



BREASTFEEDING DIVISIONS IN ETHICS AND POLITICS OF FEMINISM

Podele u etici i politici feminizma oko dojenja

ABSTRACT *The paper focuses on the ongoing “breastfeeding wars” in public discourse and feminist approaches to ongoing debates in this area. Feminist disputes over breastfeeding are found in every “wave” of the feminist movement, including the dominant contemporary political discourse of “gender mainstreaming”. For one, feminist divisions over breastfeeding are influenced by ideological and theoretical differences in feminism (Marxist, radical, libertarian and other positions), sometimes resulting in their convergence with other ideologies (for example, conservatism). However, a recurrent point of division is also whether breastfeeding has an empowering or alienating effect on women. For one group of scholars, breastfeeding is a liberating practice, while the other camp is criticizing breastfeeding promotion as a form of oppression. This underscores the point that issues concerning woman’s body, especially reproductive rights and sexuality, are the most critical source of ambivalence within the modern feminism. This has been evident in feminist positions on new reproductive technologies, parenthood, and finally breastfeeding, making them some of the most controversial subjects of feminist debates.*

KEY WORDS: feminism, breastfeeding, reproductive rights, bioethics, body

APSTRAKT *Rad se fokusira na aktuelni “rat oko dojenja“ u javnom diskursu i feminističke pozicije u aktuelnim debatama oko ovog pitanja. Feminističke podele oko dojenja mogu se naći u svim talasima feminističkog pokreta, uključujući dominantni savremeni politički diskurs zasnovan na gender mainstreamingu. Feminističke podele oko dojenja definisane su ideološkim i teorijskim razlikama u feminizmu (marksistička, radikalna, libertarijanska i druge pozicije), a ponekad konvergiraju sa drugim ideologijama (na primer, konzervativizam). Glavna tačka spora jeste pitanje da li dojenje vodi oslobađanju ili otuđenju žena. Za jednu grupu teoretičara, dojenje je oslobađajuća praksa, dok drugi tabor kritikuje promociju dojenja kao oblik ugnjetavanja. Ovo potkrepljuje tvrdnju da su pitanja koja se*

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tiču ženskog tela, posebno reproduktivnih prava i seksualnosti, najvažniji izvor ambivalencije unutar savremenog feminizma. Ovo je izraženo u feminističkim stavovima o novim reproduktivnim tehnologijama, roditeljstvu, kao i dojenju, što ih čini najkontroverznijim pitanjima feminističkih rasprava.

KLJUČNE REČI: feminizam, dojenje, reproduktivna prava, bioetika, telo

Introduction

Over the last two decades, the public status of breastfeeding has substantially changed. The Innocenti Declaration (1990) introduced new guidelines for infant feeding in marketing, public health policy and public discourse in general (World Health Organization/ UNICEF, 1990). Today, there is a consensus that “formula feeding is no longer considered acceptable as an alternative to infant feeding” (Ignjatovic, Buturovic & Hristic, 2015: 139). Public health recommendations are clear: The World Health Organization recommends exclusive breastfeeding for the first 6 months of life and continued breastfeeding for up to two years of age (World Health Organization, 2002). These recommendations have strong effects on the dominant social norms of breastfeeding. They are shaping public health policy, labour law, public discourse, and finally, women’s lives and personal decisions. Breastfeeding is supported by “scientists, governments, international organisations, non-governmental organisations, religious organisations, mothers, fathers, and even childless people” (Ignjatovic, Buturovic & Hristic, 2015: 141). Also, different ideologies and social groups support pro-breastfeeding: “For feminists it is an act of female empowerment; for Christians a symbol of womanly submission; for yuppies an affirmation of class status; and for hipsters a way to reduce the carbon footprint” (Jung, 2015: 71).

