. A mother's lactation difficulties often elicit concern and support from male relatives and community members who ordinarily pay little attention to her daily struggles. In this way, breastmilk is a paradoxical symbol of both subjugation and empowerment. Breastfeeding simultaneously constrains women and provides them with agency and voice often denied them on account of their sex. Herein, we explore these themes in women's stories of lactation.

K'EXEL, GUATEMALA: PAST AND PRESENT

Buried amidst the overgrowth of abandoned coffee fields, the entrance to K'exel is barely visible. An indigenous hamlet in the southern piedmont, K'exel lies along a minor highway between two large municipalities, one predominantly K'ichee'-speaking and the other Kaqchikel-speaking. Many of K'exel's 500 residents speak one of these Maya languages in addition to Spanish, demonstrating the continued linguistic and cultural resilience of rural Maya populations in the face of a long history of inequality and violence (Carmack 1988; Little & Smith 2009).

K'exel's linguistic diversity also indexes the historical fragmentation of indigenous communities by widespread landlessness in the central region of the coffee piedmont. Many of K'exel's households were formed by elders who sharecropped on large plantations belonging to non-Maya landowners. This economic exploitation, which characterized K'exel's post-colonial past, continues into the neoliberal present (Gauster & Isakson 2007). Access to small plots for subsistence agriculture is proscribed by a dearth of non-plantation land. Unemployment rates are high, and wage earners report unfair labor conditions and a degree of migrancy reminiscent of forced labor arrangements of the late 19th

century (Kraemer 2008; McCreery 2003). Except for seasonal periods of intense agricultural work by the entire family, most wages are earned by men for construction work in nearby urban centers. Their salaries are meager: 75 percent of households in K'exel are under the national poverty line (Messmer et al. n.d.).

K'exel also represents a space of statutory social abandonment: neither of the municipalities that lie to either side provides healthcare and other social services. Indeed, recent community-based initiatives have included demands for a school and a water supply—not a *better* school, nor a *potable* water supply. Of recent concern, as well, is a burgeoning of new social formations of violence and the ascendancy of organized crime: an ineffective and corrupt police force, as well as broader world-historical phenomena, like the pressures of U.S.'s war on drugs, have coincided to make narcotraffic and gang violence endemic in the area. This further magnifies the insecurities that characterize the lives of K'exel's indigenous poor (Benson et al. 2008; El Editorial de El Periodico 2010; Human Rights Watch 2010).

MOTHERS AND MILK IN K'EXEL

From an early age, girls are socialized into roles as caregivers, helping with housework and care of younger siblings. Because eldest sons are favored beneficiaries of family investment in education, most girls start working by the age of twelve, contributing their meager earnings to their parents' household. Young women often pair or marry in their teens, hoping that a male partner will provide increased access to social and economic capital.

As women begin to have children, they become economic dependents on their husbands, who provide them with *gastos*, a portion of their weekly salaries for household expenses; however, *gastos* are rarely adequate to meet basic survival needs. Moreover, as documented in other areas of Guatemala (Ehlers 2002), once men fulfill their responsibility of providing corn for the family, they are free to do as they please with the rest of their salaries. Some choose to spend their earnings on alcohol, electronics, and other women. Women who protest risk domestic violence or being dismissed. Thus, mothers bear the burden of finding solutions to food insecurity and the child malnutrition that accompanies it.

One way mothers cope with food scarcity is through breastfeeding infants for as long as possible (see also Metz 2006; Ehlers 2002). Mothers often delay introducing solid foods until eight to twelve months (Figure 1), which spares food for older family members, but exacts a severe toll

on the mother (Adair & Popkin 1992). Infant-guided feeding occurs frequently throughout the day, *cada rato* ('every moment'), according to most mothers. Mothers in K'exel nurse their children for 21 months on average, but in some cases do so for more than four years (Figure 2).

Delayed introduction of solid foods contributes to high child malnutrition rates, as breastmilk alone cannot adequately nourish children beyond six months of age (Dewey 2001). Chronic malnutrition, coupled with a lack of potable water and sanitation infrastructure, results in recurrent diarrheal illnesses. Due to limited health care accessibility, most children receive inadequate treatment. Child death is not uncommon in K'exel; although child mortality rates have declined over the past several decades, from 2000-2009 the under-five mortality rate was five percent (Figure 3).

