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Abstract

This article uses a relationality-sensitive perspective to analyse long-term breastfeeding. The data was gathered through open invitations to write, and the article is based on the written reflections of 39 long-term breastfeeding Finnish mothers. In Finland, the breastfeeding of babies is strongly supported, but long-term breastfeeding (over 12 months) is a more conflicted issue, and the cultural norm of one year of breastfeeding is strong. Through qualitative content analysis, the article shows how mothers reflect on long-term breastfeeding's effects on their relations with their breastfed children, partners (if any), relatives and healthcare professionals. The findings show that long-term breastfeeding is often a rewarding experience, but that it takes place in a network of relations and has effects on those relations. With a relationality-sensitive approach to breastfeeding, we can better understand how mothering is done in and through relations with others, and how mothers express the need for a change in attitudes towards long-term breastfeeding. This article gives a voice to mothers who are often silent in our society, and therefore participates in the feminist empowerment of women and especially mothers.

Keywords

Long-term breastfeeding; Relationality; Relations; Motherhood; Finland

Relational long-term breastfeeding

Introduction

This article analyses long-term breastfeeding (over 12 months) from a relational perspective. As previous studies have shown, breastfeeding is more than an individual mother's choice, since many factors can influence breastfeeding: for example, the mother's social class, the support she receives, and her ability to combine work and breastfeeding (see e.g. Acker 2009; Blum 1993; Taylor and Wallace 2012). In addition, culturally shared beliefs and customs influence how long mothers breastfeed (Dettwyler 2004, 719). The context of this analysis is Finland, a breastfeeding-friendly Nordic welfare state where breastfeeding is supported by health policy and also receives strong cultural acceptance.

To define *long-term breastfeeding*¹ I turn to British researcher Sally Dowling, who has defined it as 'breastfeeding for longer than the norm', meaning that women are under pressure to wean and may experience that they have to hide their breastfeeding (Dowling 2018, 56–57). Norms are defined in this text as something that guides one's behaviour and one's expectations of how others should act in society. In Finland, breastfeeding for longer than the norm means breastfeeding over 12 months. The concept of *relationality* allows me to

¹ I have chosen to use the term 'long-term breastfeeding' to refer to mothers who breastfeed over 12 months. Previous studies have used terms such as 'extended', 'full-term' or 'sustained breastfeeding' (Dowling 2018, 57). I have chosen this term to emphasise that mothers are 'just' breastfeeding, not doing something that is artificially extended or beyond usual experience.

view breastfeeding mothers as interconnected with others (Redshaw 2013, 25), rather than as independent and solitary individuals. Mothering, and especially breastfeeding, is relational, meaning that mothering is done in and through relations with others.

My aims in this article are to analyse how long-term breastfeeding mothers live their lives in connection to others (Mason 2004) and to increase knowledge about mothers' views and experiences of long-term breastfeeding. Researching breastfeeding from a relational perspective can illuminate the expectations that mothers face, not only at the societal level but also as individuals. By exploring mothers' descriptions of relationality, the article adds a research perspective that goes beyond medical discourses of breastfeeding, and it reveals the cultural structures that define what is considered normal or normative in breastfeeding and mothering. Mothers who breastfeed over 12 months are not very visible in Finnish society. On the basis of my study, I suggest that one reason for this invisibility is that mothers are highly aware of the norms of breastfeeding. These norms guide mothers to stop breastfeeding at 12 months or to hide their breastfeeding from others. This article draws on theoretical literature on relationality (Ketokivi 2012; Mason 2004; Redshaw 2013; Sevón 2009; Smart 2007) and long-term breastfeeding (Dowling 2018; Dowling and Brown 2013; Faircloth 2010a; Tomori 2015).

Breastfeeding is supported while the child is young, and the health benefits to the mother are also widely acknowledged by healthcare professionals (Johnston et al. 2012, 831–832; McCarter-Spaulding 2008, 207). At the same time, breastfeeding beyond infancy is 'poorly understood by healthcare professionals as well as the general public', as Gribble has put it in an Australian context (Gribble 2007, 1068). There is an apparent contradiction here. The benefits of breastfeeding are acknowledged during infancy, but this acknowledgement seems

to fade as the child becomes older and the nutritional necessity of breastmilk becomes less significant.

