**Feminist analysis of breastfeeding advocacy and why ethical breastfeeding advocacy needs feminism**

Preface

This essay is rooted in the culture of breastfeeding experiences in the Global North, analysing texts from USA, Australia, Canada, Ireland, UK and northern and mainland Europe. It is worth noting that while there are many common themes and issues, the breastfeeding initiation rates differ from country to country within the Global North, and within groups in those countries, and so are not always comparable. For example, African Americans have the lowest rates of breastfeeding in the USA, while Black people of African and Caribbean heritage in the UK have higher rates than their white counterparts (Brown, 2016).

I had intended to use trans-inclusive language in this piece, where possible, but I found that, because the culture which I am responding to is cisgender-centric and the texts being referenced use binary language and pronouns, switching back and forth between inclusive and binary pronouns/language didn’t make sense and added confusion. The issue of breastfeeding within trans parenthood is a very important one, deserving of dedicated investigation which was not possible within the scope of this essay.

Introduction

In modern motherhood, there are few topics quite as contentious as infant feeding, spawning discussion after discussion and article after article in popular media, which never seem to achieve much other than further polarising the two sides (often characterised as pro-choice defenders of formula, and anti-choice breastfeeding zealots). Bernice Hausman, one of the leading researchers in the area of feminism and breastfeeding, makes the case that “if any public debate needs reframing, it would be the debate about infant feeding” (2013, p. 342). In an attempt to figure out how this discussion could become more constructive, and how breastfeeding advocacy could be improved, I have been reviewing feminist analysis of breastfeeding and infant feeding with reference to ideas of motherhood, the ethics of advocacy, and notions of free choice.

First, I look at the messaging within breastfeeding advocacy in the present and recent past, and why it has become so controversial. Then I look at recurring themes in breastfeeding advocacy in the past, breastfeeding in modern culture and the role of motherhood, referring to traditional or historical - and often misogynist - ideas about the reproductive female body. Lastly I look at differing feminist schools of thought on the issue of infant feeding, how they developed and what common areas of concern the schools might be able to move forward on together.

Reflecting on this analysis, I respond to and dispute some of the claims, and argue for a greater investment from feminism in this area of discussion, in the hope that doing so might advance the conversations on the subject happening outside of academia and influence the messaging in future advocacy campaigns.

On Advocacy

The manner in which breastfeeding is advocated for in public health campaigns, by healthcare professionals and by breastfeeding groups, is often cited by mothers - especially those who formula feed or intended to breastfeed but, for whatever reason, stop - as a source of tremendous pressure, guilt and shame (Brown, 2019, Jung, 2015, Kukla, 2006). Breastfeeding advocacy campaigns, which previously promoted the special bond between mother and child and the function of breastfeeding in aiding postpartum weight-loss (Bartlett, 2005), have in more recent years moved towards a more child-centred approach to advertising, fixating on the bounty of scientific research which, they say, proves breastmilk is a far superior substance to formula and essential if you want to give your baby the best start in life (Rabin, 2006).

Within the context of a late capitalist, neoliberal society that champions free choice and individual responsibility, the choices mothers make become the “primary determinants of children’s health… isolatable from the larger social and material context in which they are situated” (Kukla, 2006, p. 158). Campaign literature and

posters emphasise the mother’s individual responsibility, not only to her infant but also to wider society through the use of statistics about national breastfeeding rates and how much money breastfeeding saves health departments, so while infant feeding are present as a matter of free choice, “there is quite obviously a right and a wrong ‘choice’” (Bartlett, 2005, p. 160).

Even more recently, we have seen a shift away from the “breast is best” message which advocates believe audiences interpreted to mean formula was the standard way to feed babies and the benefits of breastmilk were an optional added bonus (Seals Allers, 2016). Taking inspiration from other public health initiatives around smoking and obesity, campaign strategists are increasingly presenting formula feeding as carrying inherent risk, linking it to everything from ear infections and respiratory infections, to diabetes, childhood cancers, obesity, SIDS[[1]](#footnote-1), asthma and lower IQ scores[[2]](#footnote-2).

Questions about the ethics of using fear, risk and shame as tools in interventional public health campaigning even when - as in the case of smoking - the evidence is irrefutable, remain an area of investigation by bioethicists (Barnhill and Morain 2015). Breastfeeding is notoriously difficult to conduct controlled studies on[[3]](#footnote-3) and it is accepted, even by the most ardent proponents of breastfeeding research, that factors such as family income, safe home/community environment, quality of education and a nutritious diet are equally - if not more - important predictors of life and health outcomes (Kukla 2006, Jung, 2015).