The new status of breastfeeding is underpinned by more general tendencies in contemporary societies. An increased importance has been given to *risk control*, defined by Wolf’s notion of *risk culture* and Beck’s concept of *risk society* (Wolf, 2011). Risk-focused societies are obsessed with controlling and alleviating life risks, making an individual responsible for all conceivable risks. Breastfeeding fits well in this cultural framework as a panacea (“liquid gold”). It should be noted that any methodological doubts about the scientific evidence are excluded from the brochures that promote breastfeeding. The academic approach to breastfeeding has become dogmatic, as indicated in a pamphletic statement, published in the famous *Lancet*: “Breastmilk makes the world healthier, smarter, and more equal...The deaths of 823,000 children and 20,000 mothers each year could be averted through universal breastfeeding, along with economic savings of US\$300 billion...genuine and urgent commitment is needed from governments and health authorities to establish a new normal: where every woman can expect to breastfeed and to receive every support she needs to do so” (*Lancet*, 2016: 404). Some previously claimed effects of breastfeeding have been contested (asthma, allergies) as a meta-analysis conducted by Victora and colleagues shows. However, the study found that breastfeeding prevents some health risks (child

infections, diabetes, obesity) and brings benefits for the child (intelligence) and for the mother (breast cancer, ovarian cancer) (Victora et al. 2016).

The link between risk-centeredness and breastfeeding is incorporated in the new ideology of motherhood, that is referred to as *total motherhood* by J. Wolf. It “stipulates that mothers’ primary occupation is to predict and prevent all less-than-optimal social, emotional, cognitive, and physical outcomes; that mothers are responsible for anticipating and eradicating every imaginable risk to their children, regardless of the degree or severity of the risk or what the trade-offs might be; and that any potential diminution in harm to children trumps all other considerations in risk analysis as long as mothers can achieve the reduction...” (Wolf, 2011: 71). In practice, the imposed responsibility for a child’s life and general welfare applies to a woman’s life before pregnancy and throughout the pre-natal stage: “A baby’s health depends largely on how the mother treats her body during pregnancy” (Kukla, 2006: 158). It is assumed that a mother’s awareness about the benefits of breastfeeding/risks of non-breastfeeding and her commitment to breastfeeding (or “human milk feeding” if a mother is employed) are the only factors to be dealt with in order to bring long-term benefits for the child. In media discourse, breast milk is named “liquid gold”, implying that breastfeeding is the only ethically acceptable option in infant feeding, while formula feeding is being degraded to the status of smoking or other detrimental habits.

Breastfeeding is sometimes difficult due to various reasons. However, dominant parenting paradigms are based on child centeredness and extreme Rousseauism, imposing demands on parents to provide a risk-free environment, adequate nutrition (breastfeeding), emotional and social stimulation, and commitment. Hard work and sacrifice are part of modern parenthood. As one mother said: “If it’s more difficult it must be better...[...] parenting ideologies that fully embrace breastfeeding – in mandating the specific form of breastfeeding practices – could be morally oppressive [...]” (Tomori, 2015: 140).

However, in recent years, new dissonant voices have emerged (Wolf, 2011; Ignjatovic, Buturovic & Hristic, 2015; Buturovic, Ignjatovic, Rasevic, 2016). Their criticism is aimed at the officially accepted scientific evidence about the breastfeeding benefits, focusing on methodological issues in the leading research studies about breastfeeding (Wolf, 2011). New research topics are recognized as relevant, especially the psychological and social costs of breastfeeding, as opposed to “the image of breastfeeding that we regularly ‘sell’ in our culture – an image of a joyous and natural bonding practice” (Buturovic, Ignjatovic, Rasevic, 2016; Kukla, 2006: 163).