When it comes to the mother's relations with people other than the child, previous research has shown that the longer mothers continue to breastfeed, the less support they receive from others (Dowling and Brown 2013, 48–49; Rempel 2004, 316), and the more the social stigmatisation increases (Kendall-Tackett and Sugarman 1995; Tomori 2015, 42; Tomori et al. 2016, 179). By breastfeeding long-term, mothers are made 'socially accountable for the length of their breastfeeding' (Stearns 2011, 548), meaning that other people seem to have the right to question and judge the mother's choice to breastfeed past infancy.

Nevertheless, in theories of *attachment*, breastfeeding is often regarded as something that helps the mother to bond with the child and can therefore motivate mothers to breastfeed long-term or even 'full-term'² (Faircloth 2010b). The Anglo-American notion of *intensive mothering* (Hays 1996) has become popular, and even a *cultural ideal* for Finnish mothers in recent years (Mustosmäki and Sihto 2019, 158). Breastfeeding is one of the 'crucial components' of intensive mothering (Copleton et al. 2010, 24). In the context of intensive mothering, a 'good mother' breastfeeds and does not use formula (Lee 2008, 476; Wall 2001, 604). Long-term breastfeeding has also been analysed as part of women's identity work: mothers themselves claim that breastfeeding long-term is the 'most natural, scientifically best' and 'feels right', even while they are 'conspicuously moralized' by some for doing it

² Breastfeeding 'full-term' means that the mother does not wean the child at a certain age, but instead lets the child wean itself.

(Faircloth 2009, 15). Therefore, I argue that it is important to research mothers' views on breastfeeding if we want to understand both mothering and the challenges mothers face.

Relationality, mothering and long-term breastfeeding

In most sociological research, 'relationality' is understood as an orientation that contrasts with the focus on 'the individual' (Roseneil and Ketokivi 2015, 146). Relationality not only influences decisions and choices, but also 'forms a context for the unfolding of everyday life' (Smart 2007, 49). Drawing on Mason (2004, 163), this article approaches relationality in a way that interweaves relational and individualist discourses and practices. Relationships shape our being and living; therefore, the mothers in this research need to be considered as 'relational selves' (Mason 2004, 177). Moreover, relatedness is *made*, not merely *given* (Tomori 2015, 34), and this offers a perspective on how breastfeeding is a way of building relations, especially between mother and child.

The fact that breastfeeding is more than just a mother giving nutrition to her child has been highlighted to some extent in previous research (Breengaard 2018; Giles 2004). However, previous research on breastfeeding and relationality has mostly focused on infants and the early days of breastfeeding (e.g. Dykes and Flacking 2010; Robinson and Doane 2017). I study mothering and the practice of breastfeeding in relation not only to the child, but also to relatives and healthcare professionals; the latter all serve to echo the mothering. I see these other relations as possibly affecting the relation the mother and child share – either supporting the breastfeeding relation or causing conflict (see Grassley and Eschiti 2008, 334–335). For example, in a heterosexual context, breasts are highly sexualised and often considered to 'belong' to the woman's partner (see Saha 2002, 68); therefore, long-term

breastfeeding might cause trouble in partnerships. My study is informed by the idea that maternal agency is dependent on other people, such as the partner (if any) (Sevón 2009, 20–21). Furthermore, mothering is understood as something done in connection with others, albeit not always in collaboration with people such as one's partner or relatives (see Philip 2013, 413).

Scientific interest in breastfeeding has often been in the 'product' (i.e. breast milk), while the process of breastfeeding has been overlooked (Tomori et al. 2018, 7–8). At the same time, if interactions with others constitute the relational self, and if that also means pleasing others and orientating oneself by social norms (Holmes 2014, 137), then long-term breastfeeding – which is against the norm – might cause complications in a mother's life (e.g. Dowling and Brown 2013; Faircloth 2010a; Rempel 2004). Beside the relational connections, it is the social and societal norms and pressures that make breastfeeding beyond infancy more complicated than a simple act of nurturance (Brockway and Venturato 2016, 2013).

