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Running Head: ATTACHMENT PARENTS

Attachment Parenting: An exploration of
demographics and practices

Katherine E. Green

Zayed University, United Arab Emirates

Melissa M. Groves

California State University, Chico

Deborah W. Tegano

University of Tennessee, Knoxville

Address questions or further correspondence to Katherine Green, Zayed University, P.O. Box 4783, Abu Dhabi, United Arab Emirates; Tel: (9712) 4079 612; Fax: (9712) 443 4847;

Katherine_green@zu.ac.ae

Abstract

The goal of this study was to identify parenting behaviors practiced by a self-selected group of North American parents who identify themselves as Attachment Parents (AP). This type of parenting is based on behaviors that are focused on infant needs and demands perhaps more strongly than are traditional mainstream Western parenting practices. However little is known about the demographics of the parents or the actual parameters of their behaviors. In order to further investigate these behaviors a self-report questionnaire was developed for use in the study. This questionnaire was included, without return postage, in an international parenting magazine, *Compleat Mother*. A sample of 275 mothers returned the instrument. Respondents were predominantly married, college educated, and White. The respondents reported that of their infants the majority were exclusively breastfed on the infant's cue and for an extended period of time, coslept, and were held or nursed during the transition to sleep. These practices are discussed through a cross-cultural perspective.

Key Words:

Parenting Practices, Infancy, Cross-Cultural Parenting, Attachment Parents, Cosleeping, Breastfeeding

Attachment Parents: An exploration of demographics and practices

Parenting practices surrounding care and routines for infants reflect the prevailing norms and beliefs of a dominant culture. Practices and beliefs are often based on cultural constructions and are the reflections of such things as the environment, economic status, and available local resources rather than what is physically or innately optimum care for children. In the United States, trends regarding caregiving practices reflect both improvements in medical knowledge and prevailing dominant cultural values. As such, parenting trends have fluctuated over time. For example, the national “Back to Sleep” campaign, launched in 1994, changed the commonly accepted practice of lying infants on their stomachs to sleep and this change has resulted in reduction of Sudden Infant Death Syndrome rates (National Institute of Child Health and Human Development, 2001). However, this change in practice has been associated with a slightly later onset with infants’ rolling over and crawling (Davis, Moon, Sachs, & Ottolini, 1998).

Likewise, breastfeeding is medically encouraged as a healthy practice for newborn well-being (American Academy for Pediatrics, 1997). However, in 1995, only 59.4% of women in the United States were breastfeeding either exclusively or in combination with formula feeding at the time of hospital discharge; and only 21.6% of mothers were nursing at six months, with many of these individuals supplementing with formula (Ryan, 1997). The U.S. Department of Health and Human Services (2001), as part of larger health improvement project, is seeking to increase the percentage of mothers who breastfeed to at least 75% in the early postpartum period and to 50% at six months postpartum.

Back sleeping, sleeping alone, and early onset weaning are examples of the types of current parenting practices, which form the dominant view in the United States and other Western countries. This view is organized around the perspective of independence or

individualism as opposed to interdependence or collectivism (Bornstein, Tal, & Tamis-LeMonda, 1991). However, there are various segments of Western society that do not always practice this dominant, individualistic path. One group that has broken away from this current mainstream Western mold is that of Attachment Parents. Pediatrician William Sears coined the term Attachment Parenting (AP) 20 years ago (Granju, 1999). Those practicing AP state that it is based on caregiving features such as: infant-cue and extended breastfeeding, child-led weaning, cosleeping, and carrying infants in slings or body carriers (Granju, 1999).

The types of parenting behaviors espoused by Attachment Parents are not new creations. Throughout history until the last 100 years or so, and still in the majority of cultures around the world, parents sleep with their infants, feed them on cue, and carry the baby next to their body. In fact, the parenting practices used by the majority of people in Western countries may not necessarily be the best or the most natural for babies (Small, 1998). Around the world many parents and practitioners have formed views of parenting behaviors that they believe to be “the correct way” to raise young children. Examining parenting behaviors that differ from the dominant culture is beneficial and necessary as it provides a check against an ethnocentric world view (Bornstein et al, 1991).