To address these problems, a group of mothers of K'exel approached one of the authors (pr), a U.S. physician, about the possibility of holding clinics in the village in 2006. Since then, the non-governmental organization Wuqu' Kawoq has developed a child health program and offers free primary care. The work herein is based on four years of fieldwork in conjunction with these clinical activities run by Wuqu' Kawoq. ac and sm lived in K'exel for 1 year, where they assisted with daily activities of the child health programs but also conducted in depth surveys and focus groups with mothers in the community. sd is also a physician and conducted clinical nutritional assessments and interacted with mothers in this role.

CRITIQUING POVERTY THROUGH "DEPLETION:" THICK, THIN, AND ABSENT MILK

Melisa spent all night in the emergency room of the National Hospital, waiting for someone to operate on her young son's appendicitis. There had been no surgeon. She was sent home, where he died shortly after. In despair, she could no longer produce breastmilk for her six-month-old daughter. "The life of a poor woman is hard," she lamented. Breastfeeding had already taken so much out of her body, she explained. Unable to withstand the death of her child, she had nothing left to give.

Many women in K'exel share Melisa's sentiments about the stress and sacrifice involved with nursing. Women complain of having to take breaks from cooking and washing clothes as their infants tug at their shirts, dragging out long hours of housework. Barely eating enough as it is, mothers lose weight as their infants nurse. "Sometimes I don't like breastfeeding because it makes me thin. All I have is my tortilla," a

woman named Mari said, "not a single vitamin. That is why my milk is so thin and watery, not like true milk."

The symptom of "*thin milk*" as a manifestation of dietary insufficiency is commonly self-reported by our informants. During pediatric check-ups, mothers often invoke the idea to explain malnutrition. Several women have lifted their shirts and pumped their breasts, pointing out the self-perceived watery consistency of their milk, stating that surely it could not be nourishing enough (see also Scheper-Hughes 1992). Such demonstrations are intended to legitimate requests for food or vitamins. One mother requested formula for her baby, telling us that she had "no milk"—a common complaint that, as in this case, is found on physical exam to be an exaggeration. One of the authors recommended that she drink more fluids and eat more. "And if there's nothing to eat?" The mother responded.

Children are highly valued in K'exel, and mothers take joy in their roles as nurturers. Nonetheless, women's informal care-work is devalued in relation to men's "free labour," as evidenced by differential access to capital and women's subservience in their own households. In K'exel, breastfeeding becomes a space for women to acknowledge the physical and emotional strain associated with their roles; their milk is culturally objective evidence of care-giver exhaustion. It also encourages mothers to question the norm that others constantly benefit at their expense. In their descriptions of feeding-associated weight loss and "thin milk," mothers contest the status quo that forces them to use their own limited resources—their bodies—to correct a situation of food insecurity that is created by political economic forces and fostered by gender inequalities.

LACTATIONAL FAILURE: NEGOTIATING VIOLENCE IN A GENDERED POLITICAL ECONOMY

In the sticky heat, Marisa lay in bed next to her two-day-old son. When a visiting relative bore the news that Marisa's younger brother had died, Marisa suffered a great *susto* (shock), and began to weep. "Thus came the great sadness, and I didn't have milk anymore," she explained.

To satiate her baby's hunger, Marisa gave her son boiled water and corn gruel—all she and her husband had as impoverished coffee pickers—and tried several herbal remedies to bring her milk back, but to no avail. Then, to make matters worse, she developed a case of mastitis; she reported that her breasts became warm and painful and began to emit blood. "*Ya no era leche*" (It wasn't milk anymore). Marisa's case

of mastitis resolved, but milk production did not pick up; as her son's dietary insufficiency continued, he became "*bien sequito*" (dried out). At her mother's suggestion, Marisa asked her husband to purchase some powdered formula. Seeing his wife's and son's dire straits, Alberto began working extra shifts to cover the costs of formula.

In Marisa's case, her husband heeded her request, taking great pains to bring home powdered milk for two years. Men in K'exel take pride in their roles as decision makers; the most authoritarian of them typically turn down their wives' requests even when they can fulfill them—whether it is extra money for children's clothing or permission to seek out healthcare—because they see the very act of making a request as disrespectful. The case of milk loss, however, presents an especially urgent predicament, in which most women feel justified asking their husbands to help. Because a child's life is at stake, lactational failure allows a mother to voice her frustrations and to effect change (see also Good 1977). Many men listen and rise to the occasion, doing everything possible to purchase a remedy or formula.

