



# 1 Introduction

Timo Heimerdinger and Jörg Vögele

Infant nutrition practice is a key issue with regard to the development of infant health as well as the organisation of family life and the interpretation of the parents' role. Life-expectancy in the industrialised world has immensely increased within the last 150 years, in Western Europe it has even doubled. This can be largely attributed to a decline in infant mortality. Whereas high infant mortality rates traditionally were considered to be a matter of fate, declining birth rates towards the end of the nineteenth century raised fears about the future of the nations and led to the emergence of an increasing infant welfare movement in Europe and the US. As low breastfeeding rates were identified as a key factor behind the high infant mortality rates, the main objective of the infant care movement was to increase breastfeeding. Although this development changed in the course of the 20<sup>th</sup> century and although it was subject to the influence of a series of ideological backgrounds (public health concepts, National socialist-ideology, medicalisation, de-medicalisation, etc.), its existence still remains in the form of international recommendations, guidelines and counselling practices. Issues on the kind, duration and technique of infant nutrition were also subject of changing and intensive debates, as they do not only refer to health aspects, but are also attached to role attributions, economic developments, life-style and gender issues.

Especially for this reason, these contexts were critically analysed more intensively during the past few years from the perspective of gender research.

The aim of this interdisciplinary designed conference is to discuss the link between issues of infant nutrition, child welfare and parent role with regard to history as well as in international comparison.

Even if this can only be analysed in an exemplary manner because of the complexity of the conditions, the conference may focus on the following questions:

- What kind of infant nutrition campaigns were established in different countries since the end of the 19<sup>th</sup> century?
- In which sociocultural, economic and gender frameworks were these campaigns embedded?
- Which ideological implications were and are still the background of life-world experience and scientific knowledge?



- How did the various interest groups or people involved publically adopt and value these campaigns?
- Which points of view (attitudes) did the various disciplines develop (medicine, history of medicine, psychology, history, educational science, ethnology, sociology or gender studies) towards the campaigns?
- Which interactions exist between scientific discourses, public discourses and popular practice?

### **Jörg Vögele and Luisa Rittershaus (Düsseldorf): Infant-feeding and Infant Health in Germany during the late 19<sup>th</sup> and 20<sup>th</sup> Centuries**

When birth rates started to decline around 1900, infant mortality became scandalised and the theme of many public health campaigns. Infant feeding was identified as a key variable determining the health of infant. The paper examines how the context of infant care and infant mortality was constructed and how infant welfare campaigns in the context of infant mortality, breastfeeding rates and socio-political changes developed during the twentieth century. Thus the paper covers the period from the beginnings of social paediatrics at the beginning of the 20<sup>th</sup> century, the reinforcement of the campaigns during WW1, the breastfeeding campaigns embedded into Nazi ideology during the Third Reich, until the declining breastfeeding ratios and the “feeding on demand”-movement in the 1970s as well as the ideological differences between West and East Germany during the Cold War.

### **Ólöf Garðarsdóttir (Reykjavik): Infant feeding methods and changes in regional patterns of morbidity and mortality in Iceland 1800 to 1920**

During the pre-transitional era infant feeding practices was the single most important determinant of infant survival chances. Places where babies were not breastfed at all or weaned at an early date displayed levels of infant mortality that were considerably higher than areas with strong breastfeeding traditions. In Iceland there were notable regional variations in infant mortality levels during the 18<sup>th</sup> and 19<sup>th</sup> centuries. Whereas a few areas displayed levels that were low by European standards at the time, infant mortality in most places was comparatively high and notably higher than was generally the case in other Nordic countries. The main reason for those high mortality levels was the prevalent tradition of artificial feeding of infants. In some areas, especially rural areas in the southern and western part of the country, it was common not to breastfeed at all. In other areas, newborns were



breastfed but soon cow milk or even solid food was introduced. It is shown that despite campaign favour of breastfeeding during the second part of the 19<sup>th</sup> century, infant feeding traditions changed slowly and by the beginning of the 20<sup>th</sup> century areas with weak breastfeeding tradition in earlier dates still were marked by a low breastfeeding ratio. Nevertheless, there was a convergence in the infant mortality levels and by 1910 there were only marginal differences in infant mortality levels between areas. There were various interrelated factors behind the drop in infant mortality in the high mortality areas. Knowledge about the transmission of disease, hygienic measures and changes in the preparation of food for young infants were all important for infant health and changes in the rate of infant survival. In this change towards better health, midwives and physicians played a central role.

