



Breastfeeding and Feminism[☆]

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Abstract

Breastfeeding empowers women and contributes to gender equality; therefore, it is an important feminist, human rights, and women's issue. Although seldom addressed as a feminist issue, breastfeeding is paradigmatically one because it requires rethinking basic issues such as the sexual division of labor, the fit between women's productive and reproductive lives, and the role of physiological processes in defining gender ideology. The conceptual problems which emerge in the fit between breastfeeding promotion and feminist theory include the place of motherhood; technology versus liberation; fear of biological determinism; breasts and sexuality; locating guilt; personal choice; romanticizing breastfeeding; and conceptualizing women's work. Feminist theorists who take up breastfeeding as an issue and medical researchers who address questions raised by feminist theory have the occasion to produce a non-dualistic feminist problematic that would draw together a wide range of theories and practices that go beyond breastfeeding and mothering. The failure to develop this analysis could have serious consequences.

Keywords: Breastfeeding; Feminism; Choice

1. Introduction

Breastfeeding is an important women's, human rights, and feminist issue, since breastfeeding empowers women and contributes to gender equality. Women who wish to breastfeed their babies but cannot — because of inadequate support from family or health workers, constraints in the workplace, or misinformation from the infant food industry — are oppressed and exploited. Groups and individuals interested in fighting for women's rights and human rights should take ac-

tion to change this situation and recognize breastfeeding as a woman's right. Conditions supportive to successful nurturing, including breastfeeding, are conditions which generally reduce gender subordination.

Women's groups and feminist groups should put breastfeeding on their agendas and commit their valuable time and resources to breastfeeding campaigns and programs for the following reasons:

- Breastfeeding requires structural changes in society to improve the position and condition of women.
- Breastfeeding confirms a woman's power to control her own body, and challenges medical hegemony.
- Breastfeeding challenges the predominant model of woman as consumer.

[☆]This presentation builds on previous discussions of breastfeeding and feminism, 'Thank You, Breasts: Breastfeeding as a Global Feminist Issue' to be published in a reader on feminist anthropology, and 'Learning From Lives,' the opening address for a conference on Making Breastfeeding the Norm, held in Toronto, June 1993, in addition to materials prepared for WABA for World Breastfeeding Week.

- Breastfeeding challenges views of the breast as primarily a sex object.
- Breastfeeding requires a new definition of women's work — one that more realistically integrates women's productive and reproductive activities.
- Breastfeeding encourages solidarity and co-operation among women at the household, community, national, and international level [1].

Although breastfeeding is recognized as a women's issue, it is seldom framed as a feminist issue. In fact, it is most often ignored by feminist theorists. This paper argues that breastfeeding is a paradigmatic feminist issue because it requires rethinking basic issues such as the sexual division of labor, the fit between women's productive and reproductive lives, and the role of physiological processes in defining gender ideology. It reviews what feminists have said (or left unsaid) about breastfeeding, suggests some conceptual problems that breastfeeding raises for contemporary feminist theory, and makes recommendations for including feminist approaches to breastfeeding in discussions of women's rights.

Breastfeeding is a holistic act and is intimately connected to all domains of life — sexuality, eating, emotion, appearance, sleeping, parental relationships. But most lessons about breastfeeding are packaged by disciplines into medical lessons, feminist lessons, psychology lessons, anthropology lessons and so have little that can be generalized beyond disciplinary borders. This paper attempts to cross disciplinary borders to bridge some gaps between feminist, anthropological, and medical thinking about breastfeeding.

2. Defining feminism

The meaning of the term feminism is continually contested and changing. In fact, there is no one 'feminism' but a number of 'feminisms.' Nevertheless, there are definitions that are used in international contexts to underscore the common agendas of different women's movements around the world. One general definition uses feminism to refer to theories that explain the causes of women's oppression and actions that seek the "eradication

of gender subordination and of other forms of social and economic oppression based on nation, class, or ethnicity [2]." A number of Asian activists and academics agreed upon the following definition of feminism: "An awareness of women's oppression and exploitation in society, at work and within the family, and conscious action by women and men to change this situation [3]." Many of the problems underlying discussions of feminism may be simple differences in definitions and understandings of what feminism is, rather than conceptual clashes or opposed agendas. These problems result in discourses that could begin, "I'm not a feminist, but. . .," or "I'm a feminist, but. . . ." Because this author writes in English, and will be referring to social science literature in English, she will use the term *feminism* but she is aware of contexts where using the term would not be strategic. This is not one of those contexts.

In keeping with feminist methodology, the author's biases must be made explicit here. She identifies herself as a feminist and as a breastfeeding advocate, and finds feminist theory and practice useful in discussing breastfeeding. What she finds frightening and threatening is not the wide diversity of feminisms being produced around the world, but the backlash against feminism, and the growth of what she calls "politically correct" feminism.