The Curious Absence of Breastfeeding in Feminism

Although breastfeeding is a gender specific activity, limited to the female body, and regulated by social norms, it has oddly been, to a large extent, absent from feminist works. According to Ban Esterik, “breastfeeding is absent from many influential feminist works”, and feminism has focused more on silicone

breasts than on lactation, and other reproductive processes (Van Esterik, 1994: 42). Feminism was not interested in breastfeeding during the 1970s and 1980s (Hausman, Smith, Labbok, 2012a); there is no mention of 'breastfeeding' in key feminist works about the female body and reproduction, such as *Gyn/Ecology* by Mary Daly or *The Politics of Reproduction*, by Mary O'Brien (Van Esterik, 1994). However, some feminist authors have discussed breastfeeding as part of the motherhood role imposed on women. In her critique of motherhood, Simone de Beauvoir describes mothering as "slavery" and the infant as "tyrant" (Lee, 2012). The infant "seems to be sucking out her strength, her life, her happiness (...) individual who menaces her flesh, her freedom, her whole ego" (De Beauvoir, as cited in: Lee, 2012: 95).

What is the main reason for the lack of interest for breastfeeding as a gender issue? According to Van Esterik, feminists are reluctant to privilege the breastfeeding mothers over other women because lactation is believed to be more controllable compared to menstruation or menopause (Van Esterik, 1994: 42). Within the feminist camp, breastfeeding is usually conceptualized "as a 'choice' in a way that obscures the complex array of social forces to which women are subject" (Lee, 2012: 93). As such, breastfeeding is regarded as less oppressive compared to other socially regulated aspects of female biology. However, the conceptualization of breastfeeding as a controllable practice has prevented feminism from understanding how deeply oppressive biopolitics of breastfeeding can be.

Another reason for the absence of breastfeeding from feminist discourse is well explained by Van Esterik. Apparently, feminists have ignored breastfeeding because "breast feeding raises conceptual problems and reveals the many inherent contradictions that feminist theory is still grappling with" (Van Esterik, 1994: 42). This is certainly true for other similar bioethical issues in feminism. Along with the emerging complexities in this area (especially those related to human reproduction) divergent positions arise in the feminist camp. For example, there are strong ongoing disputes in contemporary feminism about gestational surrogacy and new reproductive technologies (Ignjatovic, Boskovic, 2017). Some feminist positions are completely opposed to surrogacy (radical feminism), while other positions (libertarian feminism) are embracing the benefits of modern reproductive technology. Breastfeeding is just another polemical issue in the field of bioethics/biopolitics. Breastfeeding is related to reproduction and sexuality, and feminism is divided over these issues.

Feminism is not monolithic. Feminist discourse is based on diverse ideologies and theories. Given the divisions in feminist theory, breastfeeding is approached differently depending on the theoretical framework of each feminist position. For example, since radical feminism locates oppression in the female body, consequently, lactation is also an oppressive practice. Conversely, ecofeminists celebrate breastfeeding as a symbol of female power, "glorifying their natural attributes" (Van Esterik, 1994). In that regard, breastfeeding has the same status as abortion, gestational surrogacy or other bioethical issues, as a personal choice.

Lactivism, Pro-Choice, and the “Third Way”?

Insofar as feminists have paid attention to breastfeeding, they have revealed a strong ambivalence (Galtry, 2000). Some authors believe that the breast vs. bottle debate is similar to the equality-difference debate and they criticize the “surge of feminist voices that are antibreastfeeding” (“formula use as freedom”) (Hausman, Smith, Labbok, 2012a: xii).

Considering the above differences in modern feminism, it seems that feminism is divided over the main question: is breastfeeding an oppressive or liberating practice? Is it a form of alienation or empowerment? In general, all feminist positions on infant feeding can be placed in two strongly opposed views: pro-breastfeeding and pro-choice feminists, including the option called “beyond choice” perspective, which is basically a pro-breastfeeding position.

The pro-breastfeeding group of scholars refers to breastfeeding as a liberating practice or at least as an issue of women’s rights. It focuses on a woman’s right to breastfeed, which is a feminist response to the established right of the child to be breastfed. Within this framework, breastfeeding is empowering against the medicalization of a woman’s body. As Jung argues: “For some feminists, the defiant expression of female pride was breastfeeding. Support for breastfeeding was a component of feminism’s focus on sexuality and reproduction” (Jung, 2015: 53).