### **Kristina Puljizevic (Dubrovnik): Campaigns on infant health care and role of female medical assistance in Dalmatia between World Wars**

Infant mortality rates in Dalmatia in interwar period were still considered very high. As breast feeding were common practice among Dalmatian women (of all classes), main focus of medical authorities and legislators was an attempt to provide professional health care for young mothers and infants, as well as educate them about modern hygiene practices. But, as Dalmatia went through political and social unstable period, comprehensive and coherent health policy was difficult to accomplish.

By the end of the First World War Dalmatia terminated its political connection with Habsburg Monarchy and became a part of Kingdom of Yugoslavia. From that time health policies were made in capitals, Zagreb and Beograd. The city of Zadar, capital of Dalmatia and the centre of Ministry of Health up to that time, in 1920 was excluded from Yugoslavia and annexed by Italy. Moreover, Italian government cancelled the only midwifery school in the province that was placed in that city. In following period Dalmatian predominantly rural and poorly educated female population faced decrease of educated midwives forcing them to rely on uneducated ones, while on the matter of raising an infant they maintain the practices based on folk believes and experiences.

Health educators, medical circles and legislators had various suggestions on how to improve infant health and reduce infant mortality. Essentially, they all agreed about the crucial role of personal contact of educated female medical personnel to a young mothers. Also, of great significance for educating rural population was the School of



Rockefeller foundation. One of their main activities was health education, especially field work in the rural areas.

### **Verena Limper (Cologne): Feeding Children, Making Parents. Practices of Child Feeding in German and Swedish Egodocuments (1900-1980)**

The contribution will pursue the questions of what kind of interactions exist between scientific discourses, public discourses and popular practice? Infant nutrition has been studied from a number of different angles over the last decades. The studies have shown that infant nutrition practices changed dramatically during the 20<sup>th</sup> century, especially since the correlation between bottle feeding and infant mortality grew weaker after 1945. After the Second World War, a greater number of parents chose to feed their infants with industrially produced infant formulas instead of breast milk. By the early 1970s in Sweden and late 1970s in Germany, this trend changed and today, the majority of children in both countries are being breast-fed again. Yet, during most of the twentieth century breastfeeding was considered the healthiest and best method. There is an obvious discrepancy between the expert discourse and parents' practices. So, the question arises, why so many parents did not act in accordance with medical expertise. Why did they discontinue breastfeeding and how did they substitute breast milk? What were the deciding factors for choosing the method of feeding – doctors, relatives or other sources of information? Changing discourses on family life and gender as well as the attraction of “modern” processed food stuffs have to be taken into consideration here. It is still challenging to understand the everyday practices of infant feeding in the home. To answer these questions posed above, I will use German diaries as well as Swedish surveys, so called *Frågelistor*, in my research. These documents open up a number of interesting topics regarding the history of infant feeding. However, I will focus mainly on gender roles: How did parents negotiate their roles, who did the feeding and to what extent were both partners were involved in the feeding every day feeding of their children? They show the self construction of women and men as mother and fathers. When industrialised infant foods became more common after 1945, fathers potentially had more opportunities to be actively involved in the feeding of their children. Did more fathers take this opportunity? It is also interesting to see in how far the recommendations and prescriptions by experts, such as hospital staff, were reflected upon. Another question that is worthwhile pursuing is the connection between infant feeding and, the often ambivalent effects, of women's emancipation since the end of the 1960s in both Germany and Sweden. Was breastfeeding deemed



more important during this time? Does this feature into attempts to “de-medicalise” female bodies? The comparison between Germany and Sweden will further help to investigate questions with regard to differences between prescriptions and practices. In 1974, the Swedish state introduced parent leave that could also be taken by fathers – Germany only followed suit in 1986. Coupled with the possibility to feed their children bottled milk, did this new law increase the involvement of fathers in child feeding practices? I will argue that despite the considerable changes in infant feeding products as well as experts' opinions of infant feeding practices, the gendered practices at home did not change considerably during the 20<sup>th</sup> century. Mothers were the ones who did most of the actual feeding, while fathers were often very emotionally involved in their children's health and welfare. By the end of the 1970s, this still had not changed considerably.

### **Hannah Kanz (Innsbruck): ‘Bottle-fed Children just Sleep Better’: Accounting for Breastfeeding in the Context of Infant Sleep**

In light of parental determinism and competitive elements of contemporary parenting culture, mothers are exposed to constant criticism. Much research in the field of parenting culture studies focused on breastfeeding exclusively. Very few scholars have analyzed breastfeeding in connection with other topics surrounding infants such as sleep. This article examines women's accounts for breastfeeding in regard to their infant sleep arrangement decisions. It draws on research conducted in an Austrian breastfeeding support group led by La Leche League breastfeeding counsellors. The qualitative data consists of participant observation over a period of several months and fourteen semi-structured interviews with mothers in favour of attachment parenting. For this article I focus specifically on discursive strategies the mothers use for their identity work and the narrative of the bottle fed child in the context of infant sleep. The analysis suggests that the mothers reinforce their identity work by using the narrative of the bottle fed child as an accountability strategy.