3. Feminist theory and breastfeeding: I'm a feminist, but. . .

It is not by chance that breastfeeding is absent from many influential feminist works. But the absence of discussions of breasts and breastfeeding in the following works is surprising. Does *The Woman in the Body* [4] not have breasts? In Shorter's *The History of Women's Bodies*, are we to conclude that breasts have no history [5]? Surprisingly, lactation forms no part of O'Brien's brilliant analysis of the moments of reproduction which belong or could belong solely to women in *The Politics of Reproduction* (1981) [6]. *Gyn/Ecology* by Mary Daly, for example, has no index entry on breasts or breastfeeding, but focuses attention instead on breast surgery. She links breast surgery to "the breast fetishism of the entire cul-

ture," [7] and attacks the excesses associated with mastectomies and cosmetic breast surgery to alter the shape of breasts. Silicone breasts receive more attention than lactating breasts.

Feminist theorists have ignored lactation and breastfeeding and focused attention on other reproductive processes because breastfeeding raises conceptual problems and reveals the many inherent contradictions that feminist theory is still grappling with. In their efforts to be inclusive, feminists have avoided privileging mothers over other women, or breastfeeding mothers over other mothers. In research on women's health, menstruation and menopause have been privileged over lactation, for example. Perhaps this is because women cannot easily choose not to go through the former processes, but can choose to suppress lactation. What conceptual problems emerge in the fit between breastfeeding promotion and feminist theory?

3.1. *The place of motherhood in feminist theory*

Rothman writes:

Feminists are caught in an awkward position facing these new definitions of motherhood. The old definitions were so bad. We fought them for so long, and now the newer ones are worse. We have not yet claimed a language of our own for motherhood, a woman-centered way of looking at it [8].

In her review of Rossiter's book, *From Private to Public* (1988), Lundberg reveals her conflicting feelings towards her dual roles as feminist and mother:

We are not comfortable about feeling proud to be mothers, about giving it priority. Even non-feminists have difficulty resolving the conflicts between personhood and womanhood under capitalist patriarchy [9].

Feminism is dominated by seemingly contradictory approaches to motherhood. Some feminists ignore it; others critique the institution, finding within it the source of women's oppression; others celebrate and glorify it. De Beauvoir [10] stressed how reproduction alienates women from their bodies biologically and socially, and generally devalues reproductive work. Liberal feminists fought for increased opportunities for women in order for them to 'catch up' with men and participate more fully in the mainstream of modern soci-

ety. They are concerned with ensuring that women have full access to the benefits of industrial society, and they approach this objective primarily through the passage of new laws and regulations. Liberal feminist arguments inform policy initiatives that remove conditions discriminating against lactating mothers such as the lack of facilities for nursing couples to feed in comfort and privacy in the workplace or other public locations, or inadequate paid maternity entitlements. Breastfeeding — particularly breastfeeding and women's work — brings these unresolved issues to the surface.

3.2. *Technology as liberation*

The idea that technology can liberate women from reproductive problems is an ongoing debate within women's health movements. Lazaro argues that "technology provides a partial solution to female natural alienation," although it "opens unsuspected doors which are potentially — although in fact not necessarily — liberating [11]." This approach to technology as liberation partially explains the feminist silence around breastfeeding, and the source of the idea of bottle feeding as liberation, a point that the infant food industry has been quick to exploit in their advertising.

Rothman explores ideology and technology in a patriarchal society in her book *Recreating Motherhood* [8]. In it, she critiques capitalist, technological approaches to pregnancy, birth, abortion, adoption, and infertility from a feminist perspective. She explores midwifery as feminist praxis, and surrogate motherhood, and concludes with suggestions for a feminist social policy. Although she makes anecdotal reference to breastfeeding, in fact, it would have made a fine focus for her argument that capitalist technology is commodifying process into product and treating people like commodities [12]. Jagger carries this idea of biological reformulation even further:

This transformation might even include the capacities for insemination, for lactation and for gestation so that, for instance, one woman could inseminate another, so that men and non-parturitive women could lactate and so that fertilized ova could be transplanted into women's or even men's bodies [13].

Ursula Franklin reminds us that technology reorders and restructures relations between social

groups, between nations and individuals, and between all of us and our environment [14]. Her elegant and essentially feminist argument contrasts holistic technology where individuals control their own work from start to finish, with prescriptive technologies where the task of doing something is broken down into clearly identifiable steps that could be carried out by separate workers. While the latter become designs for compliance, the former are tasks that cannot be easily planned, coordinated, and controlled: "Any tasks that require immediate feedback and adjustment are best done holistically [15]."

Breastfeeding is a good example of a holistic growth model dependent on context and thus not entirely predictable or controllable. Some breastfeeding promotion programs and lactation management courses run the danger of becoming prescriptive when they provide rules and techniques from authority figures, and lose sight of the goal of empowering women to breastfeed. Bottle feeding is an excellent example of a prescriptive technology, where every effort is made to follow a sequence of steps under controlled conditions determined by others and to eliminate the need for decision making and judgment on the part of the user. Everything appears controllable and predictable, a comforting (but utterly false) assumption for new mothers.

3.3. *Fear of biological determinism*

"The starting point of feminist interest in biology was, and is, a critique of biological determinism [16]." Birke also argues that since feminists want to change society, biological arguments cannot serve feminist causes [17]. Women's biology is either ignored by feminists or assumed as given, by others. But, as Lazaro points out:

A feminist analysis which wants to escape biologism must account for the fact that the data of biology are differently valued in different societies. . . . There is nothing inherently good or bad in the capacity to bear children; rather, society assigns a value to it and different societies assign different values [18].