I argue that breastfeeding is not only about the relation between mother and child, but also takes place in a wider network of relations that influence the mother's breastfeeding. Petra Nordqvist and Carol Smart have argued (in the context of being gay) that people's cultural values 'permeate deeply through language, actions and images' (Nordqvist and Smart 2014, 110). I argue that these values can also be connected to the cultural norms that define what is considered 'normal' in breastfeeding. Therefore, the experiences of one person can bring more generally shared experiences into the foreground, and in this way can reveal something interesting about relational breastfeeding experiences as well as the expectations mothers face. That is the goal of this article. The next sections explain more about the context,

including the institutional recommendations and societal norms that influence breastfeeding Finnish mothers.

Being a breastfeeding mother in Finland

Mothering in Finland is framed by welfare society politics (see Hellman et al. 2017). Finland can be considered a breastfeeding-friendly state where mothers are maternity clinic service users who are well informed about the health benefits of breastfeeding. Finland's national guidelines advise mothers to breastfeed exclusively for four to six months and then partially for up to one year, continuing thereafter 'if the family so wishes' (Hakulinen 2017, 15). In Finnish society, breastfeeding is a cultural norm, and almost all babies are breastfed from birth (Uusitalo et al. 2012, 12). Finnish mothers are generally expected to breastfeed (Kuronen 1999, 104, 212–215) and do everything possible to make breastfeeding work, even if there are physical problems that prevent it (Homanen 2013, 300–301). The National Institute for Health and Welfare in Finland published updated guidelines on breastfeeding in 2019 (THL 2019). According to these guidelines, in addition to being 'the best nutrition for an infant' (THL 2019, 64), breastfeeding also 'promotes early interaction between mother and child' (THL 2019, 65). The guidelines state that successful breastfeeding is possible if the mother receives support from her partner and social network, as well as from healthcare professionals (THL 2019, 63–64).

Gender equality is central to Finnish politics, and even though women are paid less than men in the labour market, on average women have a higher education than men (Statistics Finland 2018, 25). It is typical for women to do paid work, but at the same time flexible family policies support breastfeeding options, since mothers are granted maternal and parental

allowance as well as home care allowance until the child is three years old (Social Insurance Institution of Finland 2020). Children up to the age of six are entitled to municipal day care, but many are nevertheless cared for at home. Finland differs from other Nordic countries in this respect: in 2015, in Sweden, Norway, Iceland and Denmark, over 90% of children aged three years were in day care, whereas in Finland the enrolment rate was under 70% (Kumpulainen 2018). In 2018, only 7.2% of the recipients of child home care allowance were men (Findicator 2019). The Finnish government is currently considering an update to the family leave system that will encourage both parents to take family leave (Ministry of Social Affairs and Health 2020).

One of the stated aims of Finland's *National Action Programme on Breastfeeding Promotion 2018–2022* is to promote longer breastfeeding (Hakulinen and Otronen 2017, 18), but this does not mean breastfeeding after the baby's first year. The motivation behind the *National Action Programme* is that Finland's current goal for the length of exclusive breastfeeding is not being met, and the aim is to increase the number of mothers who *exclusively*³ breastfeed for at least four months. Nonetheless, compared with some other industrialised countries, Finland ranks highly in statistics that predict breastfeeding at 12 months, with just over 30% of Finnish babies being breastfed at that age (Victora et al. 2016). The ideals of attachment parenting (e.g. shared sleeping arrangements, breastfeeding on demand, carrying the child in a sling) are widespread and easy to find in online forums,⁴ and they may have some influence

³ Exclusive breastfeeding means that the baby receives solely breast milk, and no other liquids or solids.

⁴ See <http://kiintymysvanhemmuus.fi/> (in Finnish) or Attachment Parenting International (<https://www.attachmentparenting.org/parentingtopics/infants-toddlers/breastfeeding>).

on Finnish mothers.⁵ At present breastfeeding for up to one year at the longest is a strong cultural norm, but there is no statistical information to show how common it is to breastfeed beyond 12 months in Finland. This underlines that breastfeeding is not expected to continue after the first 12 months, and that such a continuation is not considered very important by the healthcare system.