Various theoretical viewpoints have sought to better understand how parenting practices affect development; one of them being ethnopediatrics. This new field of study has been developed to better understand parents and infants in different cultures. Ethnopediatrics combines culture and biology to provide an integrated conceptual framework for cross-cultural comparative research (Worthman, 1995). The goal is to study infants and parents across cultures and see how the differing parenting styles affect the health, development, and well-being of children.

While Attachment Parents are a subculture within the prevailing dominant western cultural system, they do provide an opportunity for study within an ethnopediatric construct. Many AP behaviors have been shown to be adaptive and necessary for other species as well as other cultures around the world. For instance breastfeeding for extended periods of time (extended in relation to Western timeframes) could save thousands of infant lives worldwide every year (Cunningham, 1995). Cosleeping may reduce the chance of Sudden Infant Death Syndrome (McKenna, 1996), and babywearing may increase the development of a secure maternal-child attachment (Anisfeld, Casper, Nozyce, & Cunningham, 1990).

Magazines such as *Complete Mother* and *Mothering*, AP books, AP web sites, discussion boards, and lists, and news magazine television shows that discuss AP practices, are indicators that many families are practicing this parenting style. Searching “Attachment Parenting” in a Yahoo web browser search engine, during November, 2001 yielded 31,100 web sites. However, little is known about who these parents are or the actual parameters of the parenting practices. And as there is no existing research that describes AP families, this study was done to begin to identify the actual parameters of what it means to practice “Attachment Parenting” and to demographically describe these parents. Knowing and understanding how varied parenting practices can be, even within the same culture, can help further understanding about the parent-child relationship. An additional aim of this study was to aid practitioners’ knowledge base regarding this type of parenting practices.

Methods

Procedure

For this research a self-report questionnaire was created to examine the practice of attachment parenting. The questions were developed based on reviews of the popular literature on attachment parenting practices. Professionals in the field of child development and family relations reviewed the questionnaire. Questions were asked to ascertain not only demographic information about the families but also actual parenting practices. The questions were a mix of open-ended and likert scale questions and focused on such variables as: choice of infant feeding, age of weaning, where the child primarily slept both as an infant and then toddler, amount and type of childcare used, and transition to sleep practices. The questionnaire was piloted with six mothers, three who identified themselves as AP mothers and three who did not. Based on their feedback, two questions were added and three others changed to enhance clarity. The questionnaire was then published as a tear-out page in one issue of the magazine, *Compleat Mother*. Respondents were asked to voluntarily complete the questionnaire and mail it directly to the first author. An envelope was not provided with the questionnaire. Due to the primary focus of the magazine readership (mothers) it was decided that the questionnaire would be directed at maternal respondents only. In responding to the specific questions regarding parenting practices, mothers were asked to report on their youngest child over the age of 18 months.

Compleat Mother has a publication rate of 14,000 and a subscription rate of 5,000. The magazine is sent to many countries including the United States, Canada, the United Kingdom,

Australia, New Zealand, Germany, France, Japan, and Korea. The editor of the magazine states the magazine's purpose is to promote natural, vaginal birth and extended breastfeeding. Many readers of the magazine also report, (through letters and contact with the editor) that they practice such AP behaviors as cue-feeding, child-led weaning, cosleeping, and baby wearing.

Sample

The questionnaire was returned by 275 respondents. The response rate was 5.5% of the subscription rate. While a higher response rate would have been desirable, given the voluntary nature of the sample and that no postage paid envelope was provided due to the international subscriptions, the response rate was considered appropriate.

Many of the respondents (81.1%) provided their email addresses. And only 18 of the 275 respondents chose to send the information back anonymously and many wrote notes and even full letters providing further explanations and descriptions of their parenting. Some who wrote additional information expressed a strong desire to talk about the parenting choices they were making. This is also reflected in letters to AP magazine editors and online discussion groups.