Others see this as a challenge to feminism.

The understanding that biological particularity need not be antithetical to historical agency is crucial to the transformation of feminism [19].

This, in part, accounts for the ambivalence in the way feminists approach motherhood. Lactation as a process smacks of essentialism and biological determinism because the capacity to suckle their young is characteristic of all female mammals. For radical feminists who locate women's oppression in their bodies and their reproductive capacities, lactation could hardly be explored as empowerment. A more gynocentric view is represented by the work of O'Brien [20,21], whose arguments also are problematic. Her attempt to recover motherhood for feminism offers a deep challenge for feminists [22]. Lazaro claims that O'Brien's mishandling of biology,

... leads her into the view of reproduction which she criticizes, namely, one which opposes nature to history and which suggests, against her own views, that women must overcome their natural condition as child bearers in order to become feminists [23].

3.4. *Breasts and sexuality*

"Breasts are a scandal for patriarchy because they disrupt the border between motherhood and sexuality [24]." The male gaze has forced women to deny any sexual pleasure associated with breastfeeding because one cannot be maternal (madonna) and sexual (whore) at the same time. In this discourse, women cannot be nurturer and seducer simultaneously: one precludes the other. Thus, in western society, the sensual pleasure of breastfeeding has been repressed, leaving breastfeeding as simply a part of "... this tamed, pleasureless, domesticated world of maternal duties [25]." Breasts as sex objects evoke complex arguments that take an analyst into the poorly charted waters of sexual identity.

As Oakley points out, feminists have been interested in breasts, but not in breastfeeding:

... the natural feeding of children poses an incurable dilemma for those asserting the autonomy of woman, their right to exist as full members of society. To be social means to repudiate the natural world, where life is governed by animality ... [26].

Breasts come in an extraordinary range of size and shapes, almost all ideally suited to breastfeeding. It is our culture which defines a small range of breast sizes and shapes as being accept-

able — what the author calls the ‘official breast.’ We all know what those breasts look like, what they are used to sell, and how few of us possess them. Any practices that minimize the exploitation of the official breast will help breastfeeding. The sex industry and beauty industry have succeeded in objectifying women’s breasts through media and advertising, making it difficult for some women to breastfeed in public. When feeding bottles are used in public for fear of public exposure of breasts, or when women’s reasons for choosing bottle feeding include fears that breastfeeding will alter the shape of their breasts, then women are being treated as sex objects. Women’s fears about exposing their breasts are more than confirmed when North American women are arrested or asked to leave public places for breastfeeding openly. Thanks to the efforts of women activists, breastfeeding women are reclaiming their breasts as valued parts of their bodies and refusing to be treated as sex objects.

3.5. *Locating guilt*

Feminists object to breastfeeding promotion that makes women feel guilty for not breastfeeding. Using this misplaced feminist argument, some policy makers argue that breastfeeding should not be promoted nor its advantages stressed lest women be made to feel guilty for not breastfeeding or for breastfeeding failure, and blame themselves. Letting women know of the health risks involved in choosing not to initiate breastfeeding and using infant formula should be a normal part of informed consent. Patients are told of the risks of heart surgery to inform them, not to make them feel guilty for not choosing that option. Why should artificial feeding not be treated in the same way? This is not to say that overzealous or insensitive service providers or health promoters may not occasionally make women feel guilty for not breastfeeding. In fact, this will be a serious problem if women feel they are being made to breastfeed ‘for the sake of the baby.’

This issue calls for care to avoid contributing to politically correct breastfeeding — the idea that there is only one correct way to breastfeed. This idea leads to the danger of breastfeeding being interpreted as part of women’s oppression instead of

women’s liberation. Those who conceptualize breastfeeding as exploitation see women as passive objects being drained by their children. Those who see breastfeeding as a positive act of self assertion view women as active agents in control of their lives.

3.6. *Personal choice*

The theme that individual women make a ‘personal’ decision regarding infant feeding based on what is best for them over-stresses the individualism so characteristic of western liberal feminism. This is not a concept that explains women’s choices in much of the developing world. Talk of personal decisions by individuals stresses notions of women’s ‘right to choose,’ again a strongly western notion. Choice, of course, only exists when options are fully available, including information regarding possible consequences of different methods of infant feeding. Yet the ‘risk’ of bottle feeding may be very difficult to communicate, particularly in contexts where bottle fed infants seldom die as a direct result of feeding practices, as in Canadian cities and among the elite in developing countries.

The demands of the women’s movement included the right to self determination. But as Mies points out, the utopia of an independent, isolated, autonomous, individual woman is not attractive to all women [27]. In the case of infant feeding decisions, women appear to be practicing self-determination when they have the freedom to choose between different brands of infant formula. “For people trained to choose between packaged formulas, mother’s breast appears as just one more option [28].” Is this the feminist utopia envisioned by the woman’s movement?