While evidence of breastmilk’s wondrous health benefits are presented as gospel in advocacy materials, many experts who enthusiastically support breastfeeding, including Dr. Michael Kramer, “the lead researcher on the PROBIT[[4]](#footnote-4) trial - the largest and most authoritative study on the effects of breastfeeding to date” (Jung, 2015, p. 72), conclude that the research, while indicating that breastfeeding is optimal for infant health and that formula carries some risk, does seem (in a context where the baby is healthy and full-term, and where there is access to clean water, sterilising equipment, and an uninterrupted supply in formula) to be exaggerated by breastfeeding advocacy groups and health departments (Jung, 2015). Feminist critics of the risk-focused advocacy messaging maintain that - even if the benefits of breastfeeding and risks of formula feeding weren’t being overblown - the use of guilt and shame in breastfeeding advocacy is completely inappropriate (Kukla, 2006, pp. 175-177). Breastfeeding cannot be treated like other public health issues (for example wearing a bike helmet or seatbelt, reducing sugary drink intake in favour of water) because it is an “autonomy-compromising experience” (Blum, 1993, p. 300), requiring huge investments of time and energy, and one that can be excruciatingly painful, emotionally fraught, occasionally physically impossible, and often socially and culturally near-impossible (Brown, 2019, Waggoner, 2011, Kukla, 2006).

However, when confronted with the argument that the way their messaging is currently being delivered creates feelings of stress, pressure, guilt and shame for women who are already feeling exhausted and overwhelmed by the demands of a newborn, advocates are hesitant to accept responsibility. They suggest that the end goal of increasing breastfeeding rates justifies the means (Talyor and Ebert Wallace, 2012), or point out that women who breastfeed also experience negative emotions around infant feeding: shame from a wider public who are hostile to breastfeeding, doubt and guilt about whether their baby is getting enough food, pressure to formula feed from healthcare professionals who aren’t qualified to solve breastfeeding issues, and despair and anger at a health system and wider society which promote breastfeeding but fail to follow through on any practical supports (Brown, 2016).

They have also been slow to acknowledge their complicity in centring the experiences and needs of white, middle-class, educated women in advocacy and the criticism levelled at them that the unwarranted demonisation of formula, which many feel invites judgement upon mothers from strangers, disproportionately affects marginalised women (already on the receiving end of judgement about their parenting skills) who, for complex reasons, are less likely to breastfeed (Kukla, 2005).

Motherhood and breastfeeding in history and religion

Advocating for breastfeeding by framing it as a mother’s responsibility to ensure the health of her own infant and her duty to ensure the health of the nation is not new and was promoted by Nazi Germany, Mussolini’s Italy and the White Australia regimes (De Grand, 2001, Bartlett, 2005, p. 19), among others. Kukla (2006) describes how breastfeeding was a central tenet of French Republicanism and quotes Jean-Jacques Rousseau’s *Emile* (1762), which refers to the “depravity” of wet nursing and portrays breastfeeding one’s own child as a mother’s civic and moral duty (Kukla, 2006).

Breastfeeding is also considered by most main religions to be a woman’s duty from god, with religious texts and iconography referring to breastfeeding and the important role of motherhood in Christianity, Hinduism, Judaism and Islam (Brown, 2019). However, to simply paint breastfeeding and motherhood as duties or roles which would ensure a woman was respected and held in high regard, would be to ignore the entire history of misogyny and its paradoxical attitudes towards women, who are simultaneously worshipped and debased.

In *Managing the Monstrous Feminine* (2006), Jane M. Ussher introduces the concept of the “seeping, leaking, bleeding” fecund body or the “monstrous feminine” (2006, p. 1) which needs to be regulated or eliminated. Constructed within the context of traditional and religious patriarchal cultures, the idea of the monstrous feminine positions the reproductive body of women as “dangerous and defiled… yet also a body which provokes adoration and desire, enthrallment with the mysteries within” (2006, p. 1). Ussher offers a number of explanations for this paradoxical attitude - that the fecund body reminds us of our mortality, fragility and closeness to the “impure chaos” (Grosz, 1990 in Ussher, 2006 p. 7) of the animal world. She also cites Freud’s theory of castration anxiety, Karen Horney’s theories of men’s fears of women’s “devouring, controlling sexuality” twinned with their “intense envy of motherhood… of pregnancy, childbirth… as well as of the breasts and the act of suckling” (1967, in Ussher 2006, p. 7), and Kristeva’s theory that bodily fluids signify the body without boundaries and “threatens the illusion of the contained, controlled, rational stability, and as such, threatens stability and social unity” (1982, in Ussher, 2006, p. 6).