Results

The primary objective of this study was to more fully describe the practice of attachment parents from the viewpoint of the mother. The mothers in this sample had a mean age of 34 years ($SD = 6.69$), with a range from 19 to 52 years. Most of the respondents were from the United States (85.1%) with Canada having the next largest group (13.5%). Questionnaires were also received from Australia, Iceland, and Singapore. Most of the mothers were White, married, and were predominantly college educated (see Figures, 1, 2, and 3). Existing studies (Bass & Groer, 1996; Skinner, Carruth, Houck, Moran, Coletta, Cotter, Ott, & McLeod, 1997; Switzky, Vietze,

& Switzky, 1979) show that these descriptions are also representative of breastfeeding mothers as a whole in the United States.

The size of the respondents' families was quite diverse, ranging from one to ten children. The mean number of children for each family was 2.1 ($SD = 1.29$). Gender of the children reported on was balanced with 53.8 % male and 46.2 % female. The mean age of the child reported on was 3.68 ($SD = 3.41$) with a range from 3 months to 22 years. Ninety-one percent of the questionnaire respondents reported they practiced attachment parenting with the child they were discussing.

Of the respondents, 89.1% breastfed exclusively, 7.6% breastfed supplemented with formula, and only 2.9% reported exclusive formula feeding. Two of the mothers who reported exclusively formula feeding noted that their child was adopted. The mean weaning age of the breastfeeding children was 35.8 ($SD = 17.66$) months, which is twice as long as has previously been found in studies of extended nursing (Avery, 1977; Reamer & Sugarman, 1987). There was a wide range of weaning age in this sample from 1 month to 90 months. Some mothers (25%) chose to not answer this question because the child was still nursing and it was the child who would determine the weaning age. The mothers who were still nursing and who provided an estimated weaning age had an even higher timeframe for weaning with a mean age of 41.2 months ($SD = 14.6$). A significant relationship was found in that the older the mother was, the later their child weaned from the breast ($n=275$, $r = .315$, $p < .001$). No differences in weaning age based on gender was found with males being weaned at 35.82 ($SD = 16.99$) months and girls at 35.82 ($SD = 18.62$) months.

Of the 13% of mothers who did report using either formula or expressed breastmilk in bottles, there was a reported weaning age of 16.16 months ($SD = 8.44$) with a range from 2 to 36

months. And 41% of these mothers had weaned their children by 12 months. The bottle weaning age was significantly younger than breastfeeding weaning age, $t(199) = 28.69, p < .001$.

The latest age of weaning in this sample was 7.5 years (90 months) which was also much later than previous research in extended breastfeeding indicates. Twenty-one percent of the sample reported their child was not weaned from the breast until age four or older. The higher mean weaning age of this sample more closely reflects that of traditional societies. Ford's survey (1964) of 64 non-US, non-European societies showed a mean weaning age of approximately 35 months (Dettwyler, 1995).

Mothers were asked to report how many hours a week their child was in the care of someone other than themselves during their child's first year. Many of the children were not cared for by anyone other than the mother and when they were it was primarily with the father or another relative. The mean number of hours per week that the infants were left with someone other than the mother was 8.22 ($SD = 13.35$). More than a quarter of all the mothers (30.2%) said that they *never* left their infant with anyone even the father, and another quarter (27.6%) reported only leaving their infant with the father or another close relative for up to 2 hours a week. Twenty of the mothers (7.3%) stated that they left their infants with another caretaker for 40 or more hours a week (maximum reported hours of 62). The amount of non-maternal childcare used is much lower in this study than found in other segments of US society where half of all mothers with children under the age of one are employed outside the home, thus necessitating non-maternal care (Barglow, Contreras, Kavesh, & Vaughn, 1998). However it did more closely match previous findings by Barr & Elias (1988) who found that mothers who were heavily involved with La Leche League (LLL) reported being unwilling to go out and leave their infants when the babies were below one year of age. The LLL mothers in that study were

demographically similar to the AP mothers in current study in that they were in their early thirties, White, middle-class, married, and none were working outside the home.

Within this study mothers primarily relied on the father or other relative to provide most of the nonmaternal care. In-home care-providers such as a nanny or baby sitters were used by 8.4% of the sample with a range of 1 to 55 hours a week. Family-style home day care providers were used by 2.9% with a range of 15 to 45 hours a week. Child care centers were used by 2.2% with a range of 2 to 40 hours a week. And other forms of child care were used by 0.7% with a range of 5 to 20 hours a week. Within this sample the amount of childcare used rose as the level of maternal education became higher, ($r = .214, p < .001$).