3.7. *Romanticizing breastfeeding*

Ecofeminism, like gynocentric radical feminism, sees women’s bodies as sources of spirituality and power, rather than as sites of oppression. In its manifestation as female spirituality and Goddess worship, ecofeminism may over-romanticize maternal principles and breastfeeding without consideration of the material conditions of breastfeeding women. Although ecofeminism keeps breastfeeding on the feminist agenda, it takes us back to the circular problem of essentializing

women and glorifying their 'natural' attributes, and may completely alienate both socialist feminists whose work may be particularly valuable for understanding the relationship between women's productive and reproductive work, and policy makers in gender and development.

The physiological process of lactation must be considered in any analysis of the relation between production and reproduction. This is not biological determinism but common sense. The biological facts of pregnancy, birth, and lactation are not readily compatible with capitalist production unless profits are expended on maternity leaves, breastfeeding facilities, and childcare. Thus, when mothers enter the work force, they are forced to seek more marginal, lower paying kinds of work. "Women's skills are less 'valued' not because of an ideological devaluation of women, but because women are less likely to be unionized, less mobile in making job searches, more constrained in general by their domestic duties [29]." This is why the World Alliance for Breastfeeding Action's (WABA) decision to focus World Breastfeeding Week 1993 on breastfeeding and women's work, possibly the most complex and least researched area in breastfeeding research, was responding to a strategic need rather than a practical need. In many parts of the world even asking for maternity entitlements might be an excuse to fire a woman.

3.8. *Conceptualizing women's work*

In our awareness of women's double and triple burden, arguments that present breastfeeding as yet another burden or obligation that women must bear, are often presented as 'pro-woman.' Thus, artificial feeding is supposed to lighten women's burden, not add to it. Spurious appeals to women and co-opted feminist arguments, make no reference to the burdens of purchasing and preparing breastmilk substitutes, or the burden of a sick or dying infant. The arguments about convenience pick up on the language of 'scientific motherhood' common at the turn of the century — breastfeeding as moral obligation, a burden mothers must endure. Advancements in technology are presented as if they relieve women of time consuming duties. A higher priority on many feminist agendas is co-parenting and the need for more

male involvement in the nurturing process. Much confusion exists because of the conceptual problems around defining work and including breastfeeding in considerations of women's work.

4. **Common challenges: I'm not a feminist, but. . .**

Over 10 years ago, Kelly argued that "feminist social thought is just beginning to overcome the dualisms it inherited to account satisfactorily for sex, class, and race oppositions within a unified social theory [30]." Breastfeeding requires negotiating a number of socially constructed dualisms that have dominated western thinking. These discursive categories that have shaped and continue to shape the way we experience and understand the world include oppositions such as:

production vs. reproduction;
public vs. private;
nature vs. culture;
mind vs. body;
work vs. leisure;
self vs. other;
maternal vs. sexual.

Breastfeeding in theory and practice bridges many of these oppositions and dissolves others. For example, Marxist analysis forced the production-reproduction split and privileged production over consumption. Marxist feminists still struggle with the production (public), reproduction (private) split. But Mies argues that women's bodies were the first means of production — of children and food. Women consciously appropriated their own bodily nature to give birth and produce milk, forming not only units of consumption, but of production as well [31]. The production-reproduction opposition parallels the division between the public and private or domestic spheres. What is consigned to the private sphere should be done in private. But in what sense is breastfeeding a private act? Public-private oppositions underlie controversies surrounding breastfeeding in public, often leading to analogies between breastfeeding and excretion. Gaskin writes, "It is strange indeed that countries which so pride themselves on their fastidiousness should

make social rules which often force their most vulnerable members to eat in places designed for the excretory needs of the other members of society [32].”

Breastfeeding is solidly body based. It is therefore consigned to the nature half of the nature-culture divide — an example of the immanence of women as opposed to the transcendence of men, in de Beauvoir’s terms. But breastfeeding as a process is strongly affected by emotional and cognitive states, and thus is very sensitive to social context.

Even the work/leisure opposition breaks down when applied to breastfeeding as it does for much of the work of mothering — work that is always a burden and a pleasure at the same time [33]. The author has argued that lactation should be redefined as productive work [34]; but there is still ambiguity regarding its relation to leisure. In many work contexts, breastfeeding is either accomplished while doing other things (joint production), or is a truly pleasant and restful respite from other tasks. Because of its potentially sensual nature, breastfeeding is qualitatively different from child care, which is often calculated by economists as a leisure activity.

Finally, the subject/object opposition cannot be usefully applied to intersubjective activities such as breastfeeding [35]. The experience of breastfeeding blurs body boundaries, as women experience continuity with their infants. It is this continuity — this experience of ‘other-as-self’ — that makes breastfeeding both a powerful transforming experience for some women, and a terrifying loss of personal autonomy for others (or both at the same time).

Another challenge concerns linking breastfeeding to the environmental movement. Eco-feminist theory could be most useful for thinking through environmental hazards in the home and workplace. Environmentalists publicize radioactivity and dioxins in breastmilk without considering the effect this knowledge will have on breastfeeding mothers. While it is true that breastmilk is a concentrator of what is in the environment of the mother, without a feminist critique of the wider problem including the existence of dioxins in water and food, the ‘answer’ may be presented as a shift to the use of infant formula, which could contain the same environmental con-

taminants, without an examination of the contamination of those products or the water used to dilute them. Concerns about contamination should lead to struggles against chemical companies, not from a consideration of ecofeminist theory but from the practice of mothering.