By taking the view that local circumstances shape bodies that live in different ‘cultural, political, economic, and historical circumstances’ (Tomori 2015, 30), this article contributes to breastfeeding studies and the literature on the meaning of breastfeeding in women’s everyday lives by highlighting the Finnish context. In this article, mothers’ descriptions of different relationships are analysed in turn, with a focus on the mothers’ points of view. My research question is: how do mothers describe different relations and relational connections that affect their (long-term) breastfeeding?

Data and method

The research data consists of thematic written accounts produced in response to a request issued in 2012 for mothers to share their experiences of long-term breastfeeding. The aims were to give mothers the opportunity to write about long-term breastfeeding and to analyse breastfeeding as more than a nutritional necessity. The request was published in a Finnish

⁵ The international breastfeeding support organisation La Leche League is not very influential in Finland, and it does not offer services in Finnish. The Finnish Association for Breastfeeding Support provides peer support and information for all mothers, whether or not they breastfeed.

online discussion forum for breastfeeding mothers that was especially targeted at mothers who had breastfed beyond infancy; in a Facebook group for long-term breastfeeding mothers; and in two online family magazines. There is a fairly strong tradition in Finland of collecting data through open invitations to write, and by choosing these active forums I was able to reach mothers from all over the country. While I am aware that not all mothers use these forums, it seemed the most effective way to gather data. No limitations were placed on the structure of written contributions, and mothers were told to write as much as they wanted (up to 10 pages).

Questions posed in the writing request included: What is it like to breastfeed a toddler/child? Do you feel supported to continue breastfeeding? Has anyone commented on your breastfeeding, and if so, how? Do you feel pressured to stop breastfeeding? The participants were also asked to consider whether they felt that their take on breastfeeding had changed over time. They were asked to send me their writing by email or post. They were informed that all the data would be stored according to university regulations and no personal information would be shared with outsiders. Preliminary ethical approval was not required at the time of data collection since no personal data was required of the participants and data collection was anonymous and participation voluntary.

A total of 39 mothers responded to the request. Table 1 shows their demographic and personal characteristics.

Table 1. Demographic and personal characteristics of respondents at enrolment in the study

The extracts used in this article have been translated from Finnish into English. To ensure anonymity, participants' names are not used, just the letter M (mother); but since the length of breastfeeding varied from 17 months to several years, and this is relevant to my analysis, the length of breastfeeding is given.

Qualitative content analysis was used to analyse the data. This method has been used widely and is suitable for analysing sensitive topics (Elo and Kyngäs 2008, 113). This method of analysis provided me with the tools to become familiar with and immersed in the data. The data was organised into different descriptions of relational connections, and then into categories based on those descriptions, before the analysis. The aim was to analyse the data deeply, and then to bring in other information about long-term breastfeeding mothers and their partners, relatives and healthcare professionals. I decided to exclude online relations and support groups from my analysis; my choice was to include only people who were physically involved in the mothers' lives. While previous research has found that breastfeeding mothers feel they receive emotional support from online forums (Bridges et al. 2018) or consider them 'a safe place' (Regan and Brown 2019, 2), I wanted to limit my analysis to physical rather than virtual relations.

Findings

The use of an invitation to participate in writing gave the mothers the opportunity to think about what they wanted to say. Dowling has written about the challenges of interviews (face-to-face and by email) concerning long-term breastfeeding (Dowling 2012, 286–290). Her results showed that written interviews were better for obtaining rich data that was more in-depth than face-to-face interviews. Her study also revealed that difficult and challenging

things were discussed more openly in writing than in face-to-face contact (Dowling 2012, 290). In my study, the participants wrote only once, but their descriptions of relationality seemed well founded to me, even if some only wrote short accounts.

All the participants identified themselves as mothers who were or had been long-term breastfeeders. They reflected on their experiences and wrote about their views of long-term breastfeeding in the context of Finnish society. All chose to write by email, and the texts they produced were between one page and seven pages long. The mothers can be categorised as socially privileged (see Bobel 2007, 788). They were relatively highly educated: most were university graduates or had a polytechnic degree. Most lived in heterosexual partnerships and were married. Fewer than 10 were divorced or separated and living with the child or children. The mothers lived in different geographical areas, mostly in cities.

