Social Justice at the Core of Breastfeeding Protection, Promotion and Support: A Conceptualization

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Abstract:

Despite widespread awareness of the health benefits for both mothers and babies we are far from achieving universal breastfeeding. Breastfeeding rates globally are lower than recommended levels and there are concerns that some global breastfeeding efforts have stalled (1, 2). In addition, we see persistent disparities in breastfeeding rates by race, ethnicity, class and status (3). A growing literature documents how a range of injustices, including gender inequality (7), racism (8), poverty (9), and violence (10, 11) shape whether, how exclusive, and for how long mothers and others will be able to breastfeed or feed their infants human milk. These social injustices and inequities work to privilege breastfeeding even as the health message becomes more mainstreamed and human milk more desirable. A social justice approach could help us address the gender, race, and sexuality-based inequities and injustices in opportunities, resources, status, and power that are influencing the patterns of breastfeeding we see today. The 12th Breastfeeding and Feminism International Conference held in 2017 took as its theme *Breastfeeding as Social Justice: From Crucial Conversation to Inspired Action*. The planning team for that conference identified seven core domains that could help us conceptualize a framework for placing social justice at the core of our work. This paper presents this framework and suggestions for policy and practice that follow.

Keywords: breastfeeding | breastfeeding experience | breastfeeding support

Article:

Public health efforts to protect, promote, and support breastfeeding have been based largely on the central argument that breastfeeding is the healthiest way of feeding and nurturing infants. This core message is supported by abundant scientific research. An important series of papers, published in the *Lancet* in 2016, summarizing the short- and long-term health benefits of breastfeeding for mothers and children on the basis of 28 systematic reviews and meta-analyses, concluded that "Never before in the history of science has much been known about the complex importance of breastfeeding for both mothers and babies" (Victoria et al., 2016, p. 475). These authors suggest that the scaling up of breastfeeding to near universal level could prevent 823,000

annual deaths in children younger than age 5 and 20,000 annual deaths from breast cancer (Victoria et al., 2016).

Despite our awareness of these health benefits for both mothers and babies, we are far from achieving universal breastfeeding. Breastfeeding rates globally are lower than recommended levels, and there are concerns that some global breastfeeding efforts have stalled (Global Breastfeeding Collective, 2017; Victoria et al., 2016). In addition, we see persistent disparities in breastfeeding rates by race, ethnicity, class and status (Smith, Hausman, & Labbok, 2012a). Indeed, the established, or emerging, pattern globally is that within societies, women with higher status are more likely to breastfeed than their counterparts with lower status. (Perez-Escamilla, 2003; Smith, 2015). One possible explanation for this pattern is that breastfeeding is not just about food; although human milk may be the "best food," it is more than just a method of infant feeding. Rather, breastfeeding is instead a "complicated mix of food, biology, gender, caregiving and love" (Smith, 2017). The core message, centered as it has been on breastfeeding as the healthiest food for babies, has directed attention toward strategies that advance breastfeeding as a maternal health behavior: key global strategies continue to focus on education and on improving health care and clinical support, workplace accommodations, and controlling the marketing of infant formula (Global Breastfeeding Collective, 2017). Although necessary, these strategies may not be sufficient to overcome the realities and constraints that women face when trying to integrate breastfeeding into their lives that are affected by gender, race, and sexuality-based inequities in opportunities, resources, status and power.

A growing literature documents how a range of injustices, including gender inequality (Smith et al., 2012a), racism (Dodgson, 2012), poverty (Groleau, Sigouin, & D'Souza 2013), and violence (Chin and Dozer, 2012; Palmquist, 2012) shape whether, how exclusive, and for how long mothers and others will be able to breastfeed or feed their infants human milk. These social injustices and inequities work to privilege breastfeeding even as the health message becomes more mainstreamed and human milk more desirable. Palmquist (2012) concluded from her study of breastfeeding in Hawaii that "it is somewhat unrealistic to think that breastfeeding rates will be improved as long as high rates of perinatal intimate partner violence, substance abuse and addiction, child sexual abuse, and mental illness persist" (p. 312). Similarly, Chin and Dozer (2012) concluded from their ethnographic research with low-income women that