Breastfeeding is an example of the politicization of the personal. There is no way to transform a bottle feeding culture into a breastfeeding culture without engaging in politics. One definition of politics is the practice of prudent, shrewd, and judicious policy. We can learn from feminist work in this case. The personal is political. A woman who fails to breastfeed as well or as much as she wants to is not an isolated individual who has not got it right. She is the product of social, economic, and political structures that can change if there is sufficient political will to tackle the underlying causes. Tackling these issues, exposed often by feminist analysis, is not something that breastfeeding advocates are ready or equipped to do; hence, the critical importance of developing allies.

There is room for optimism in the work to protect breastfeeding, even if the balance of power always appears to swing toward wealthier and more powerful individuals, institutions, and nations. Power can be redistributed throughout the world system, permitting subtle shifts in the orientation of key institutions and empowering new groups. In the seventies, new groups gained influence in supranational arenas. Of particular importance to breastfeeding has been the strengthening of women’s organizations, and coalitions representing consumer interests. International non-governmental organizations had a substantial impact on breastfeeding policy both in developing and developed countries. Women who have taken on various causes such as the breast-bottle controversy have come to see their own place in the world in a different way. Quimby writes that “. . . struggling against specific sites of power not only weakens the juncture of power’s networks, but also empowers those who do the struggling [36].”

Environmentalists have not seriously addressed the breast-bottle controversy from an ecological perspective [37]. The report of the World Commission on the Environment and Development titled ‘Our Common Future’ [38] made no mention of lactation or breastfeeding. Such omissions would

be unthinkable from an ecofeminist perspective. Their silence on the subject is all the more surprising since they are sensitive to the way women's bodies reflect environmental stress. Using our children as canaries to test pollution levels is a key theme in ecofeminist writing, although it is miscarriages and not mothers' milk which are usually cited:

...because of women's unique role in the biological regeneration of the species, our bodies are important markers of the sites upon which local, regional, or even planetary stress is often played out [39].

5. Repositioning breastfeeding

If feminist theorists took up breastfeeding as an issue and medical researchers addressed questions raised by feminist theory, together they might produce a non-dualistic feminist problematic that would draw together a wide range of theories and practices that go beyond breastfeeding and mothering. These include practices related to care and nurturing. But if we continue to avoid the dialectic necessary to further conceptual work on this issue, we miss an opportunity to grapple with some of the most important debates of our time.

The failure to develop a feminist analysis of breastfeeding whether for theoretical or practical reasons, can have serious consequences. Those who promote breastfeeding do not always have women's groups and feminist organizations supporting their initiatives and policies. In India, after 7 years' work to pass a national code for regulating the marketing of breastmilk substitutes, women's groups referred to the bill as 'draconian,' arguing that it would do untold damage to women's careers, and force them back to the kitchen. To discuss breastfeeding as a chain, tying women to traditional roles, reveals a lack of understanding of the context of infant feeding choices in developing countries, and insupportable biases about breastfeeding as a 'traditional' act. Yet more subtle messages continue to reinforce an inappropriate association between bottle feeding and modernity, as if it is more modern for women to desire to escape from the responsibilities of child nurturing. Not all women want to be freed from those responsibilities, particularly in countries where children are a source of women's power

and status in the community. Failure to engage the women's movement in breastfeeding promotion can result in feminist discourse being co-opted to produce so-called 'woman centered views' that are not in the least woman centered.

Feminists have criticized breastfeeding advocates, arguing that they want to tie women down, and keep them at home to feed babies and change dirty diapers. This is not the case. Women's groups must make sure that their efforts on behalf of breastfeeding are not used by traditionalists and conservative policy makers against women's interests. How can this be done?

- Request that policy makers consult with women's groups before breastfeeding legislation is drafted.
- Recognize that breastfeeding is an emotional issue for many women and develop strategies for framing the issue in non-judgmental ways.
- Plan how to counter possible negative effects such as employers threatening to fire women rather than provide maternity entitlements.
- Ensure that breastfeeding campaigns stress the welfare of both the mother and child.

Below are some additional recommendations that might take us closer to the creation of a feminist breastfeeding praxis.

6. Recommendations

Local women's groups can carry out various activities supportive of breastfeeding. For example:

1. Campaign for politicians who support policies that help breastfeeding mothers.
2. Lobby national commissions on women and status of women groups to include breastfeeding in their action plans.
3. Boycott products whose advertising on TV and in magazines uses women's breasts as promotional tools.
4. Ascertain which organizations fund infant feeding research and then ask who benefits from the result of this research and who loses: the loser is never the infant food industry.
5. Ensure that female babies are breastfed and given appropriate complementary foods as often as male babies.

6. Encourage artists to present paintings, photographs, poems, and plays celebrating the power of maternity and breastfeeding, and the beauty of breasts.
7. Welcome breastfeeding mothers at women's meetings and seminars, and provide child care facilities.
8. Ask key women in public office to endorse World Breastfeeding Week and to include breastfeeding messages in their speeches.