As stated previously, long-term breastfeeding is sometimes categorised as a part of attachment parenting (Copleton et al. 2010, 24); however, fewer than five of the mothers wrote that this was their approach to parenting. These mothers described breastfeeding long-term as part of their 'parenting philosophy'. Others, who may not have been practising attachment parenting but were nonetheless affected by this ideology (Bell 2004, 49), described breastfeeding as something that 'worked well' and had therefore continued past infancy.

Mother-child relationality

As has already been established, breastfeeding is a relational form of caregiving. The relation with the child was described as close, caring and special thanks to long-term breastfeeding.

One participant, who described herself as the mother of a 'high-spirited toddler', described breastfeeding as 'an easy way to be close and relax':

Breastfeeding is the moment where the interaction with the child is immediate, mostly non-verbal.

(M, breastfeeding a child aged two years and eight months)

Mothers wrote about the bonding experience with their child and the happiness long-term breastfeeding brought to their lives. A mother of a three-year-old described how she loved breastfeeding and giving nutrition and closeness to a child, saying that 'breastfeeding a toddler is in a manner of speaking a bonus, lovely way to be close to each other'. Mothers described how the breastfeeding relation made living and coping with the pressures of work and family a little easier for them. For example, breastfeeding after work might mean a small, relaxing break in an otherwise busy day. Mothers also described how they received instant positive feedback from the child while breastfeeding.

It's like a hug to the power of 10. So much love and pleasure flows between the mother and the child.

(M, breastfeeding two children aged four and six years)

Breastfeeding also relaxes me, since in the middle of all the household work it enables me to sit down for a while and concentrate (mostly) on one thing and the child for a second. Often while breastfeeding I just stare at the child and admire him, and often it gives me kind of a wave of affection and love, how can anyone be so adorable and loved!

(M, breastfeeding a child aged two years)

A mother who had adopted a two-month-old child recounted that she had decided to try breastfeeding (with the help of a breastfeeding supplement) since she felt that breastfeeding was ‘a natural way to be in interaction with the child’. She had succeeded, and was still breastfeeding her child at the age of two years and six months. She explained that she did not have to get stressed about whether she was ‘a good-enough mother’, or whether she was ‘important to the child’: all of this emerged in a down-to-earth way when the child wanted to be breastfed. In her opinion, breastfeeding had made interaction easier with the child, who also had special needs.

A mother of seven recounted that she had been unable to breastfeed her firstborn child for medical reasons, and she felt that the relation with this child remained more distant than with her other children. She felt that breastfeeding created a special bond between mother and child, and the lack of breastfeeding made it hard for her to forge a close relation with the child. Although she had not breastfed all her children long-term, she felt that breastfeeding for several years might make one’s relations with a child closer, even into the future, as the mother-child relation would be ‘on solid ground’, as she put it.

Some mothers described the child and the breasts as if they had relations of their own. These mothers wrote about how the child would take care of the mother’s breasts. Sometimes, while nursing, the child would place a hand on the other breast, showing that the breasts were important to the child. A mother of a five-year-old explained that her child would talk to the breast: ‘booby darling, have you missed me?’ or ‘booby wants to come to my mouth right

now'. Another indicator of a close relation between the breasts and the child was when the child gave the breasts nicknames.

Not all experiences were described as positive, however. The possible contradiction between the mother's autonomy and her relationality could make the experience conflictual:

At best it [breastfeeding] is a lovely break in between daily activities. At worst it is a child's way to keep a busy mother still and at their disposal.

(M, breastfeeding a child aged two years and 11 months)

In long-term breastfeeding, breast milk is not the only nutrition children receive, so the mothers did not necessarily have to be 'available' all the time. Nonetheless, breastfeeding sometimes felt like a one-sided relation. This can be linked to the negative feelings that mothers experienced while breastfeeding. One mother who was breastfeeding two of her children at the same time wrote:

I do have times when I feel like hiding under the sofa because yet again someone wants to be nursing off me.