With regard to sleeping arrangements, the majority of the questionnaire respondents practiced cosleeping. Of the sample, 79.3% of the mothers reported that their child slept in a bed with them during the first six months of age. This only dropped to 75.6% when the child was between 6 and 18 months of age. Another 9.1% (first six months) and 11.3% (6 to 18 months) started the night in their own bed but finished the night in bed with their mothers. Only 4% of babies up to six months of age slept in a crib in their own room. This rose to 8.4% between the ages of 6 and 18 months. Another small percentage (7.3% up to 6 months and 2.9% from 6 to 18 months) slept in a crib in the mother's room. The infants who were formula fed more frequently slept alone in their own rooms and not with the mother, $\chi^2 (1, N = 275) = 26.309; p < .001$.

Previous studies have found that in places such as Korea and rural Italy, between 77 and 100 % of infants under the age of six months sleep in the same bed as the mother (Gaddini & Gaddini, 1970; Hong & Townes, 1976). However in studies of US dominant culture, cosleeping is practiced much less. Lozoff, Wolf, & Davis, (1984) found that only 35% of White, American 6-48 month olds slept with their parents on a regular basis.. Morelli, Rogoff, Oppenheim, &

Goldsmith (1992) found in a comparative study of US and Mayan parents, that none of the US parents in their study slept with their newborns on a regular basis (some used a bassinet or crib near the mother's bed) and that by six months of age, 80% of the infants were sleeping in separate rooms. This is compared to their Mayan sample in which all of the mothers slept in the same bed with their infants into the second year of life. The participants in the US sample in that study were White, middle-class mothers who were demographically similar to the AP mothers in this study.

In the current study, AP mothers were the primary caregiver when it came to bedtimes. Most mothers held and breastfed their child during the transition to sleep. Only 4% of the infants in this sample were expected to go to sleep by themselves. Formula fed infants were more frequently not held or fed while going to sleep, $\chi^2(1, N = 275) = 11.827; p = .001$. In their comparison of US and Mayan families, Morelli et al.(1992) found that most US infants were expected to fall asleep alone as opposed to the Mayan infants who were primarily held or breastfed during the transition. Again, their US sample was demographically similar to the AP mothers.

AP mothers in this sample were also more likely to feed their baby on the infant's cues rather than on a maternal-created schedule. Most said they would always feed the baby when he or she needed comforting or when fussy or whiny (see Table 1). A previous study of La Leche League (LLL) mothers has shown that they nursed more frequently and at shorter interfeeding intervals than did non-LLL mothers (Barr & Elias, 1988). It is not known how many AP mothers in this sample are also members of LLL. However, previous research confirms that many of the identified AP practices of breastfeeding, extended breastfeeding, cue-feeding, and cosleeping are also practiced by LLL mothers who demographically (White, middle-class, slightly older, more

educated, and married) are very similar to AP mothers (Barr & Elias, 1988; Cable & Rothenberger, 1984; Reamer & Sugarman, 1987).

Discussion

In addition to being demographically similar to LLL mothers, the AP mothers are similar to other breastfeeding mothers in general throughout the United States (Skinner et al., 1997). The majority of these AP mothers were breastfeeding their children (89.1%) and did so for much longer than generally found in similar Western samples. Within this sample, the mean weaning age was almost three years while previous findings show the American mothers who do breastfeed typically report weaning around four months (Small, 1998). However, the issue of extended breastfeeding has previously been difficult to study because many mothers have been “closet nursers” (Avery, 1977; Reamer & Sugarman, 1987) and reluctant to share their experience. Previous studies reported that the closet nursers were hesitant to talk to medical staff or even family members for fear of negative comments or actions taken against them. Perhaps as a defensive action to this perceived attitude, some AP mothers have found common bonds with each other and actively seek out other AP parents to form friendships. These alliances may be seen as both personal alliances, such as through LLL, and impersonal alliances such as online in lists or discussion boards. For example, a search of Yahoo groups in November, 2001 showed 210 groups set up for Attachment Parenting discussions with nine different languages identified.