Feminists also can concentrate their efforts on demonstrating how breastfeeding supports rather than breaks down co-parenting strategies, by increasing the interdependence between parents. They can increase advocacy work in the arena of popular culture — magazines, TV, and movies. What exists around us in everyday life has more impact than media campaigns.

Women's groups are in a strong position to demonstrate how breastfeeding fits with other women's issues such as reproductive health, education, and violence against women. (Pregnant and lactating women are particularly vulnerable to abuse. Obstacles to breastfeeding such as inappropriate hospital practices and promotion of infant formula are also examples of violence against women.)

Finally, women's groups can be instrumental in developing a strategy for integrating breastfeeding into the human rights agenda. By enabling women to breastfeed we address women's rights since the improvement of women's social and economic status is necessary for supporting breastfeeding. Any violation of women's right to breastfeed is a violation of women's human rights.

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- [39] Diamond et al., editors. *Reweaving the World*. San Francisco: Sierra Club, 1990: xi.

Audience discussion

Discussion began by reiterating Dr. Van Esterik's point that breastfeeding is consistent with feminist goals of empowerment and gender equality, although feminism is dominated by contradictory approaches to motherhood: should motherhood be ignored? Criticized as an institution and a source of oppression? Glorified? As Dr. Van Esterik noted, "choice only exists when options are fully available." Groups seeking to advance women's rights logically should take up the support for breastfeeding, because breastfeeding is a woman's right — and because these groups usually are dedicated to making a range of choices available to women.

How, then, is breastfeeding empowering? Women who breastfeed can gain a strong sense of self-esteem and self-reliance from their unique ability to nurture their babies. Participants cited examples such as breastfeeding gives each woman the experience of successfully providing the best in nutrition, preventive health care, and nurturing, while saving the family's disposable income for the relatively inexpensive foods for older children and adults.

Such empowerment, or self-efficacy, supports women in other self-help activities, such as the use of family planning and the attainment of education. Women who breastfeed also are less dependent upon medical professionals and commercial products, thus refuting the notion that formula is 'liberation in a can.' Participants also noted that use of family planning methods, such as the Lactational Amenorrhea Method, contributes to this self-empowerment.

Dr. Van Esterik's point that "conditions supportive to successful nurturing, including breastfeeding are conditions which reduce gender subordination generally" was endorsed by the group. Generally speaking, successful breastfeeding may be linked to conditions of gender equity and to human rights, such as the equal distribution of food in the household and the right to breastfeed in public, respectively. In fact, breastfeeding can help break the traditional gender-based division of labor in the household by encouraging the redistribution of household tasks to other family members. Women's groups can work to ensure this more equitable division of labor, including child care.

There is a natural alliance between groups who should be supporting and empowering women to breastfeed, and, building on Dr. O'Gara's paper, supporting and empowering women to breastfeed and work as well. These groups can be gender-based, development-based, environment-based, family planning-based — but of primary importance is getting these groups to recognize that their interests and concerns are in fact similar to the issues being promoted by breastfeeding advocates. Our challenge is to integrate these breastfeeding empowerment and rights issues into programs which currently may be, if not openly hostile, at least indifferent to these concerns. Breastfeeding advocates must work with feminist groups in particular, who have traditionally avoided the topic of breastfeeding because it can be intertwined so easily with arguments about biological determinism.

Participants agreed that breastfeeding is a process related to all concerns and actions of women worldwide. It is therefore necessary to integrate this topic with all topics concerning women. This integration will require a re-education of women's

organizations, development groups, and others, to help them recognize that breastfeeding concerns contribute to their own policy and program issues.

Summary

Breastfeeding, women's health, and family planning (Randa Saadeh)

There is enough scientific evidence to show the contribution of breastfeeding to child spacing and birth intervals. Numerous studies indicate that breastfeeding lengthens the interval between pregnancies, and these decreases significantly enhance infant survival and reduce maternal mortality and morbidity, especially in developing countries.

The optimal birth interval of at least 2 years, however, is rarely achieved. The direct effect of breastfeeding on child spacing has been known for the last decade, but very little has been achieved in terms of using this knowledge to prolong birth intervals. This lack of action is due primarily to the fact that family planning programs generally are targeted to women while most nutrition programs are targeted to infants. Breastfeeding provides the vital link between nutrition and family planning with benefits to both mother and child.

The health and nutritional status of mothers, particularly adolescents, are of primary importance and greatly affect a woman's nutritional resources, reproductive and productive roles, and family planning needs. Long birth intervals allow mothers time to replenish stores and minimize the risk of maternal nutritional depletion. An increased interval will improve the mother's ability to care for her child, ensuring adequate feeding and general care. For the above reasons, there is a need to integrate family planning and nutritional services. The current situation shows that breastfeeding programs actually include the family planning message but not the reverse. This can be seen clearly in breastfeeding training courses.

When formulating breastfeeding policy and planning programs we need to keep four objectives in mind:

1. To provide consistent messages and reconcile programmatic priorities of agencies when integrating breastfeeding and family planning.