### **Joanna Sosnowska and Beata Szczepańska (Łódź): Fight Against Malnutrition Amongst Children in Activities of Municipality Authorities in Łódź in 1914–1939**

As the fight against malnutrition of children was considered a major issue of municipal health efforts during the first half of the twentieth century, this projects analyses the ways of fighting malnutrition among the youngest residents of Łódź taken by municipality authorities in 1914–1939 to eliminate or mitigate the results of



undernourishment of people. That time includes two historical periods, i.e. the years of the Great War (1914–1918) and the interwar period until the outbreak of the World War II (1918–1939). The case of Łódź shows that municipal activities tried to answer the needs of residents, which increased during the war difficulties and times of crises. The authorities tried not only to consider the diverse dietary requirements of children but also to adapt to different religious requirements. When organizing the campaign, the authorities additionally relied on support by social and private organizations. In the course of, the aid consisting in providing food was included in a wider range of activities for public health and school hygiene.

**Timo Heimerdinger (Innsbruck): Infant nutrition and competition.  
Ethnographic remarks on a paradigm change in recent parenting culture**

The nutrition of the infant belongs to the central parental care tasks and is thereby subject to various medical, psychological, everyday practical and role sociological discourses. The central thesis of this article is that in central European prosperity societies the nutritional question has become increasingly under debate in recent years. In the context of the conception of parenthood as a holistic lifestyle and self-fulfillment project, the nutritional question – among others – increasingly becomes discursive as part of the success or failure of this project as a whole. In popular debates, the nutritional question no longer appears only in terms of caring for the child or attributing gender roles, but is negotiated as an indicator of the success of parenthood as a whole. At the same time, different models of lived parenting are competing with each other. The lecture analyzes such structures of parenting skills using German-language examples.



## 2 Infant-feeding and Infant Health in Germany during the late 19<sup>th</sup> and 20<sup>th</sup> Centuries

Jörg Vögele and Luisa Rittershaus

### Introduction

Breastfeeding has been and still is regarded as the adequate form of infant nutrition; breast milk is considered to promote the mental and physical health of the child and – in historical perspective – has substantially increased the infant's chance of survival. Over the past 150 years the average life-expectancy in Western Europe has more than doubled. At the constitution of the *German Empire*, life-expectancy at birth was 36 years for men and 39 years for women, in 2008/10, however, these figures amounted 78 and 83 years respectively.<sup>1</sup> The successful reduction of infant mortality played a decisive role in this development. Whereas during the last third of the nineteenth century, more than 20 percent per year of birth did not reach their first birthday, the infant mortality rate in Germany today is below 0.5 percent, and the life-expectancy of infants is higher than that of one-year-old and older. The key turn of this development occurred after 1900: Apart from individual crisis years, infant mortality fell almost continuously during the course of the twentieth century. At the end of the 1920s it decreased below the 10 percent mark, and in the 1950s it went below 5 percent (figure 1). Meanwhile, death in the industrialized nations has – at least at the statistical level – largely withdrawn from infancy and childhood. In a global perspective, however, the picture looks different: While according to UNICEF infant mortality in 2010 amounted to 0.5 percent in industrialized nations, it surpassed 4 percent in developing countries and 7 percent in least developed countries, with peaks of 11.2 in the Democratic Republic of the Congo and 11.4 percent in Sierra Leone.<sup>2</sup>

Whereas nowadays perceived as a tragedy, the death of an infant in pre- and early modern societies was traditionally conceived as an unpreventable matter of fate, often accompanied by parental indifference.<sup>3</sup> On the one hand, parents protected

<sup>1</sup> Source: Bundesinstitut für Bevölkerungsforschung, Sterblichkeit, [http://www.bib-demografie.de/DE/ ZahlenundFakten/08/sterblichkeit\\_node.html](http://www.bib-demografie.de/DE/ ZahlenundFakten/08/sterblichkeit_node.html), last access 27.02.2013.

<sup>2</sup> Source: UNICEF, Children in an Urban World, The State of the Worlds Children 2012, Statistics, Basic Indicators, <http://www.unicef.org/sowc2012/statistics.php>, download 27.02.2013.