(M, breastfeeding a child aged four and a half years and another aged 18 months)

In these situations, the mothers described feelings of exhaustion. They did nothing but give. This example underlines the exhaustion experienced when someone wants something *from* the mother. They wrote that being busy was not always compatible with breastfeeding. But the worry that a child might be 'using' the mother mostly came from other people.

Many people seem to think that [my] breastfeeding is past its time. [...] It is totally senseless to ponder if breastfeeding is more important to the child or to the mother. How can that be measured? What does it matter?

(M, breastfeeding a child aged one year and nine months)

Some mothers said they were not always 'there' while breastfeeding; for example, they might be surfing the Internet at the same time. One mother of two children revealed that breastfeeding did not always feel relational – it was not always about 'stroking the child's hair while talking sweetly to them' – and especially not when the mother had many things to do and was doing something else while breastfeeding.

Nevertheless, mothers stated that the negative feelings occurred only occasionally, and that the positive emotions overcame the negative ones. The most evident outcome was that in these descriptions breastfeeding provided love and closeness between the mother and child. Mothers also indicated that in the end it had been their decision to breastfeed long-term; therefore they felt it was their choice, even if it sometimes included conflicting emotions and negative reactions from others.

Mother-partner relationality

Many writings discussed the mothers' relations with their partners. Partners were mentioned in 23 texts, and as being positive and supportive towards the mother's breastfeeding in 11 texts. Eight mothers stated that their partner reacted neutrally to the breastfeeding, and four that their partner or ex-partner had a negative attitude towards breastfeeding.

While the mothers did not write much about their mothering as attachment parenting, some described how they all shared a bed as a family, with the child or children sleeping in the same bed as the parents. A few mothers described breastfeeding as something they kept strictly within the family – an intimate thing that outsiders did not need to know about. It was not evident who belonged to this ‘family’, however. Some of the mothers who wrote about family suggested that ‘the family’ was the household in which the mother was living, thereby excluding grandparents or other relatives.

Some described breastfeeding as something in which both parents were invested.

My husband has found out about this issue and based on his reading considers breastfeeding extremely important.

(M, breastfeeding a child aged one year and nine months)

My husband supports me; he too has grown into this.

(M, tandem breastfeeding a child aged three years six months and a baby aged six months)

The mother with an adopted child was in a relationship with a woman who had also breastfed two children. She wrote that her partner had a lot of information about breastfeeding and had gone through many of the things she was experiencing. She described the need for rest and the experiences that they shared:

I believe that I would not have succeeded (or even considered this seriously) without the support of my partner, which has most often been very practical – during periods of crisis in breastfeeding she has taken charge of everything else, allowing me to rest and concentrate on this one thing. [...] My partner is a knowledgeable and experienced woman when it comes to breastfeeding. She has also given me a lot of encouragement and information about how my breastfeeding is in comparison with ‘normal’ experience.

(M, breastfeeding a child aged two years and six months)

Descriptions of neutral reactions were also typical:

My husband’s reactions to long-term breastfeeding are neutral; I guess he considers it to be between me and the child, which is positive to me.

(M, breastfeeding a child aged three years)

Nevertheless, more conflictual descriptions were also present in the writings. One negative description came from a mother who was in the process of divorcing her husband. She recounted that her husband had once been ‘screaming’ that breastfeeding was ‘a sick thing to do’ while she was sitting beside him breastfeeding their four-year-old child. Her description of poisonous relations between divorcing partners fighting for custody of the children was an extreme reflection of conflicted relations. This mother’s story also underlined the normative length of breastfeeding: she wrote that her solicitor had been worried that long-term breastfeeding might negatively influence the court, as she might be considered ‘hippy-dippy’.

One mother also commented that her partner did not approve of breastfeeding:

Most people do not know that my child is still breastfed. And those who do know do not comment. Except the child's father, who has an annoying habit of commenting to the child that does she still need to be breastfed at that age.

(M, breastfeeding a child aged two years and six months)

Partners' support was presented as a nice addition, but as not always crucial for the mothers to continue breastfeeding. However, since slightly fewer than half of the mothers did not mention their partners, it is possible that mothers were less inclined to write about their partners if the latter were not supportive. This leaves open the question of how much the partners collaborated in the mothers' experiences. It was interesting to note that partners were not always mentioned in the texts, since previous studies have described partners' support as influential (Mannion et al. 2013; Mitchell-Box and Braun 2013).