2. To set common goals and proceed with appropriate training, counseling mothers and health workers; fathers also play an important role and need training/education.
3. To provide technical advice, assistance, and scientific evidence behind the theory. For the last few years we have been advocating optimal breastfeeding practices, i.e. exclusive breastfeeding for 4–6 months postpartum, but neglecting to support aspects in achieving this ideal, such as maternity leaves, legislation, clear guidelines for the mother on how to express and store breastmilk, and so on. Some guidelines are drawn easily from existing knowledge and studies while others need further research.
4. To tackle beliefs, obstacles, and public cultures in infant feeding and family planning, we must provide information, education, and communication, including mass media, to promote breastfeeding and ensure its complementary role to contraception.

In summary, in order to achieve our objectives we need a strong integration of nutrition and family planning programs, to give common messages, and finally, to identify the parties involved, including women's groups and religious leaders, and to carefully analyze the situation and move into action.

Breastfeeding and work (Ted Greiner, PhD)

Many efforts have been made, particularly since the late 1970s, to better support working women who are breastfeeding, although these efforts have sometimes been at cross-purposes. Cost-benefit measures have looked at availability of low-cost child care in the home, the high cost of transportation for taking a baby to work, the difficulty of providing safe, clean, crèches in the workplace, and other issues. These studies, often based on what working women *say* they want, often lead toward solutions that do not prioritize breastfeeding — such as inexpensive child care near the home rather than near the workplace. This outcome may be one reason why this issue

has been neglected in breastfeeding promotion programs and by initiatives targeted to working women.

During the conference, we noted that this is an era in which we strive toward equality in the workplace but not in reproduction. Stressing a recurring theme, Dr. O'Gara discussed that women work constantly and that breastfeeding is work. Promotion of a formal breastfeeding-friendly workplace initiative may not affect women who work outside the formal economic sector. Several important research and information priorities have been identified:

- How long does it take to establish 'robust' breastfeeding (particularly for primiparas)?
- Women make many complex choices. What is the information they need on *how* to breast-feed (as opposed to information on the benefits of breastfeeding)?
- Many women must leave their children to be fed by care givers in less than optimal conditions. What are the optimal conditions for milk storage? What recommendations can we make safely to women?
- Is cup feeding more or less efficient than cup and spoon feeding?
- Should national breastfeeding strategies include practical considerations, such as expression of breastmilk?
 - ● Most countries need both short and long-term strategies. We should guard against short-term solutions that might work against long-term goals (6 months paid maternity leave and other support for all women as an expression of the value society puts on exclusive breastfeeding). For example, if we succeed in convincing a few major employers to establish 'mother-friendly workplaces,' would politicians then feel that this change relieves them of the duty of enabling exclusive breastfeeding for all other women?
 - ● We need to be careful not to confuse a clinical decision with a national strategy: good clinical decisions do not translate automatically into good national strat-

egies. Before recommending that all women be taught to express milk, studies should be done on a smaller scale to determine what impact this change might have on perceptions of breastfeeding among the majority who may never need to express breast milk. There is a concern that, if we turn breastfeeding into something scientific, medicalized, or complicated, we may increase the number of women who start having 'breastfeeding problems.' Though we can applaud the strides made in 'lactation management' during recent decades, we must also be cautious about the possible complications that this new profession may create new 'customers.'

- Does use of a cup rather than a bottle make a significant difference in infant health, in breastmilk production, and in the avoidance of problems such as 'nipple confusion'?
- What strategies can be used to ease women's concerns about breastfeeding? Are flexible breastfeeding patterns and an easy-going attitude (for example, sleeping with the infant, allowing free access to the breast during weekends) keys to optimal breastfeeding for working women?

Given the lessons of the past, it is possible that people working in the breastfeeding field have not positioned breastfeeding correctly: promotion of exclusive breastfeeding through 6 months is best positioned as a human rights issue. Regarding the duration of breastfeeding, most studies do not show that formal employment has much impact on breastfeeding. Where working women do breast-feed for shorter durations, then either there are cultural, health service delivery, or commercial factors involved.

If we support and promote breastfeeding as a human right, breastfeeding advocates might better be able to support appropriate legislation and avoid disincentives. Economic constraints continue to prevent society from paying the seemingly high costs involved in making women's work compatible with breastfeeding. Anthropologists have found in traditional societies that the work done

by lactating women tends to be repetitive, easily interrupted, near the home, and safe for young children to be around: how do we translate this experience into practical guidance in less traditional societies? One strategy may be to show that the relatively high cost of providing 6 months of maternity leave or safe transport to a quality crèche at the workplace is economically rational.

In some social and political decision making, we ignore economics in favor of human rights. We do not accept slavery or child labor, although they might make economic sense. Should we not place work that prevents women from exclusively breastfeeding for 6 months into that same category? If society viewed exclusive breastfeeding for 6 months as important and valuable, then ways could be found to enable other women to do so in addition to those with formal employment.