Many of the AP mothers in this sample provided letters and explanatory notes in addition to completing the questionnaire. Some of the letters provided a full history of how and why the decision to parent in AP fashion had been adopted. Respondents described their feelings of separation from mainstream parenting as well as their commitment to AP practices. Statements included: “I have felt alone in my parenting choice before,” “My family and friends think what

we are doing is weird,” and “I usually don’t talk about how long I breastfeed because people don’t understand. Even doctors don’t ‘get’ it.”

This sample is primarily breastfeeding (89.1%), but an interesting finding was that of the 28 (10.18%) mothers who reported a weaning age for both breast and bottle, 14 of them reported weaning from the bottle before the breast. Only 11 mothers reported a later weaning age from the bottle than the breast and 3 stated their child weaned at the same time from both breast and bottle. A view held by many Western parents is that if infants receive a bottle they will become “lazy nursers” and give up breastfeeding. While the number of mothers who did give a bottle while still nursing is small in this sample, it does show that babies will continue to nurse even after receiving food from a bottle. This ability to continue the nursing relationship even with the addition of bottle-fed nutrients is consistent with information from other countries such as Jamaica and Zaire (Raphael & Davis, 1985).

Mothers in this sample were also more likely to feed their baby on the infant’s cues rather than on a maternal-created schedule. Most said they would always feed the baby when he or she needed comforting or when fussy or whiny. Advice such as following the infant cues, nursing frequently, and nursing whenever the baby fusses are not generally recommended in many Western parenting books (Eisenberg et al., 1989). In fact, mothers are told to make demands of their own, that hourly nursing is an emotional and physical strain for the mother, and that babies need to be looking at something other than the breast (Eisenberg et al., 1989). Yet this current pattern in Western feeding practices is very recent for the human species as humans evolved with babies being sustained on a continuous supply of breastmilk (Small, 1999). The general composition of breastmilk is such that humans need to nurse “on demand” because the milk is relatively low in fat and protein (Dettwyler, 1995). AP practices recognize the need for babies to

be fed often and on cue. “ The fact is that sometimes, thriving, perfectly healthy breastfed infants will want to nurse more frequently – sometimes more than once an hour” (Granju, 1999, p. 130). However with more than half of mothers with children younger than age one currently in the out-of-home work force (U.S. Department of Labor, 1995), breastfeeding on the infants’ cue may not always be physically possible.

Ainsworth (1967) did not find a difference in attachment based on whether babies were fed on scheduled or demand/cue feeding in her Uganda study. She did see a tendency for the mothers of the securely attached babies to give the breast for comfort while none of the mothers of the non-attached babies did so. Future research with AP parents may include a measure of attachment to further investigate this relationship.

Feeding or holding the baby during the transition to sleep is another practice generally not encouraged by Western child care manuals. “Helping her fall asleep – with a breast, a bottle, rocking . . . , will only postpone her learning how to do it herself,” and “Just let him cry until he’s exhausted himself - and the possibility, in his mind, that he’s going to get anywhere, or anyone, by crying – and has fallen back asleep” (Eisenberg et al., 1989, p.261). Bowlby (1958) identified crying as one of the instinctive patterns of behavior through which the infant actively seeks to sustain contact. Ainsworth (1967) found that frequent and sustained contact, soothing through physical contact when distressed, and sensitivity and responsiveness to infant cues were necessary for the development of a secure relationship. Indeed, Barr & Elias (1988) found that infants who were fed at shorter intervals and whose mothers were quick responders were quieter and less likely to fret. Therefore, it would seem more advantageous to the development of a secure attachment relationship to hold infants during the transition to sleep rather than the encouragement to let infants “cry it out.”