Ussher devotes only a small section of the book to lactation, though it can be understood as an extension of the other aspects of the fecund body (menarche, menstruation, pregnancy, birth, menopause) because of the similar ways it inspires wonder and disgust.

We live in a culture today, which may have consciously rejected many of these traditional doctrines but is still hugely influenced by these ideas of womanhood and motherhood. Ellie Lee describes how in a society where those earlier moralities have lost a considerable amount of power, health “has come to operate as a ‘secular moral framework’ for society” (Lee, 2007, p. 1077), with the responsibility on the individual to comply with the “appropriate medically-sanctioned standard of behaviour” (Fitzpatrick, 2001 in Lee, 2007). This responsibility is even greater during pregnancy, with the construction of “the public fetus” (Duden 1993, p. ) which “displaces the mother as subject”, ascribing her an “ever-increasing list of self-regulatory behaviours” (Wall, 2001, p. 602) to abide by, and continues into the woman’s postnatal period, where, through breastfeeding, she becomes “the ecosystem within which the child’s optimum food source is produced” (Wall, 2001, p. 602).

Add to that the individualist, neoliberal cultural philosophy of ‘intensive mothering’[[5]](#footnote-5) and the child-optimising, risk-averse philosophy of ‘total motherhood’ (Wolf, 2011 in Hausman, 2013, p. 334), and we have a culture in which mothers today are firmly wedged between the most impossibly demanding and contradictory traditional, religious, and modern health and motherhood moralities.

Breastfeeding and Feminism

Given that this is a topic which spans so many areas that concern feminism, it seems logical that breastfeeding would be an area that would interest feminists. However, Carter notes in 1995 that “it has held little interest for feminists” (1995, p. 1), with the situation remaining largely the same now - in 2018, Ignatovic and Buturovic identify a “curious absence of breastfeeding… from feminist works”, with scholars “focused more on silicone breasts than on lactation” (pp. 86-88).

Carter observes that the small amount of feminist thought on the subject can change over time, influenced by other social and political factors and tends to be split between a preference for formula-feeding and for breastfeeding, and the respective cultural symbolism and social practicalities they each have come to embody (Carter, 1995). Ignatovic and Buturovic surmise that breastfeeding and other similar bioethical issues raise “conceptual problems and [reveal] the many inherent contradictions that feminist theory is still grappling with” (Van Esterik, 1994 in Ignatovic & Buturovic, 2018, p. 87), while acknowledging that “feminism is not monolithic. Feminist discourse is based on diverse ideologies and theories” (Ignatovic & Buturovic, 2018, p. 87).

Hausman divides these differing feminist theories on breastfeeding into two main camps. Those who support breastfeeding view it as a reproductive right, the benefits of which are supported by scientific research, and claim it as an act of defiance against capitalism and the cultural norms of formula-feeding. Feminists supportive of breastfeeding are likely to subscribe to an ‘equality as difference between the sexes’ philosophy, maintaining that “support for breastfeeding is a way of valuing women’s bodies and the contribution that those bodies make to human communities” (Hausman, 2010, in Hausman, 2013, pp. 337-338). They see breastfeeding as a biological fact which can’t be changed, they identify the economic context within which it is performed as the problem to be solved, and believe these are the factors which should influence social and health policies.

Those who are critical of breastfeeding claim that the medical evidence supporting the health benefits of breastfeeding is exaggerated and misrepresented, and not a justification for (what they see as) aggressive breastfeeding advocacy campaigns which make breastfeeding the dominant cultural norm and encourage discrimination against women who formula-feed. Feminists critical of breastfeeding are likely to subscribe to an ‘equality as sameness between the sexes’ philosophy, viewing breastfeeding as subjugative and restrictive of women’s freedom, maintaining that historically, valuing their reproductive contributions to society “has been a primary mechanism of women’s subordination” (Hausman, 2013, p. 338). They see the economic context within which motherhood takes place as fixed, they identify breastfeeding as the barrier which must be challenged and believe these are the factors which should influence social and health policies.

This second school of thought (critical of breastfeeding) has found a particular niche in popular media and has inspired a host of articles and popular books which, with a tone of inflammatory absolutism, make for very click-friendly content. Key arguments in these pieces include assertions that breastfeeding ties women to domesticity and reinforces traditional gender roles in a way that formula feeding does not, that breastfeeding negatively impacts upon a woman’s career in a way that formula feeding does not, and that breastfeeding is aggressively pushed on women in a way that shames or guilts them into it and makes women who don’t/can’t breastfeed feel guilty and ashamed. They characterise breastfeeding as an exclusively painful, inconvenient and difficult experience, offering no benefits to the mother (Tuteur, 2019).