The pro-breastfeeding position in feminism shares some ideas with conservative “lactivism”.³ During the 1970s, there was a convergence of the feminist movement and lactivism promoted by La Leche League as a reaction to medicalization of pregnancy, child care and mothering: “they were fed up with being lectured at and dictated to by male physicians” (Jung, 2015: 31). La Leche League (LLL) is a conservative movement that promotes breastfeeding as a primary task of motherhood in early child development, stating that “good mothering was a full-time occupation” (Jung, 2015: 32) or “good mothering through breastfeeding” (Hausman, 2012: 21). This may be the reason why Van Esterik says that “women’s groups must make sure that their efforts on behalf of breastfeeding are not used by traditionalists” (Van Esterik, 1994: 48). A proper feminist approach to breastfeeding should be distinguishable from conservative ideas, and it should include the following steps and procedures: consulting women’s groups about breastfeeding legislation; recognizing emotional aspects of breastfeeding, addressing possible negative effects in employment (maternity entitlements), addressing the welfare of both mother and child (Van Esterik, 1994: 48). She is clear about the positive effects of breastfeeding on women’s liberation: “Breastfeeding empowers women and contributes to gender equality” (Van Esterik, 1994: 41).

On the opposite end, anti-breastfeeding and pro-choice feminists have focused on the alienating aspects of breastfeeding: “The female subject is displaced by an emphasis on the health and well-being of the infant, resulting in an expanding list of self-regulatory behaviour for women to abide by” (Lee,

3 See more about “militant lactivism and “lactivism” in Faircloth (2013) and Jung (2015).

2012: 94). This camp (for example, J. Wolf or Kukla) criticizes the promotion of breastfeeding as a form of oppression that imposes constraints on women's choice (Tomori, 2015: 82). Within this framework, children's rights are opposed to women's rights, and the burden of a mother's choice to ensure a child's welfare is criticized (Kukla, 2006). As May Friedman noted: "What was wrong was that breastfeeding was not best for us: it was best for him. It really wasn't all that great for me" (Friedman, 2009: 28).

It seems that the "pro-choice" position has gained substantial support among feminists. Many feminist papers uphold the ongoing critical debate about biased or unconfirmed scientific facts about breastfeeding (Murphy, 1999; Wall, 2001; Wolf, 2011; Crossley, 2009). Negative aspects of breastfeeding are significant, as H. Rosin noted in her witty remarks, breastfeeding is "this generation's vacuum cleaner – an instrument of misery that mostly just keeps women down" (Tomori, 2015: 144).

Feminist critics also point to the implications of breastfeeding's emergence as a mandatory norm. Breastfeeding constrains women by placing them in a contradictory position (Lee, 2012). On one hand, the "maternalist" position is based on a gender stereotype that breastfeeding is a part of a woman's nature, thus implying that literally every mother can breastfeed. On the other hand, the medicalization of childcare has decreased a woman's autonomy, imposing a constant need for expert advice (Lee, 2012). Similar ambiguity is found in Wolf's concept of total motherhood, stating that a mother is completely responsible for a child's wellbeing, yet she is constantly exposed to expert advice about proper childcare practice. A mother is "naturally" competent and ignorant at the same time.

A self-named third option in feminist theory dealing with breastfeeding claims to be "beyond choice", that is, beyond the debate "formula vs. breastfeeding". The authors such as B. Hausman and M. Labbok claim to be in this camp (Hausman, Smith, Labbok, 2012b). The "beyond formula vs breastfeeding debate" position focuses on constraints to successful breastfeeding, addressing breastfeeding and women's economic, social, and political status. It is assumed that women are constrained by structural factors and that these factors should be addressed instead. According to Hausman, the constraints include lack of paid maternity leave, lack of support, the sexualization of women's body (Hausman, 2012). Hausman's approach focuses on the biosocial role of a woman, stating that the biomedical approach should be abandoned (Tomori, 2015).