African cultures like the !Kung and Gusii and Eastern cultures like Japan and Korea place more value on holding, comforting, and consoling infants than do parents in the United States (Caudill & Schooler, 1973; Hong, & Townes, 1976; Konner, 1981). Parenting in Western cultures such as the United States focuses more on a pedagogic model in which children learn from birth to feel emotionally independent from their parents (Commons & Miller, 1998). This is accomplished through behaviors such as routinely separating infants and their parents both during the day and at night, and through allowing infants to cry for longer periods of time before consoling them. Commons and Miller (1998) suggested that the cultures that fit into the pedagogic model are at risk for having more post-traumatic stress disorders later in life because these cultures do not support infants during stressful and traumatic events. Additionally, infants who are not supported during their stress and have less responsive caretakers need to use greater and more arousing calls of distress and proximity seeking behaviors than do children with more responsive mothers. Thus, children whose needs are met responsively and consistently, cry less and may grow up to be less dependent on the caretaker (Hunziker & Barr, 1986; Konner, 1977). Based on these previous findings one might presume that AP children who are nursed on their cue, cosleep, and are held in arms or a sling often, may cry less than their counterparts. However more research needs to be done to ascertain whether this may be the case.

Cosleeping has previously been linked to sleep problems or disorders in young children (Lozoff, et al. 1984; Schacter, Fuchs, Bijur, & Stone, 1988). However the definitions of sleep disorders are culture-bound. For instance Benoit, Zeanah, Boucher, and Minde (1992) defined a sleep disorder if a toddler wakes more than three times in the night, is taken into the parents' bed, or requires a parental presence to go to sleep. Using these criteria many of the AP children (and children in many cultures around the world) would be considered as having a sleep disorder. Yet

the mothers in this sample have chosen and are seemingly content with their child's behaviors thus the definition of sleep problem/disorder could not apply to these children. Practitioners working with parents need to be aware of the variations amongst cultural groups and those who have actively chosen to parent in a fashion such as attachment parenting.

Most of the AP mothers in this sample had additional contact with their young child in the evening and at night. Only 4% of the mothers expected their child to go to sleep without maternal involvement (holding, feeding, etc.) and only 11.3% of infants up to the age of 18 months slept alone in a crib. A higher frequency than expected of children who were formula fed were encouraged to go to sleep alone and sleep alone in their crib. This supports previous findings that show children who have contact with the mother while transitioning to sleep and who cosleep are more likely to be breastfed (Ball, Hooker, & Kelly, 1999; Hayes, Roberts, & Stowe, 1996; Litt, 1981; Wolf & Lozoff, 1988). McKenna, Mosko, and Richard (1997) found that cosleeping infants breastfed more often and for longer periods of time which is believed to be protective against sudden infant death syndrome.

Long before the advent of "how-to" books on child care and the encouragement for turning to professionals for guidance, mothers in many cultures around the world have been nursing infants into the toddler or preschool years, have coslept with their infants and young children, and held and carried their infants day and night (Small, 1998). This is not to say these behaviors may be universal or the ideal; that is unknown. In previous history when AP practices were the norm for parents, and in some of the countries in which these behaviors are still practiced today, infant mortality is/was high. Usually this is attributable to lack of adequate food, medicine, and sanitation, however parenting behaviors and environment cannot easily be separately distinguished.

AP mothers seem to share many characteristics demographically and behaviorally with mothers who have joined the breastfeeding support group LLL. This study did not identify whether the AP mothers were also members of LLL and so future studies should ascertain whether the two groups are in fact one. It may be that a mother who practices cue-breastfeeding goes on to breastfeed longer or that cosleeping increases the duration of breastfeeding. The AP practices may cluster together in parents, regardless of whether they identify themselves as attachment parenting.

And yet in many ways the behaviors of AP mothers (and perhaps LLL mothers) are more closely aligned with those of parents from Nonwestern societies rather than typical Western parents. However there is a difference between AP parents and those in Nonwestern societies, and that is one of choice. AP parents have purposefully chosen to deviate from traditional Western parenting practices. The AP mothers in this sample are educated, have sought out knowledge about raising their young children, and then chosen a style of parenting that often clearly contradicts popular cultural beliefs. Mothers from traditional societies may not be practicing their parenting behaviors through a conscious choice, but from cultural scripts. In Nonwestern cultures mothers receive support from the existing culture and extended familial support networks, unlike the AP mothers who must actively seek out like-minded support networks (e.g. LLL and online lists) if support is needed.