<sup>3</sup> Ariès, P. (1975): *Geschichte der Kindheit*. Munich, Hanser. Badinter, E. (2010): *Der Konflikt: die Frau und die Mutter*. Munich, Beck.



themselves psychologically in the face of high infant mortality by emotional distance, on the other hand, this in turn exactly led to further infant deaths. Mother's love, as we conceive it today, is said to be merely a construct of modernity. High infant mortality was interpreted in religious terms in the sense of the Bible "... the Lord gave and the Lord has taken away; let the Lord's name be praised"<sup>4</sup>. Particularly in catholic areas, it was not the survival of the infant, but its baptism that was reckoned to be the most important objective. Consequently, the newborn infant was often taken to the church within a few hours or days after birth, even in the winter and even when the church was in long walking distance. In emergency cases, it even a lay person was allowed to baptize the infant. For such purposes, doctors constructed syringe-like instruments which allowed the embryo to be baptized in the mother's womb (baptized in utero).<sup>5</sup>

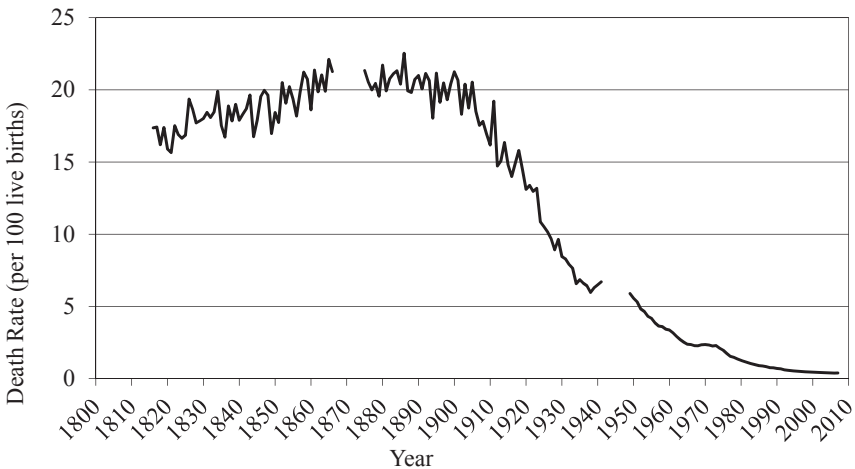


Figure 1: Infant Mortality in Germany, 1816–2007. Prussia 1816–1900, Reichsgebiet 1901–1938, until 1989 Western Germany, from 1990 Germany. Sources: Vögele 2001, 294; 2001; DESTATIS.

It was the decline of birth rates towards the end of the nineteenth century that led to an increasing perception of the continuing high infant mortality rates, particularly when assessed from an international perspective. Fears about the nation's future in economic and military terms made the reduction of infant mortality a central theme

<sup>4</sup> Bible, Job 1.21.

<sup>5</sup> Vögele, J. (2001): Sozialgeschichte städtischer Gesundheitsverhältnisse während der

Urbanisierung Berlin. Duncker & Humblot, p. 198

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in the debates on social policy. Economists calculated the monetary value of a newborn, and estimated the national economic loss caused by the deaths of infants.<sup>6</sup> In this context, physicians gained increasing attention and scientific authority. As a result, this led to the establishment of paediatrics in Germany's academic medicine, and, in the wake of this development, an increasing number of scientific papers were published, dealing with infant mortality in the socio-political, demographic, economic and medical context.

Around 1900 more than 70 percent of all infant deaths resulted from gastrointestinal disorders.<sup>7</sup> This pinpoints the disproportionate role of digestive diseases and disorders amongst infants, which were attributed to inadequate feeding practices. Consequently, feeding methods have been identified as key variable determining the survival chances of infants. Particularly the question of whether and how long the infant was breastfed, when the transition to the so-called artificial nutrition took place, which formula, which quantity etc. was fed.<sup>8</sup> Infant mortality, infant feeding and breastfeeding behaviour of the mothers became the subject of scientific research and large-scale public health campaigns. For these reasons, infant diet and in particular breastfeeding were declared the centrepiece of social paediatrics and its infant welfare movement from the early twentieth century onwards. In fact, breastfeeding propaganda has been the sole public health campaign which lasted over the complete twentieth century. This paper examines how the context of infant care and infant mortality during the Empire was constructed and how breastfeeding recommendations in the context of infant mortality, breastfeeding rates and socio-political changes developed during the twentieth century.