Mother-relative relationality

The data used here suggests that if the mother's own mother or mother-in-law had breastfed long-term herself, this made her more positive towards her daughter's or daughter-in-law's breastfeeding, making their relationship easier and more supportive. Mothers' sisters also appeared in the texts as sources of support if they themselves were or had been breastfeeding long-term. In many cases, these supportive sisters were examples for the mothers. A mother of two who was breastfeeding both children (a four-and-a-half-year-old and an 18-month-old) wrote:

My sister has been the biggest influence and support on this 'breastfeeding journey'. Thanks to her, I have become confident and proficient in

breastfeeding, and also a better and more sensitive parent than I would have been without her knowledge and support.

Long-term breastfeeding can be seen as something that unites the family, but on the other hand it can create conflicts in family relations. The stigmatisation of breastfeeding was present in the mothers' writings. Relations with close relatives were also described as problematic. In some cases relatives were openly negative towards long-term breastfeeding. These relatives would try to influence the breastfeeding relation between the mother and child, but the negativity towards breastfeeding also affected the mother's relations with the relative(s) themselves. Relatives were often experienced as unsupportive.

My mother-in-law is the only person who has not accepted long-term breastfeeding. This has significantly cooled our relationship on my side.
(M, breastfeeding a child aged one year and nine months)

The child's ability to speak and understand speech also made it possible for relatives to intervene in the relation between mother and child. The breastfeeding mother's own mother or mother-in-law frequently commented on the child's age and breastfeeding. These close relatives used one tactic in particular. They would say to the child, 'you are such a big girl/boy that you don't need "booby" any more, do you?' Mothers reported that they were frustrated at this way of communicating. They said that it was hard to 'protect' their child when close relatives used this kind of argument. A couple of the mothers in my study wrote that relatives had 'given up' because the breastfeeding had not stopped – as one mother described it, 'victory after wearing them out' (M, breastfeeding a child aged six years).

The mothers sometimes felt they could not breastfeed in the company of certain relatives. Sometimes relatives were surprised when they realised that the woman was still breastfeeding. Some mothers reported being asked questions such as ‘why?’ and ‘for how much longer?’ (see Dowling 2018, 56). Sometimes people would comment along the lines of ‘is it necessary to breastfeed for that long?’ or ‘are you sure your child is not “clinging” to you?’ Sometimes people would even offer advice on how to wean the child. The mothers’ ways of coping with negative relations were various. They would ignore negative comments, answer back, or try to negotiate so that they would be able to stay on good terms with the relatives despite their negative attitudes.

Information about the benefits of long-term breastfeeding seemed to be important to these mothers, as they felt they needed it to counter ‘misinformed’ family members or more distant relatives (see also Faircloth 2010a, 362). If relatives did not even know that the mother was breastfeeding a toddler or child, this suggests that the mother might have been choosing not to tell. Many mothers emphasised that the decision to continue to breastfeed was their own and it seems that they had to consider the possible relational effects of telling relatives. ‘The anticipation of disappointment’ (Nordqvist and Smart 2014, 104) – the expectation that if they did tell them, it would result in disapproval – was evident.

Mother-healthcare professional relations

The relationality of breastfeeding appears not only in family relations, but also in the mother’s relations with experts that define, or try to define, what mothering is or can be. Although the mothers who answered my research invitation comprised a very small sample, my data does indicate that dealing with mothers who are breastfeeding past infancy can be

problematic for many healthcare professionals in Finland. In particular, some paediatricians do not approve of long-term breastfeeding. Almost half the mothers in this study described feeling that healthcare professionals had negative attitudes to long-term breastfeeding. Relations with general practitioners (GPs) were often described as problematic.