However, many of these parents seem to be doing behaviors that involve much more decision making than just how long to breastfeed or where the infant should sleep. There may be a cultural phenomenon among AP families; one in which many practices previously deemed mainstream alternative are performed. Information garnered from this questionnaire raises many more questions about this group. What are their political views, attitudes about community

action, views toward healthcare and education are just a few demographics that could be explored. Questions also need to be raised as to why this group has chosen to parent and indeed perhaps live in this particular fashion. With regards to some of the major issues is there perhaps a feeling of distrust towards the government or medical establishment? Is there some factor from the family of origin, which leads a mother to choose this type of parenting? More research needs to be done to discover what leads mothers to this parenting choice and to identify whether AP practices are performed by mothers who are actually part of a larger, distinct cultural group in the US.

References

- Ainsworth, M.D. (1967). *Infancy in Uganda*. Baltimore, Maryland: Johns Hopkins Press.
- American Academy of Pediatrics. (1997). *Breastfeeding and the use of human milk* (Policy Statement RE9729). URL: <http://www.aap.org/policy/re9729.html>.
- Anisfeld, E., Casper, V., Nozyce, M. & Cunningham, N. (1990). Does infant carrying promote attachment? An experimental study of the effects of increased physical contact on the development of attachment. *Child Development*, *61*, 1617-1627.
- Avery, J. L. (1977, July-September). Closet nursing: A symptom of intolerance and a forerunner of social change? *Keeping Abreast Journal*, 212-227.
- Ball, H., Hooker, E., & Kelly, P. (1999). Where will the baby sleep? Attitudes and practices of new and experienced parents regarding cosleeping with their newborn infants. *American Anthropologist*, *101*, (1), 143-151.
- Barglow, P., Contreras, J., Kavesh, L., & Vaughn, B. (1997). Developmental follow-up of 6-7 year old children of mothers employed during their infancies. *Child Psychiatry and Human Development*, *29* (1), 3-19.
- Barr, R. G. & Elias, M. F. (1988) Nursing interval and maternal responsivity: Effect on early infant crying. *Pediatrics*, *81*, *4*, 529-536.
- Bass, S. M., & Groer, M. W. (1996). Relationship of breastfeeding and formula-feeding practices with infant health outcomes in an urban poor population. *Journal of Perinatal and Neonatal Nursing*, *11*, (2), 1-9.
- Benoit, D., Zeanah, C., Boucher, C. & Minde, K. (1992). Sleep disorders in early childhood: Association with insecure maternal attachment. *Journal of the American Academy of Child Adolescent Psychiatry*, *31* (1), 86-93.

Bornstein, M., Tal, J., & Tamis-Lemonda, C. (1991). Parenting in cross-cultural perspective: The United States, France, and Japan. In M. Bornstein (Ed.) Cultural Approaches to Parenting. New Jersey: Lawrence Erlbaum Associates.

Cable, T. & Rothenberger, L. (1984). Breast-feeding behavioral patterns among La Leche League mothers: A descriptive study. Pediatrics, *73*, *6*, 830-835.

Caudill, W. A. & Schooler, C. (1973). Child behavior and child rearing in Japan and the United States: An interim report. The Journal of Nervous and Mental Disease, *157*, 323-338.

Commons, M. L. & Miller, P. M., (1998). Emotional learning in infants: A cross-cultural examination. Paper presented at the American Association for the Advancement of Science, Philadelphia, PA.

Cunningham, A. S. (1995). Breastfeeding: Adaptive behavior for child health and longevity. In P. Stuart-Macadam & K. A. Dettwyler (Eds.), Breastfeeding: Biocultural perspectives (pp. 265-303). New York: Aldine de Gruyter.

Davis, B.E., Moon R. Y., Sachs H.C., & Ottolini M. C. (1998). Effects of sleep position on infant motor development. Pediatrics, *102*(5), 1135-1140.

Dettwyler, K. A. (1995). Beauty and the breast. In P. Stuart-Macadam & K. A. Dettwyler (Eds.), Breastfeeding: Biocultural Perspectives (pp. 167-215). New York: Aldine de Gruyter.

Eisenberg, A., Murkoff, H., & Hathaway, S. (1989). What to expect the first year. New York: Workman Publishing.