> breastfeeding (and its attendant benefits) is a class-based privilege. . . . No matter what a particular group's cultural beliefs are about infant feeding—breast is best or comfort with formula feeding—below a certain level of income the structural violence is so constraining that beliefs about the benefits of breastfeeding cannot be put into practice. Agency is thwarted. Low-income mothers struggle and suffer with inadequate income, housing, food, safety, health care, transportation, and dignity. Even for the mother wanting to breastfeed, formula feeding becomes the logical choice, because the day to day risks found in the lives of low-income groups far outweigh the risks of formula feeding. (p. 27)

In a 2012 volume based on a series of papers presented at the Fifth Breastfeeding and Feminism International Conference, the editors conclude that the collected chapters make it clear that "political, economic and social constraints undermine women's choices by creating structures

and forces outside their individual control" (Smith, Hausman, & Labbok, 2012b, p. 281); key among these constraints are gender, race, and class-based inequities and inequalities. Three years later, a similar message was echoed in a 2015 special issue of the *Journal of Human Lactation* on equity in breastfeeding. Guest editors Perez-Escamilla and Sellen (2015) wrote that the articles in that special issue indicated that "identifying inequities in access to support for breastfeeding and finding effective ways to address them needs to move to the forefront of global and local research, policy and advocacy agendas" (p. 12).

Table 1. A Social Justice Approach to Breastfeeding: Conceptual Domains.

1. **The value of breastfeeding and human milk for health:** Cutting-edge research suggests that breastfeeding and human milk play a crucial role in maternal, child, and community health and can consequently be seen as an important mechanism for creating greater health equity.
2. **The value of breastfeeding for our global environment:** World leaders have committed to 17 SDGs aimed at ending poverty, fighting inequality, protecting the planet, and ensuring prosperity. Although the SDGs do not mention breastfeeding, the World Alliance for Breastfeeding Action, UNICEF, and WHO have identified how breastfeeding is linked to each of these goals; we need to engage in collaborative partnerships to develop shared strategies for advancing both breastfeeding and other sustainability goals.
3. **The right to breastfeed:** The right to breastfeed extends beyond the idea of "choice"; social protection and support measures are needed to empower women and families with the knowledge, resources, and support needed to actualize their right to breastfeed and consider the linkages between individuals' reproductive self-determination and the conditions in their own communities.
4. **Supporting lactation and access to human milk for all:** Lactation is a fundamental human capability, which requires a societal context that is robustly supportive of lactation and access to human milk and enables lactating people to lead full lives. As such we need to explore the ways in which society (via laws and policies, institutions, and cultural change) can better support lactating people and access to human milk.
5. **Advancing support for embodied caregiving and all caregivers:** We need to create practices and norms that enhance the value of, and support for, breastfeeding but also for nurturing and caregiving in general. We also need to challenge cultural categories of the "normative" relationship between parenting and breastfeeding as an interdependent embodied act, so that all people (including trans, non-gender-conforming, and/or intersex, adoptive families, disabled children, etc.) can breastfeed, chestfeed, or nurse their infants
6. **Removing barriers to skilled lactation support:** The success of breastfeeding and provision of human milk is directly tied to support from skilled and accessible health workers; hence we need to ensure access to the profession for populations underrepresented in the lactation and breastfeeding support workforce.
7. **Advancing breastfeeding as a cornerstone of health equity:** To achieve health equity, a commitment is required to not only recognize the unequal access to conditions and resources that support health but also to address the social systems, rooted in histories of oppression and exploitation, that reproduce these inequalities.

Note. SDG = sustainable development goal; WHO = World Health Organization.