One GP's jaw almost dropped when I said that my child was being breastfed at the age of one year and eight months. The GP strongly felt that the child should be given formula. [The child had diarrhoea and was allergic to milk.] [...] In the end I got frustrated and asked the GP, what is so strange about a human child drinking human milk? (M, breastfeeding a child aged two years and five months)

One GP was reported to have said that breastfeeding a child for more than 18 months was equivalent to the mother's having a tobacco addiction. One mother explained that her child (aged two years and six months) was often described in medical files as follows: 'has a delay in speech development, also breastfeeding continues' – linking long-term breastfeeding with developmental delay.

A few mothers said that they had lied about breastfeeding at the child health clinic or during their child's dental appointments.

The future appointments at the clinic downright frighten me, what measures are they prepared to take because I'm not agreeing to wean my child?
(M, breastfeeding a child aged three years)

Sometimes I have been happy about not getting any reactions or comments about my breastfeeding. GPs have been the ones who have been most surprised about how anyone CAN breastfeed a four-year-old.

(M, breastfeeding a child aged four years, emphasis original)

Most women said that they had had negative reactions from medical experts, but this did not affect their behaviour – rather, it made them angry. These women seemed to be choosing which experts to listen to, and to prefer other mothers who had experience of long-term breastfeeding.

Conclusion

The use of relationality as a framework in analysis highlights not only the impact of relationships on breastfeeding, but also the impact of breastfeeding on relationships. As shown in this article, breastfeeding takes place in a rewarding but also complex and at times challenging relation between mother and child, and also in relation to partners, relatives and healthcare professionals. It is interesting that in a ‘breastfeeding-friendly’ culture where breastfeeding a baby is culturally expected, mothers who breastfeed long-term encounter many of the same difficulties as women in other developed countries where breastfeeding is less accepted and supported. This analysis, in line with previous research findings (e.g. Author 2016; Dowling and Brown 2013; Rempel 2004; Stearns 1999), highlights that the older the child, the more mothers need to justify their breastfeeding. While the mothers seemed to be able to find supportive and positive relations, they clearly wished for a change in attitudes towards long-term breastfeeding.

There are various sides to breastfeeding: it is bonding in a way that can be experienced as positive and pleasurable, but also problematic (Lupton 2012, 43; Schmied and Lupton 2001, 244–245). This seems to be emphasised when the breastfeeding continues beyond infancy, and when breastfeeding means relational nurturance rather than nutritional necessity. Living in a Nordic welfare state such as Finland probably has an effect on breastfeeding, since mothers are able to use healthcare services and have access to long periods of maternity and parental leave. At the same time motherhood is financially supported by the state, and the home care allowance enables mothers to stay at home for the first three years of the child's life. Nevertheless, many mothers recounted that they did not get support from healthcare professionals.

Mason's (2004, 178) view that 'relational practices may well be warm and supportive, [but] they may equally be conflictual, oppressive and exclusionary' also applies to the relations of mothers who are breastfeeding long-term. In addition, mothers' feelings were more open to external influence than their behaviour was. When others gave negative feedback or had unfavourable views about breastfeeding, this did not make them change their behaviour and stop breastfeeding (see Kendall-Tackett and Sugarman 1995, 182), but it sometimes made them feel unsupported and hesitant about whom to tell about their breastfeeding. Sometimes mothers maintained and managed these different relations by means of 'non-discussion' (see Nordqvist and Smart 2014, 103): long-term breastfeeding was simply not discussed.

The relational view that mothering is done in and through relations with others was the starting point of this article. The findings presented here show that mothers' descriptions of relations were imbued with ongoing negotiations over what is an acceptable length of breastfeeding. There appears to be a widespread consensus in Finland that breastfeeding up to

12 months is the maximum. However, for long-term breastfeeding mothers, their breastfeeding is ‘normal’, and their breasts are for breastfeeding (Gribble 2007, 1077). There is also a strong relational connection between the mother and the child. For many others, long-term breastfeeding is not acceptable or is interpreted as unnecessary. Gribble has written about the common belief that mothers in developed countries somehow ‘impose’ long-term breastfeeding on their children (Gribble 2007, 1078). This results in mothers wanting to protect their children from public opinion and therefore deciding to breastfeed only at home or in the company of people who react positively. It remains to be seen if the relational aspect of breastfeeding will be more valued in the future.

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