The "third way" is permissive regarding women's choice: "We do not assume that all women will ever want to breastfeed, but we do believe that sympathetic analysis of mothers' experiences with breastfeeding should include the frank assessment of the inequalities that construct the horizon of possibility in their lives" (Hausman, Smith, Labbok, 2012b: 6). However, the obstacles-based approach is usually implicitly pro-breastfeeding. Shifting focus to obstacles and support means that women would choose to breastfeed ("all woman will 'naturally' adore breastfeeding"), if they get proper support (Friedman, 2009: 26). This might be the reason why Tomori described Hausman's position as a pro-breastfeeding orientation which conceives breastfeeding as a liberating practice

(Tomori, 2015). Van Esterik also focuses on the external conditions, implicitly upholding breastfeeding: “inadequate support from family or health workers, constraints in the workplace, or misinformation from the infant food industry – are oppressed and exploited.” (Van Esterik, 1994: 41).

Breastfeeding Policy Implications for Gender Equality

The “gender perspective” has become a mainstream gender equality policy from the 1990s (Booth & Bennett, 2002). Gender mainstreaming is the key instrument to achieve this new model (Ignjatovic, Boskovic, 2013). This means that the gender dimension is recognized and addressed in all policies and domains. The gender perspective paradigm focuses on gender equality in the private domain, and transformation of beliefs, attitudes, and lifestyles. A new “gender contract” has been introduced: “The gender perspective promotes actions that aim to transform the organization of society to a fairer distribution of human responsibilities, including the division of parental responsibilities. It acknowledges the differences between women and between men. The transformation of human lives is premised on the understanding that men are not the deliberate oppressors of women, but can also be disempowered by current social arrangements” (Booth & Bennett, 2002: 434). The new model of gender equality promotes equality in the private domain, sharing responsibilities and changing attitudes, values and life projects. Does breastfeeding as an intrinsically female biological activity contradict this new approach?

When it comes to breastfeeding, the gender perspective implies that the father is involved equally in child care. But the role of a partner in breastfeeding is complex, because it can be performed through a traditional type of a breadwinner role (so that the mother can focus on breastfeeding instead of income), or it can imply shared household labour or simply emotional support to the breastfeeding mother. The shared parental leave is a part of the “gender perspective” in family policy and it shows how complicated it is to combine a pro-breastfeeding policy and a gender equality policy. It reveals many ambiguities related to breastfeeding, as in the case of Norway, a global leading trend setter in both gender equality and breastfeeding. It is a country with the highest achieved level of gender equality in the world. According to the Global Gender Gap Index, Norway was ranked third after Iceland and Finland (World Economic Forum, 2016). Norway also has one of the highest breastfeeding rates in the world: 99% of mothers initiate breastfeeding, and 85% still breastfeed after 4 months (Marshall et al, 2007). From the 1970s, breastfeeding was included in the feminist program as a norm, following the premise of breastfeeding as liberation, both against capitalism (formula industry) and against alienation of the female body (Korsvik, 2011: 147). Feminist organizations in Norway were against “daddy quotas”, a tripartite model of parental leave that supports a father’s role in infant care. According to this model, one third of parental leave would be used by the mother, one third by the father, and one third would be optional. The reason for feminists being reluctant to provide support to the above regulation