Labbok (2017) wrote that we need "several paradigm shifts in our perceptions, programs and support for breastfeeding" (pp. 14-15) if we are to achieve a breastfeeding norm for all in the

United States and globally; one such paradigm shift is to move from seeing breastfeeding as a medical issue to a sociocultural one. Consistent with this is to shift the core value from which breastfeeding advocacy and actions radiate from one focused on the value of human milk for health to one that focused on social justice. A social justice approach could help us address the gender, race, and sexuality-based inequities and injustices in opportunities, resources, status, and power that are influencing the patterns of breastfeeding we see today. It is critical then that we develop a framework for conceptualizing an approach to breastfeeding protection, promotion and support that, while including a focus on advancing *breastfeeding*, broadens to incorporate a focus on the bodies, lives, and experiences *of those who breastfeed*, inclusive of those who need or choose to provide human milk through means other than breastfeeding and those populations for whom exclusive breastfeeding is not the norm. As Seals-Allers (2017) writes, "When society embraces the broad diversity of our mothering experiences and our breastfeeding experiences then we will win" (p. 15).

The 12th Breastfeeding and Feminism International Conference, held in 2017, took as its theme "Breastfeeding as Social Justice: From Crucial Conversation to Inspired Action" (see the *Journal of Human Lactation*, Volume 33, Number 4, for conference abstracts). The planning team for that conference identified seven core domains that could help us conceptualize a framework for placing social justice at the core of our work (see Table 1). Domain 1 picks up the leading argument that breastfeeding is the healthiest way of feeding and nurturing infants. Going forward, we need additional research on how breastfeeding and human milk affect breast cancer, microbiome, diabetes, obesity, preterm babies, those with necrotizing enterocolitis, the neonatal intensive care unit setting, infant feeding in emergencies, human development, and the role of breastfeeding or human milk feeding in reducing local and global health disparities.

Domain 2 broadens the lens by acknowledging the value of breastfeeding for our global environment. World leaders at a United Nations meeting in January 2015 established sustainable development goals (SDG) to tackle poverty, inequality, and climate change. Although the SDGs do not highlight breastfeeding per se, UNICEF and the World Health Organization (2016) issued a joint message for the 2016 World Breastfeeding Week (WBW) identifying how breastfeeding links to each SDG. In some cases, breastfeeding can help advance a goal (e.g., improving health, reducing climate change), while in other cases, the advancement of the SDG may also advance make it easier for women to breastfeed (e.g., reducing gender inequality, income inequality, and poverty). For example, breastfeeding contributes to a healthy planet because its lower ecological footprint, compared with infant formula, reduces the planet's use of water, energy, paper, and metal (Rollings et al., 2016). Beginning with the 2016 WBW, the World Alliance for Breastfeeding Action (2017) launched a long-term campaign to focus each subsequent WBW on a different SDG. This synergy presents the breastfeeding community with exciting opportunities for policy, practice, and research collaborations. This may be challenging for us, however. Van Esterik and O'Connor (2017) wrote that breastfeeding

> is part of the effort to change the world; however, it is seldom viewed as a progressive movement. Single issue causes like climate change may see breastfeeding as a distraction from their primary goals rather than recognizing how breastfeeding fits into an overarching narrative about nurturing future generations and the planet. However, by

> carefully integrating tactics and goals, all become part of the grant project of building a nontoxic shockproof economy. (p. 204)

The third domain highlights the "right" of women to breastfeed. This domain spotlights the idea of rights (i.e., people have the right to breastfeed) over the idea of "choice" (i.e., people can choose to breastfeed or use human milk substitutes). This perspective recognizes that the choice to breastfeed is a hollow one if the necessary supports are not in place. Breastfeeding policies and advocacy can be directed at seeking to really understand what people need and then working to ensure that women and families are provided with the knowledge, resources, and support needed to actualize their right to breastfeed. Some countries could look to the various United Nations documents as a guide to a human rights framework, particularly the Convention on the Rights of the Child (United Nations, 1989). Although this approach does reorient the core from one focused on medical evidence to one focused on the obstacles to realizing a right, the Convention on the Rights of the Child has raised concern for American feminists. Hausman (2012) wrote that "American feminists have been concerned about any rights provision claiming that being breastfed is the right of the child, given that such a universal claim would make specific unalterable demands on mothers" (p. 19). Hence, the "right" to breastfeed is balanced with the right of women to make their own decisions about how they will feed their babies. It is not beneficial to anyone to have infant and women's rights pitted against each other (Van Esterik and O'Connor, 2017).