Breastfeeding and Feminism

(Sally Tom, MS, MPA, CBN)

The profession of obstetrics and gynecology, particularly in developed countries, is based on the notion that reproductive health is very fragile, with the need to intervene frequently; while the profession of midwifery, particularly in developing countries, is based on the assumption that it is supporting normal, healthy processes — that is, breastfeeding works pretty well and does not require a great deal of intervention. It would be helpful if we could work to ensure that breastfeeding learning objectives are incorporated into residencies in both pediatrics and obstetrics and gynecology to better serve the idea currently promoted by most midwives.

One way that health services can better support breastfeeding is to give the message that women are special and should be supported as whole and healthy beings. Breastfeeding should not be treated as an illness. Again, this reflects the concept that women's bodies generally work very well, as opposed to the notion that we must develop interventions to prevent disasters. This concept is a contribution that feminism can make to breastfeeding. Feminism can also inform research priorities, since other women's experience is helpful to women.

Many participants in this conference raised the issue of integration of health services. This issue can be somewhat difficult, because frequently different areas of health care act, in essence, like 'gangs' who do not cross into each other's territories (i.e., nutrition specialists do not counsel on immunization, immunization specialists do not counsel on breastfeeding, etc.).

Another difficult issue for supporting and promoting breastfeeding is the influence of the formula companies on the medical profession, which is sometimes referred to as 'formula blackmail.' It is very difficult for groups with limited resources, as most breastfeeding support groups are, to tackle such a pervasive influence.

Social changes can be conducive to change in the attitudes of many groups — including feminists — towards breastfeeding. This type of change often is slow. What would result from continued work in this direction would be the concept of the value of women as whole beings. Women might then use health services more proactively, which would result in better outcomes.

Breastfeeding and nutrition

(Frances Davidson, PhD)

I have been asked to comment on Kathy Kennedy's paper, "Effects of Breastfeeding on Women's Health." First, Dr. Kennedy is to be congratulated for pulling together in one paper the diffuse information that exists on this subject. So much of what is often reported on this subject is anecdotal and unreferenced. In this paper the existing literature of all types is carefully and comprehensively detailed. The resulting picture is problematic. Much of the literature is contradictory. In one study, for example, it is stated that bone loss, a serious public health problem for women, occurs to a greater extent if women continue to breastfeed for long periods of time. The authors state the need to return to menstrual levels of circulating estrogen for some period of time in order to promote bone restoration. Another equally credible source recommends breastfeeding and 'fewer ovulations' for extended periods of time for its protective effect on breast cancer. There are a wealth of other examples such as these. What is a

woman to do? Clearly there is a need to have these issues properly researched and widely reported.

I suggest that if we consider breastfeeding in the context of a mother-child dyad, we can properly examine the benefits and costs of nutritional activities to each partner. We have to agree that breastfeeding is indeed a nutritional intervention or activity. In many nutrition textbooks the benefits of mother's milk to infant health is discussed with no attention paid to mother's health and well being. This should be unacceptable in a world where 2.5 billion women live and half a million die each year of preventable causes related to childbirth, most of these causes having a nutrition aspect.

The condition of the girl and woman is critical to the reproductive situation, both the actual birth but also the raising, nurturing of the child, including breastfeeding. Programs interested in reproductive health should have an interest in supporting the nutrition and well being of the child and adolescent who will eventually become the woman who becomes pregnant and breastfeeds. The earlier the intervention the more assured one can be that the results will be positive for both mother and child. For example, recent research has documented the relationship between the vitamin A content of mother's milk and the vitamin A status of the woman. This is a clear indication that protecting the woman's health and nutritional status has benefits for herself as well as her child.

It has been shown clearly that women's social status and that of their health and nutrition are intricately intertwined. And it is evident that a woman's health and well being translate directly into the health and well being of her child, particularly at the critical early period after birth. Women's health and nutritional status are obviously affected by existing social, economic, and cultural systems. Increased access to productive resources affects food availability at the household level and this in turn is an outcome of many complex interrelated factors such as income, control over resources, and educational opportunities.

Improved nutrition benefits women's issues. The consequences of malnutrition, both micronutrients and macronutrients, can be seen in poor birth outcomes and poor breastfeeding and other infant feeding practices. A women's success in performing functions, including child rearing, leads to increased self-confidence which is of great significance for tackling problems women face in the particularly difficult environment of low income countries. Better nutrition has been shown to lead to reductions in burdens of both an economic and financial nature for women.

How can we improve the nutritional well-being of women? Empowerment and changes in attitudes of individuals, institutions, and legislation are needed. Women need to be able to demand the support necessary to properly nurture their children. They need to be recognized as valuable citizens whose lives are important to their communities. Institutions need to ensure that the work they do does not harm women's health nor that of their children. Legislation needs to be enacted and enforced that allows women time and resources to nurture their children. This includes support to continue breastfeeding and assurance that women will not be penalized economically for this behavior.

Interventions to improve household food security, nutrition, and health should be specifically directed to women. This will increase its effectiveness. Support needs to be given for women's productive work and their access to health services. Advocacy is needed to support better nutrition for women so that they are able to make choices about breastfeeding practices that are beneficial to both mother and child.

Breastfeeding should be considered a valuable activity. In this connection, we should not permit the activity to be devalued by referring to breastmilk as 'free.' This is counterproductive to the need to promote and protect breastfeeding as a critical — and valuable — child survival activity.