was that parental quotas for fathers could affect breastfeeding (the accepted norm being one year of breastfeeding) (Korsvik, 2011).⁴ The above issue is just one example of ambivalences within feminist ethics and politics. It seems that women's rights are in conflict with children's rights. Breastfeeding is "deeply gendered", and as such it conflicts with the model of shared parenting (Lee, 2012). It is questionable whether the breastfeeding issue can be addressed in a way to overcome the "equality-difference" debate, as Hausman and colleagues claimed to be possible. For example, during the 1980s, Wendy Williams was one of the proponents of the "equal treatment" approach in feminism, against the opposite, difference-based approach that acknowledges gender specific needs of women, as counterproductive for women's liberation.⁵ In the case of breastfeeding, she admits her dilemma and reveals all the intricacies related to breastfeeding: "I confess ambivalence on that point. Human milk provides important benefits to human babies. Yet not all mothers can, or wish to, breastfeed, nor are all mothers who do feed their children human milk limited to delivering it by suckling them. Bottled milk, human or not, need not be fed to the infant by the mother. Choice is important in this area. Dogmas about Breastfeeding can become a device for oppressing mothers (Williams as cited in Galtry, 2000: 310).

Conclusion

The "absent discourse" in feminist theory is a position *per se* (in addition to the identified three options) because it has its own implicit assumptions and biases about the female body, oppression and empowerment. In our view, the main reason that explains feminist reluctance to address breastfeeding as a gender issue is its ambivalence towards biological determinism. Focusing on biological arguments would be counterproductive since feminism insists on social determinism of women's oppression, implying that women's status depends on social norms and political mechanisms that are supposed to be transformed through political action. This is not so clear in all feminist theories, for example, eco-feminists see a women-nature connection as empowerment.

It is difficult to define a mainstream position on breastfeeding within feminism. It seems that demedicalization is still a relevant feminist rationale in promoting breastfeeding. A new phenomenon of unregulated milk sharing through an uncontrolled (usually online) informal market has been described by its supporters as a feminist act contributing to milk demedicalization and promoting the idea of "communal and shared breastfeeding" (Palmquist, 2015; Jung, 2015: 165).⁶ The so-called "third way" has its own biases. Focusing on

4 Even more complicated is "milk feeding" or expressing breastmilk as the only option for working mothers.

5 According to the "equal treatment" approach, introducing special treatment for women in public policy (including maternity leave) would have a negative effect on the status of employed women, excluding them from the labour market and placing them in a deprivileged position (Galtry, 2000).

6 Interestingly, this new manifestation of women's solidarity through milk sharing is supported and facilitated by different organizations (for example, Human Milk 4 Human Babies

“constraints” and structural barriers to breastfeeding remains a one-sided approach. The “external” constraints to breastfeeding are already widely explored: inadequate training and support for nursing mother, mother’s socio-economic status/ education/life style, partner’s support, inadequate social protection system, etc. (McKinley & Hyde, 2004; Labarère et al., 2012). However, the identified obstacles are not sufficient to address all issues related to a gender dimension on breastfeeding. Recently, psychological distress and other costs of breastfeeding are being brought to focus in feminist and mainstream research (Schmied, Lupton, 2001; Cooke et al. 2003; Ignjatovic, Rasevic, 2016). Feminism should tackle these “internal” factors as relevant in addition to “external” constraints, including body image, emotional costs, guilt and the internalized moral imperative to breastfeed.

The status of breastfeeding in feminism is intrinsically problematic, because ambivalences toward breastfeeding are found not only across feminist positions, but also within individual feminist ideologies. Sometimes it is difficult to discern a clear view due to conflicting positions that breastfeeding brings into any theoretical debate. For example, ecofeminism sees mother milk as an epitome of a natural and environment-friendly infant feeding practice. The environmental costs of the food industry are the reason for an ecofeminist lactivist position, but the costs of breastfeeding related products (bottles, breast pumps) are to be considered, too. Similarly, Marxists conceive capitalism as oppression, so they are expected to be against the infant food industry, as part of the capitalist system. However, the profit-based formula industry is very similar to the expanding breastfeeding industry which makes profit out of the products and services aimed to enhance breastfeeding. The libertarian feminist position is based on a philosophical and political concept of choice and individual rights (McElroy, 2008).