Some women who lose their milk are not so lucky. Cata, an elderly woman, recalls losing her milk shortly after giving birth. Her husband Jorge had come home from work and asked her to bring him a drink. Rising from her rest, she brought him a glass of cold water, which he immediately threw on her because he had wanted juice. Shocked by his cruel action, Cata stopped producing milk.

"I was never lucky with him," Cata remarked, elaborating a list of grievances. Jorge had never worked enough; he gave her pittances for the family's food; worst of all, he did not help buy formula when she stopped producing milk, forcing her to work in the market. Several mothers, especially those with alcoholic husbands, report similar circumstances in which abuse affected their milk production.

Even when women cannot use their misfortune as symbolic capital to change their husbands' behaviors, these situations typically inspire evaluation of male behavior. In K'exel, women are expected to endure mistreatment—beatings, verbal abuse, insufficient *gastos*, and affairs—without complaint. In fact, when we have criticized men's misbehavior, we have often been surprised to hear, "Well, that's how men are." Milk loss, however, presents a special circumstance, which allows women to reflect upon their relationships. Sometimes they acknowledge that "he was not good to me," concluding that it is unfair for men to behave as they do. Milk loss also legitimates public conversation with other women about male behavior. In this situation, women are likely to listen to another mother's struggles with a sympathetic ear. Groups of women can contest

cultural norms together and discuss what defines a good husband—one who "does not beat you or drink," who "always gives you enough gastos," or who "puts away money for the children's clothes." In a society where women's opinions are dismissed, breastfeeding provides mothers with an opportunity to critique gender inequalities.

WET NURSING AS SOLIDARITY: BREASTMILK, BIOLOGICAL CAPITAL, AND SOCIAL CAPITAL

Like many mothers of K'exel, Lila has breastfed another woman's child. Her neighbor Celia had recently given birth, but was unable to produce breastmilk and approached Lila for help. Lila, nursing a three-month-old at the time, agreed to breastfeed the baby until Celia's milk came in. After all, Lila commented, other women had helped her when she was in a similar situation.

Earlier that year, Lila's infant son had become sick and refused to nurse. Realizing that he had a type of indigestion referred to as *empacho*, Lila thought that the *tres leches* (three milks) remedy could cure him. She would have to find three other mothers to wet nurse, and only then would he accept her breast again. Lila walked through K'exel seeking other breastfeeding mothers with infants of the same age. After she found three suitable mothers, he no longer rejected her milk.

Lila's experiences indicate how wet nursing can build solidarity between mothers, who are normally not empowered to help in extenuating circumstances. During economic crises or cases of domestic violence, women may lend a listening ear, but are rarely able to do more. During lactation insufficiency or *empacho*, however, mothers take a more active role in supporting one another. While women normally must seek permission from men to disperse household resources, breastmilk affords mothers a biological capital that they are free to use at their discretion. The act of seeking a wet nurse also socializes a mother's plight and invites community participation in the healing of the child.

DISCUSSION AND CONCLUSIONS

A policy statement of the who declares, "The promotion, protection, and support of breastfeeding is an exceptionally cost-effective strategy for improving child survival and reducing the burden of childhood disease, particularly in developing countries" (who 2003: 1). The categorical imperative of child survival conditions the international discourse on breastfeeding; a preponderance of the literature on breastfeeding is

dedicated to documenting the ways in which women in various geopolitical contexts do or do not comply with international policymakers' infant feeding recommendations. This phenomenon has local correlates as well, as we demonstrate in K'exel, where disorders of breastfeeding have a special saliency and can serve to mobilize previously unavailable resources for the sake of a child. Our work attempts to provide fine-grained local perspectives which highlight the constraints (of poverty, gender inequalities, etc.) which condition breastfeeding practices, thereby allowing us to explore the contradictions between international policies and local realities.