Granju, K. A. (1999). Attachment parenting: Instinctive care for your baby and young child. New York: Pocket Books.

Hayes, M.J., Roberts, S.M., & Stowe, R. (1996). Early childhood co-sleeping: Parent-infant nighttime interactions. *Infant Mental Health Journal*, *17*, 348-357.

Hong, K. M. & Townes, B. D. (1976). Infants' attachment to inanimate objects: A cross-cultural study. *American Academy of Child Psychiatry Journal*, *15*, 49-61.

Hunziker, U.A. & Barr, R.G. (1986). Increased carrying reduces infant carrying.: A randomized controlled trial. *Pediatrics*, *77*, 641-648.

Litt, C. J. (1981). Children's attachment to transitional objects: A study of two pediatric populations. *American Journal of Orthopsychiatry*, *51*(1), 131-139.

Lozoff, B., Wolf, A., & Davis, N. (1984). Cosleeping in urban families with young children in the United States. *Pediatrics*, *74*, 171-182.

McKenna, J. (1996). Sudden infant death syndrome in cross-cultural perspective: Is infant-parent cosleeping protective? *Annual Review of Anthropology*, *25*, 201-216.

McKenna, J., Mosko, S., & Richard, C. (1996). Bedsharing promotes breastfeeding. *Pediatrics*, *100*, (2), 214-219.

Konner, M. (1977). Infancy among the Kalahari Desert San. In P. H. Leiderman, S. R. Tulkin, & A. Rosenfeld (Eds.) *Culture and Infancy: Variations in the Human Experience*, (pp. 287- 328). London: Academic Press Inc.

Konner, M. (1981). Evolution of human behavior development. In R.H. Munroe, R. L. Munroe, & B. Whiting (Eds.), *Handbook of Cross-Cultural Human Development*, (pp. 3-50). New York: Garland STPM Press.

Morelli, G., Rogoff, B., Oppenheim, D. & Goldsmith, D. (1992). Cultural variation in infants' sleeping arrangements: Questions of independence. *Developmental Psychology*, *28*, 604-613.

National Institute of Child Health and Human Development. (2001). Targeting Sudden Infant Death Syndrome (SIDS): A strategic plan. Bethesda, MD: Author.

Raphael, D. & Davis, F. (1985). Only mothers know: Patterns of infant feeding in traditional cultures. Connecticut: Greenwood Press.

Reamer, S. B. & Sugarman, M. (1987). Breast feeding beyond six months: Mothers' perceptions of the positive and negative consequences. Journal of Tropical Pediatrics, *33*, 93-97.

Ryan A. S. (1997). The resurgence of breastfeeding in the United States. Pediatrics, *99*(4), p. e12.

Schacter, F. F., Fuchs, M. L., Bijur, P. E., & Stone, R. K. (1988). Cosleeping and sleep problems in Hispanic-American urban young children. Pediatrics, *84*, (3), 522-530.

Skinner, J.D., Carruth, B.R., Houck, K., Moran, J., Coletta, F., Cotter, R., Ott, D., & McLeod, M. (1997). Transitions in infant feeding during the first year of life. Journal of the American College of Nutrition, *16*, (3), 209-215.

Small, M. (1998). Our babies, ourselves: How biology and culture shape the way we parent. New York: Doubleday.

Switzky, L. T., Vietze, P. & Switzky, H. (1979). Attitudinal and demographic predictors of breast-feeding and bottle-feeding behavior by mothers of six-week-old infants. Psychological Reports, *45*, 3-14.

U. S. Department of Health and Human Services (2001). Healthy People 2010, Volume II (2nd ed.). Washington, DC: Author.

U.S. Department of Labor, Bureau of Labor Statistics (1995). Statistical Abstract of the United States: 1995. U.S. Government Printing Office, Washington D.C.

Wolf, A. W. & Lozoff, B. (1989). Object attachment, thumbsucking, and the passage to sleep. *Journal of the American Academy of Child and Adolescent Psychiatry*, 28, 287-292.

Worthman, C.(1995a). Ethnopediatrics: An outline. *Items*, 49.