The debate about breastfeeding is relevant for the future of feminism, because it has introduced a new way to approach a well established “private vs. public” dualism that feminism usually conceives as a factor of women’s oppression. Introducing breastfeeding into the feminist equation makes this dualism even more complicated, because it is not clear whether breastfeeding belongs to the public or private domain. This is evident within Marxist feminism which is limited to a production vs. consumption division. As Van Esterik noted, processes of lactation and child care should be reconceptualized as “production” (Van Esterik, 1994). Breastfeeding can be viewed as empowering in breaking the public/private split, considering the role of breastfeeding in public (including changes in media discourse), which has been increasingly recognized as a research subject and a legitimate issue in public policy (Buturovic, Ignjatovic, Rasevic, 2017).

The question remains whether breastfeeding is a liberating or alienating practice for women. On the one hand, it helps overcome a public-private division (breastfeeding in public as a liberating practice), overcoming alienation from a woman’s body, and liberation from a traditional script that imposes attractiveness

– HM4HB), but it is strongly opposed by La Leche League and American Academy of Pediatrics due to possible health risks (Jung, 2015).

onto a woman's body. On the other hand, breastfeeding is a holistic act (as Van Esterik said). Undoubtedly, it affects all areas of life: everyday physiology, sexuality, social relations, emotions, autonomy and freedom of movement, and paradoxically, even more than pregnancy or any other female body-related activity.

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Literature

- Booth, Christine & Bennett, Cinnamon. 2002. Gender mainstreaming in the European Union: Towards a new conception and practice of equal opportunities? *European Journal of Women's Studies*, 9 (4): 430–446.
- Buturović, Željka, Ignjatović, Suzana, Rašević, Mirjana. 2016. Challenges of Early Motherhood: Breastfeeding Difficulties and Life Satisfaction. *Stanovništvo* 54 (1), 1–14.
- Buturović, Željka, Ignjatović, Suzana, Rašević, Mirjana. 2017. Attitudes toward breastfeeding and breastfeeding practice: lack of support for breastfeeding in public as a factor in low breastfeeding rates. *Journal of Applied Health Sciences*, 3(2) 137–143.
- Crossley, Michele. 2009. Breastfeeding As a Moral Imperative: An Autoethnographic Study. *Feminism & Psychology*. Vol. 19(1): 71–87.
- Faircloth, Charlotte. 2013. *Militant Lactivism? Attachment Parenting and Intensive Motherhood in the UK and France*. New York, Oxford: Berghahn Books.
- Friedman, May. 2009. For Whom is Breast Best? Thoughts on Breastfeeding, Feminism and Ambivalence. *Journal of the Association for Research on Mothering*, 11(1): 26–35.
- Galtry, Judith. 2000. Extending the "bright line": Feminism, Breastfeeding and the Workplace in the United States. *Gender and Society*, 14(2): 295–317.
- Hausman, Bernice. 2012. Feminism and Breastfeeding. In: Paige Hall Smith, Bernice L. Hausman, Miriam Labbok (eds.) *Beyond health, beyond choice*. New Brunswick, New Jersey, and London: Rutgers University Press.
- Hausman, Bernice L., Smith, Paige, Labbok, Miriam. 2012a. Preface and Acknowledgements. In: Paige Hall Smith, Bernice L. Hausman, Miriam Labbok (eds.) *Beyond health, beyond choice*. Rutgers University Press New Brunswick, New Jersey, and London.
- Hausman, Bernice L., Smith, Paige, Labbok, Miriam. 2012b. Introduction. In: Paige Hall Smith, Bernice L. Hausman, Miriam Labbok (eds.) *Beyond health,*