### **Infant welfare and infant mortality in the German Empire**

A complex set of determinants has been identified to be determine the amount and trend of historical infant mortality: Legitimacy of the babies, fertility, weather and climate, improved hygienic conditions in the wake of sanitary reforms (water supply, milk supply, sewerage), public health care, housing and general living conditions, education, wealth and occupation of parents, and general attitudes

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<sup>6</sup> Vögele, J. (2009): Wenn das Leben mit dem Tod beginnt – Säuglingssterblichkeit und Gesellschaft in historischer Perspektive. In: *Historical Social Research*, 34(4): 66-82.

<sup>7</sup> Vögele 2001, p. 120.

<sup>8</sup> Vögele, J., Halling, T., Rittershaus, L. (2010): Entwicklung und Popularisierung ärztlicher Stillempfehlungen in Deutschland im 20. Jahrhundert. In: *Medizinhistorisches Journal*, 45: 222-250.



toward life and death.<sup>9</sup> A key variable for infant mortality in both historical and contemporary perspective, however, is the diet of infants.<sup>10</sup> Since curative therapies were available only to a limited extent, paediatric medicine at the turn of the century increasingly focused on social hygienic approaches and nutritional science.<sup>11</sup> The shift to artificial feeding has been associated with high infant mortality, as preparing the food with milk or water or – as in some areas of practice – pre-chewed by adults could cause gastro-intestinal infections. Particularly notorious were the so-called ‘meal-pap’ and sugar water, often mixed in the morning and warmed up three to four times during the day. The bottle was filled with pre-chewed bread and sugar and the nipple dipped in beer.<sup>12</sup> It was even reported that it was not uncommon to use opiate additives in artificial food to pacify the infants in southern Germany. Contemporaries often criticised the widespread use of beer, gin, and spirits to ‘nourish’ the infant or child. Even at the beginning of the twentieth century, parental guidelines for infant care felt obliged to point out that alcohol might damage the infant's health.<sup>13</sup> In sum, extensive breastfeeding thus was linked with low death rates, since it minimized the risks of malnutrition and provided some protection against bacterial infection.

Estimates on a national level at the beginning of the twentieth century, revealed that the death rate of ‘bottle fed’ babies was up to seven times higher than that of the breast fed children.<sup>14</sup> Contemporary local surveys indicated that the breastfeeding rate tended to decrease with rising income, particularly in the higher classes of the population

<sup>9</sup> Spree, R. (1981): *Soziale Ungleichheit vor Krankheit und Tod. Zur Sozialgeschichte des Gesundheitsbereichs im Deutschen Kaiserreich*. Göttingen, Vandenhoeck & Ruprecht; Kintner, HJ. (1982): *The Determinants of Infant Mortality in Germany from 1871 to 1933*. Unpublished PhD-thesis, Univ. Michigan; Imhof, AE. (ed.) (1994): *Lebenserwartungen in Deutschland, Norwegen und Schweden im 19. und 20. Jahrhundert*. Berlin, Akademie-Verl.; Spree, R. (1995): *On Infant Mortality Change in Germany since the Early 19<sup>th</sup> Century* (Münchener Wirtschaftswissenschaftliche Beiträge no. 95-03). Munich, Univ.; Haines, M., Vögele, J. (2000): *Infant and Child Mortality in Germany, 19<sup>th</sup>–20<sup>th</sup> Centuries* (Colgate Univ., Department of Economics, Working Paper Series 100-10). Hamilton NY, Colgate Univ.; Vögele 2001, Gehrman, R. (2001): *Säuglingssterblichkeit in Deutschland im 19. Jahrhundert*. In: *Comparative Population Studies – Zeitschrift für Bevölkerungswissenschaft* 36: 807-838.

<sup>10</sup> Vögele, J., Rittershaus, L., Halling, T. (2013): “Breast is best” – Infant-feeding, infant mortality and infant welfare in Germany during the late nineteenth and twentieth centuries. In: *Health* 5: 2190–2203.

<sup>11</sup> Seidler, E. (1976): *Die Ernährung der Kinder im 19. Jahrhundert*. In: Heischkel-Artelt, E. (ed): *Ernährung und Ernährungslehre im 19. Jahrhundert*. Göttingen, Vandenhoeck & Ruprecht, p. 288–302.

<sup>12</sup> Müller, R. (2000): *Von der Wiege zur Bahre. Weibliche und männliche Lebensläufe im 19. und frühen 20. Jahrhundert am Beispiel Stuttgart-Feuerbach*. Stuttgart, Hohenheim-Verl.

<sup>13</sup> Vögele 2001, p. 153–161.

<sup>14</sup> Vögele 2001, p. 153–161.