The expectation that women "meet from their own resources the costs of remedying a situation whose real causes lie in social and political inequalities" (Maher 1995:153) exerts a biological toll, referred to euphemistically in the literature as the "maternal depletion syndrome" (Adair and Popkin 1992; Merchant et al. 1990), and described by women of K'exel as fatigue, weight loss, and "thin milk." This demarcates a final common pathway for physiological scarcity, which has complex roots according to local explanatory models ("lack of vitamins," *susto)*. The self-reported phenomenon of "thin milk" is well described in the cross-cultural literature, where it is known as inadequate milk syndrome (Chin & Solomonik 2009; Dykes 2000; Tapias 2006; Zeitlyn & Rowshan 1997). In this setting the social-metaphorical meaning of "thin milk" is often explored; Nancy Scheper-Hughes (1992), for example, describes the reports of scant or bitter milk of impoverished Brazilian women as "speaking to the scarcity and bitterness of their lives as women" (326).

Also frequently invoked in the literature on inadequate milk syndrome is the discourse of mother blame, where "inadequate" points not to sociostructural inequity, but rather to a mother's own shortcomings, for example in cases where excessive emotions "spoil milk" or where failure to submit to local taboos endangers milk supply (Jordan 1997; Tapias 2006). This same logic of mother blame is evident in K'exel. For example, Anita Chary (2010: 3) describes a mother who brought her child to a health facility only to be scolded by a health worker: "You didn't take care of yourself during your pregnancy. Look at this malnourished baby! Why didn't you eat anything when you were pregnant?" She also describes cases of internalized mother blame, such as a woman who commented, "When he drank, he would beat me, and I would get angry, and they say that the anger goes with the milk to the child" (Chary 2010: 6).

External and internal mother blame, however, is not the final word for all women in K'exel. At times, they resist the imputation of blame through

the diagnosis of a different kind of inadequacy, namely a sociostructural one. In stories related here, women from K'exel use physical evidence of insufficient milk to acquire new resources (e.g., vitamins from a health worker; money and formula from an otherwise recalcitrant spouse), generate public discourse about sociopathic male behaviors, and create pro-social networks of women united through the exchange of biological capital. These findings demonstrate the creativity and resistance of the women of K'exel to an otherwise subjugating cultural form (see also Rudzik, Chapter 8).

The finding that impoverished women with little socioeconomic capital are able to resist the obscurantist logic of mother blame and accurately locate the true site of "inadequacy" begs the question why international infant feeding policy cannot also do so. In many ways, the who insistence on exclusive breastfeeding for six months (who 2003) is symptomatic of a larger inability to address the true root causes of maternal-child morbidity. In rare moments of self-reflective honesty, the literature admits this; for example, investigators from the Guatemala-based Institute of Nutrition of Central America and Panama remark: "To recommend that maternal nutrition be improved … is almost equivalent to recommending socio-economic development as a short-term solution for the health problems of developing countries. More realistically, public health professionals should recommend prolonged lactation on demand in rural areas because, under present circumstances, there is almost no adequate alternative…" (Delgado et al. 1985: 7-8). In other words, although one could implement various infrastructural improvement and food security programs that would also effectively address the issue of maternal-child health, these fail the test of political feasibility and cost-effectiveness, whereas exclusive breastfeeding does not.

Importantly, the discussion about feasibility and cost-effectiveness in this context is conditioned by a critical underlying assumption—namely, that women's biological expenditure is of limited value and that their psychophysiological depletion is an acceptable social cost to pay for the preservation of child health. If, however, we contest this assumption, then we may find resolve to advocate against biological solutions to social problems and to prioritize once again the agency of women—in short, to reintroduce the "maternal" into "maternal-child."

Acknowledgements: Community of K'exel; supporters of Wuqu' Kawoq; Anne Kraemer Diaz, Victor Diaz, and Feliza Can Castillo; Carolyn Sargent; Brad Stoner; Louis Keith; Paul Wise.

WORKS CITED

Adair, Linda S. and Barry M. Popkin. 1992. Prolonged lactation contributes to depletion of maternal energy reserves in Filipino women. *Journal of Nutrition, 122*: 1643-1655.

Benson, Peter, Edward Fischer and Kedron Thomas. 2008. Resocializing suffering: Neoliberalism, accusation, and the sociopolitical context of Guatemala's new violence. *Latin American Perspectives, 35*: 38-58.

Carmack, Robert (Ed.). 1988. *Harvest of violence: The Maya Indians and the Guatemalan crisis*. Norman: University of Oklahoma Press.