- beyond choice*. Rutgers University Press New Brunswick, New Jersey, and London.
- Ignjatović, Suzana, Bošković, Aleksandar. 2013. Are we there yet? Citizens of Serbia and public policy on gender equality within the EU accession context. *European Journal of Women's Studies*, 20(4): 425–440.
- Ignjatović, Suzana, Bošković, Aleksandar. 2017. Gender Equality in Serbia. In: Anders Ortenblad, Raili Marling, Snjezana Vasiljevic (eds.) *Gender Equality in a Global Perspective*. Routledge.
- Ignjatović, Suzana, Buturović, Željka, Hristić, Ljubomir. 2015. Breastfeeding as the New Cultural Taboo. *Anthropological Notebooks*, 21(1): 135–144.
- Jung, Kortney. 2015. *Lactivism*. New York: Basic Books. KINDLE
- Korsvik, Trine Rogg. 2011. Childcare policy since the 1970s in the 'most gender equal country in the world': A field of controversy and grassroots activism. *European Journal of Women's Studies*, 18(2) 135–153.
- Kukla, Rebecca. 2006. Ethics and Ideology in Breastfeeding Advocacy Campaigns. *Hypatia*, 21 (1): 157–180.
- Labarère, J., Gelbert-Baudino, N., Laborde, L., Baudino, F., Durand, M., Schelstraete, C., François, P. 2012. Determinants of 6-Month Maternal Satisfaction with Breastfeeding Experience in a Multicenter Prospective Cohort Study. *Journal of Human Lactation*, 28(2) 203–210.
- Lancet. 2016. Achieving the New Normal, 387: 404. Retrieved from [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)00210-5.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)00210-5.pdf)
- Lee, Robyn. 2012. Breastfeeding and Constraints on Mothers' Agency, *Journal of the motherhood initiative*, 3(2): 93–102.
- Marshall, Joyce L, Godfrey, Mary, Renfrew, Mary J. 2007. Being a 'good mother': Managing breastfeeding and merging identities, *Social Science & Medicine*, 65: 2147–2159.
- McElroy, Wendy. 2008. Feminists against women: The new reproductive technologies. Retrieved from <http://www.wendymcelroy.com/reason2.htm>
- McKinley, Nita Mary, & Hyde, Janet Shibley. 2004. Personal attitudes or structural factors? A contextual analysis of breastfeeding duration. *Psychology of Women Quarterly*, 28: 388–399.
- Murphy, Elizabeth., 1999. 'Breast is best': Infant feeding decisions and maternal deviance, *Sociology of Health & Illness*, 21(2): 187–208.
- Palmquist, Aunchalee. 2015. "Demedicalizing Breastmilk: The discourses, practices, and identities of informal milk sharing," In: Tanya Cassidy and Abdullahi El-Tom (Eds), *Ethnographies of Breastfeeding: Cultural Contexts and Confrontations*." Bloomsbury Academic.
- Rosin, Hanna. 2009. The Case Against Breast-Feeding. *The Atlantic*. Retrieved from <http://www.theatlantic.com/magazine/archive/2009/04/the-case-against-breast-feeding/307311/>
- Schmied, Virginia, Lupton, Deborah. 2001. Blurring the boundaries: breastfeeding and maternal subjectivity. *Sociology of Health and Illness*, 23(2): 234–250.

- Tomori, Cecilia. 2015. *Nighttime Breastfeeding. An American Cultural Dilemma*. New York, Oxford: Berghahn Books.
- Van Esterik, Penelope. 1994. Breastfeeding and Feminism. *International Journal of Gynecology & Obstetrics*, 47: 41–54.
- Victora, Cesar G, Bahl, Rajiv, Barros, Aluísio J D, et al. 2016. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet* 387: 475–90.
- Wall, Glenda. 2001. Moral constructions of motherhood in breastfeeding discourse. *Gender & Society*, 15(4): 592–610.
- Wolf, Joan. 2011. *Is breast best? Taking on the Breastfeeding Experts and the New High stakes of Motherhood*. New York: New York University Press. Kindle Edition.
- World Economic Forum. 2016. *The Global Gender Gap Report*.
- World Health Organization/UNICEF. 1990. *Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding*.
- World Health Organization. 2002. *Infant and young child nutrition global strategy on infant and young child feeding*.