Ultimately Hausman is unable to account for the radically different “baseline assumptions about dominant cultural practices” (Hausman, 2013, p. 336) informing these opposing feminist arguments, concluding that “arguments about the validity of evidence concerning breastfeeding’s benefit to maternal and infant health are no longer - or have never been - helpful to feminism in addressing the dilemmas of modern motherhood” (Hausman, 2013, p. 340) and is critical of the enduring debates which keep feminists in a constant spiral of rhetorical reflection. She presents a number of positions of agreement within the two schools and argues that feminists should be setting an “ambitious agenda” which “if addressed, could have [a] broad impact on women in general” (hausman, 2013, p. 341), regardless of their infant-feeding decisions.

Discussion

In response to these feminist arguments, I find the most striking discrepancies to be from those critical of breastfeeding and in some cases, I have doubts that the arguments stand up to feminist critique at all. I agree with Taylor & Ebert Wallace, and Hausman’s observations that “it is easier to eschew breastfeeding advocacy by citing a wish to avoid inducing guilt “in lieu of making substantive changes to the material circumstances of mother’ lives” that may make breastfeeding less difficult” (Hausman, 2011 in Taylor and Ebert Wallace, 2012, p. 83).

On the notion that breastfeeding ties women to the home and worsens their career outcomes, the authors do not cite any empirical evidence that there are differences in these outcomes between breastfeeding and formula feeding women, though anecdotal evidence suggests that breastfeeding mothers do feel a weight of responsibility as lead parent and that reaching 6 months of exclusive breastfeeding is particularly difficult for mothers in the US who - entitled to no national statutory paid maternity leave - generally return to work by the time their baby is 3 months old (Tuteur, 2019). In Ireland, only 2.4% of Irish mothers are exclusively breastfeeding at 6 months (Gallagher, Begley and Clarke, 2016) - the end of paid maternity leave for most women in Ireland - so we would expect to see a similarly small percentage of Irish women’s careers affected. But this is not the case, so there must be factors other than breastfeeding at play.

We only need to look to Scandinavian countries, with their paired high rates of breastfeeding *and* mothers continuing in employment after maternity leave, to see that - with the right political policies and social supports - mothers can breastfeed and continue their careers. This is supported by Lubold’s comparative study of breastfeeding rates in Ireland, Sweden and the USA, noting that Ireland’s conservative or corporatist welfare regime encourages motherhood with a relatively long paid maternity leave, but then “effectively keep[s] mothers out of the labor market because of their low level of support for child care” (Gallagher, Begley and Clarke, 2016, p. 4).

In response to the argument that breastfeeding relegates women to the domestic sphere, many mothers attest that breastfeeding in fact increases their freedom[[6]](#footnote-6) to leave the house. The public sphere can be a challenge for them because of a society that is hostile to breastfeeding, women’s bodies, and to children and babies, not because there is anything about breastfeeding that makes it an innately difficult task to perform outside of the home.

If breastfeeding is the norm, it is only the norm in a certain social demographic - namely white, educated, middle-class, urban women (Kukla, 2006). If we believe that their experiences are universal it’s because they are the ones most likely to have access to platforms where they can be vocal about it. But instead of identifying the problem in just one story being told, these “feminist” arguments adopt that story as universal and their problems (careers, childcare, judgement about formula) as the most important.

Black women, Women of Colour and women living in poverty are often mentioned in arguments against breastfeeding, but in a way that tokenises them. Their limited maternity leave and difficulty accessing breastfeeding support are used as blows to the pro-breastfeeding stance, without the issues marginalised women deem important (access to affordable, nutritious food, access to quality education, fears for their children’s and their own safety, fears of becoming homeless) (Kendall, 2020) being centred - or indeed - given any attention in the debate. In feminism’s current iteration, which places huge importance on intersectionality, I’m dubious about whether this type of argument - which doesn’t even acknowledge the experiences and needs of Black women, Women of Colour and women in poverty - can be considered truly feminist.