Chary, Anita. 2010. Contextualizing blame in mothers' narratives of child death in rural Guatemala. Paper presented at the American Culture Association/Popular Culture Association Annual Conference, St. Louis, April 2010.

Chin, Nancy and Anna Solomonik. 2009. Inadequate: A metaphor for the lives of low-income women? *Breastfeeding Medicine, 4*: S41-S43.

Delgado, Hernan L., Victor Valverde, and Elena Hurtado. 1985. Lactation in rural Guatemala: Nutritional effects on the mother and the infant. *Food and Nutrition Bulletin, 7*(1): 15-25.

Dewey, Kathryn G. 2001. Nutrition, Growth, and complementary feeding of the breastfed infant. *Pediatric Clinics of North America, 48*(1): 87-104.

Dykes, Fiona. 2000. Western medicine and marketing: Construction of an inadequate milk syndrome in lactating women. *Health Care for Women International, 23*: 492-502.

Ehlers, Tracy. 2002. *Silent looms: Women and production in a Guatemalan town*. Austin: University of Texas Press.

Editorial. 2010. Narcotrafico: Viento en Popa. *El Periodico,* Guatemala, May 20.

Good, Byron. 1977. The heart of what's the matter: The semantics of illness in Iran. *Culture, Medicine and Psychiatry, 1*: 25-58.

Gauster, Susana and S. Ryan Isakson. 2007. Eliminating market distortions, perpetuating rural inequality: an evaluation of market-assisted land reform in Guatemala. *Third World Quarterly, 28*(8): 1519-1536.

Human Rights Watch World Report 2010. 2010. Guatemala (pp. 223-227). New York: Human Rights Watch.

Jordan, Brigitte. 1997. Authoritative knowledge and its construction. In R. Davis-Floyd and C. Sargent (Eds.). *Childbirth and authoritative knowledge* (pp. 55-79). Berkeley: University of California Press.

Kraemer, Anne. 2008. Unearthing collaboration: Community and multivocal archaeology in Highland Guatemala. M.A. thesis, Department

of Anthropology, Kansas University.

Little, Walter and Timothy J. Smith (Eds.). 2009. *Mayas in postwar Guatemala: Harvest of violence revisited*. Tuscaloosa, AL: University of Alabama Press.

Maher, Vanessa. 1995. Breast-feeding and maternal depletion: Natural law or cultural arrangements? In V. Maher (Ed.), *The anthropology of breast-feeding: Natural law or social construct?* (pp. 151-180). Washington, dc: Berg Publishers.

McCreery, David. 2003. Coffee and Indigenous labor in Guatemala, 1871-1980. In W. G. Clarence-Smith, (Ed.), *The global coffee economy in Africa, Asia, and Latin America* (pp. 1500-1989). Cambridge: Cambridge University Press.

Messmer, Sarah, Anita Chary, Eric Sorenson, Nicole Henretty, Shom Dasgupta, & Peter Rohloff. n.d. Reevaluating child malnutrition in Guatemala: Results of a mixed quantitative and qualitative study. [COMPLETE BIBLIO DETAILS)

Metz, Brent. 2006. *Ch'orti'-Maya survival in Eastern Guatemala: Indigeneity in transition*. Albuquerque: University of New Mexico Press.

Scheper-Hughes, Nancy. 1992. *Death without weeping: The violence of everyday life in Brazil*. Berkeley: University of California Press.

Sullivan, Emily. 2007. Sadness in the Highlands: A study of depression in Nueva Santa Catarina Ixtahuacán. In Walter R. Adams and John P. Hawkins (Eds.), *Health care in Maya Guatemala: Confronting medical pluralism in a developing country* (pp. 194-214). Norman: University of Oklahoma Press.

Tapias, Maria. 2006. "Always ready and always clean?": Competing discourses of breast-feeding, infant illness, and the politics of mother-blame in Bolivia. *Body and Society, 12*(2): 83-108.

World Health Organization (who). 2003. *Community-based strategies for breastfeeding promotion and support in developing countries*. Geneva, Switzerland: World Health Organization.

Zeitlyn, Sushila and Rabeya Rowshan. 1997. Privileged knowledge and mothers' "perceptions": The case of breast-feeding and insufficient milk in Bangladesh. *Medical Anthropology Quarterly, 11*: 56-68.