The pro-breastfeeding camp fare little better when it comes to issues of race and class. There is a huge disconnect between how strongly breastfeeding advocates in the Global North feel about ensuring the rights of women and children in the Global South are not violated by formula marketers, while being ambivalent about the social structures that prevent Black women, Women of Colour and women living in poverty in the Global North being able to take up breastfeeding in similar numbers to their white counterparts (Seals Allers, 2016). Their presentation of breastfeeding as free[[7]](#footnote-7), and therefore the logical choice for families with lower incomes, displays an incredible lack of awareness of the realities of these families’ lives. There is also a tendency among some breastfeeding advocates to applaud the mothering practices of “women in Africa” (Palmer, 2009) - as if all the women of different classes, creeds and cultures on the vast continent are a monolith - which fetishises and dehumanises them by positioning them as “closer to nature” (Wall, 2001, p. 593) . This attitude extends to the African diaspora in the Global North, who - it is assumed - will instinctively know how to breastfeed and don’t need support (Wall, 2001).

Pro-breastfeeding advocates are far too slow to criticise the use of ideas about motherly duty, guilt and shame (tried and tested tools of the patriarchy) in a model of advocacy that seeks to control or shape women’s behaviours and decisions. They have stayed silent, as evidence supporting breastfeeding’s health benefits is blown out of all proportion and formula is demonised to an extent whereby a small number of women who cannot breastfeed at all or cannot breastfeed over the course of a few days (if they are in hospital, for example) resort to buying unscreened, unpasteurised breastmilk from strangers on the internet (Jung, 2015). Their fear of formula and their belief that breastmilk is always pure is so unshakeable, that they would rather trust a stranger (and that stranger’s sexual partner(s)) that there is nothing harmful (like recreational drugs, medication or even infectious diseases like HIV) in the blackmarket[[8]](#footnote-8) milk they’re buying.

Conclusion

I agree with the assessments of many of the feminist authors cited above, particularly Hausman, that feminism needs to prioritise conversations around infant feeding and - while I don’t expect there to be full agreement on every issue - there needs to be some common ground reached so feminists can take the conversation out of the rhetorical and begin to influence public and social policy in a way that will have tangible effects on women’s lives.

The refusal of feminists to do so ensures that the conversion and the culture surrounding infant feeding continue to be directed by health departments solely focused on the needs of the baby, formula marketers driven by profits, a capitalist society which requires mothers to fulfil their duty as ‘ideal worker’, and international breastfeeding advocacy groups like La Leche League whose philosophies are often at odds with feminist ideology (Blum, 1993) - specifically their opposition to mothers working outside of the home, their reluctance to examine how they might become more accessible to, or meet the needs of, Black women, Women of Colour and working-class women and their “unwillingness to enter the political arena, even on maternalist grounds” (Blum, 1993, p. 305).

When examined through the lens of Ussher’s “monstrous feminine” and the old adage that “a mother’s place is in the wrong”, our society’s nonsensical, contradictory, infuriatingly confusing attitudes to infant feeding and motherhood in general, suddenly make a lot more sense. I find it curious that feminists - who know that patriarchy and misogyny place unreasonable and contradictory demands on women - debating the issue of breastfeeding still believe that either the breastfeeding mother is discriminated against *or* the formula feeding mother is discriminated against, but not both. The reality is that breastfeeding can be strongly promoted and in the same breath denigrated, formula-feeding can be medically advised and in the same breath seen as the marker of a negligent mother because that’s how women’s lives work. Damned if we do, and damned if we don’t.

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1. Sudden Infant Death Syndrome [↑](#footnote-ref-1)
2. These links are widely contested, with most researchers agreeing that ear infections and respiratory infections are the only two conditions that there is solid evidence for an - even at that - there is only a slightly increased risk - Jung, 2015 [↑](#footnote-ref-2)
3. It would be unethical and practically impossible to divide humans into separate groups, enforcing one or other forms of infant feeding upon them while controlling all other possible influential factors for their child’s infancy and beyond [↑](#footnote-ref-3)
4. Promotion of Breastfeeding Intervention Trial [↑](#footnote-ref-4)
5. A term credited to Sharon Hays in *The Cultural Contradictions of Motherhood*, defined by Bodendorfer Garner (2015, p1) as “amplifying cultural demands that prod mothers to dedicate inordinate amounts of time, money, and labor into their child[ren] in order to not only guarantee that they thrive but also outperform peers” [↑](#footnote-ref-5)
6. They don’t have to prepare bottles and plan how many hours they’ll be away from the house, they can quickly settle a crying baby [↑](#footnote-ref-6)
7. Bainne Beatha research found Irish families spent an average of €440 on breastfeeding support. While this might be lower than a year’s supply of formula, the initial outlay of €440 on something that might not even work out, is beyond the means of most low-income families and even many middle-income families [↑](#footnote-ref-7)
8. This is not to be confused with official breastmilk banks which have strict donation policies and screen all milk. The donor milk they distribute saves the lives of sick and preterm infants for whom formula would carry a high risk [↑](#footnote-ref-8)