A reproductive justice perspective is useful in this context. This perspective leads us to examine how decisions about breastfeeding, like decisions about when and whether to have a child, are linked to the conditions of women's lives in specific social contexts. The term *reproductive justice* was coined by SisterSong in 2003 at its first national conference. As defined by SisterSong, reproductive justice is an

> expansion of the theory of intersectionality developed by women of color and the practice of self-help from the Black women's health movement to the reproductive rights movement, based on the application of the human rights framework to the United States. . . . Reproductive Justice is a positive approach that links sexuality, health, and human rights to social justice movements by placing abortion and reproductive health issues in the larger context of the well-being and health of women, families and communities because reproductive justice seamlessly integrates those individual and group human rights particularly important to marginalized communities. (Ross, 2011)

Domains 4 and 5 highlight the importance of simultaneously addressing both lactation, as a biological function, and breastfeeding, as an embodied form of caregiving that is socially constructed. We have throughout history recognized that lactation is part of women's reproductive system; as such it has the potential to reinforce specific gendered approaches to caregiving. Successful lactation places numerous demands on women's bodies (Mulford, 2012) and requires that they have good access to their babies throughout the day and night. Even in places where women have decent maternity leave, most women are constrained from, or unwilling to, disengage from the social and public world to shelter with their infant and breastfeed. The challenges of being with babies and breastfeeding, while participating in paid employment and other activities of public life have led many to express milk regularly to help

them navigate (Johnson et al., 2012). To counter the trend toward milk expression rather than feeding at the breast, and raise breastfeeding rates, we need policies and practices that support the biological requirements of lactation while reducing the constraints lactation places on people's activities and opportunities.

Simultaneously, we need to help create practices and norms that make it easier for mothers to be with their children in public places and which enhance the social value of, and support for, breastfeeding in particular but also for nurturing and caregiving in general. Breastfeeding is real labor and needs appreciation and support. Too often however, breastfeeding is seen as dirty and disgusting. Tomori, Palmquist, and Dowling's (2016)

> comparative study of breastmilk sharing, nighttime breastfeeding, and long-term breastfeeding from the US and UK elucidates the intricacy of infant feeding decision-making and breastfeeding practices and highlights the conflicted nature of these cultural landscapes wherein the concept of breastfeeding may be associated with ideals of "good motherhood," but many embodied aspects of breastfeeding practice remain morally suspect and continue to be construed as dangerous. (p. 183)

This stands in sharp contrast to breastfeeding as it is often depicted (moral and good) and as an expression and experience of love.

The association of breastfeeding with the feminine and the maternal is also being contested today as more individuals who identify as LGBTQ+ are wanting to feed their babies using their bodies or otherwise provide them with human milk. Our gendered language—she, mother, breasts—is open to criticism as being noninclusive of a full range of individuals, identifies and expressions (Farrow, 2015). Beyond language, however, are practices and policies that reinforce breastfeeding as being for some but not others. This adds a new layer of complexity to an already knotty problem of reconciling the biological demands of lactation with the needs of caregivers who must also work or otherwise engage in public life. We must find ways of expanding our perspective on who is capable of, and/or desires to breastfeed, while not losing sight of the importance of understanding how the social construction of gender continues to shape the experiences of men and women in ways that reinforce inequalities in opportunities, status and power (Smith, 2012).

Domain 6, removing barriers to skilled lactation support, recognizes the importance of the lactation profession to successful breastfeeding worldwide, but also that access to the profession is not uniform across population groups. Going forward, we need to address barriers to access and the career trajectories of potential health workers skilled in lactation and, in particular, develop strategies to engage underrepresented populations in the lactation workforce. In this vein, the International Board of Lactation Consultant Examiners, International Lactation Consultant Association, and the Lactation Education Accreditation and Approval Review Committee coalesced in 2013 to form an initiative to reduce inequities and oppressions that make it difficult for people from communities of color to become certified lactation consultants (Good Mojab, 2016). This ongoing work is also championed by the National Association of Professional and Peer Lactation Supporters of Color, founded in 2015, whose mission is to "cultivate a community of diverse professional and peer lactation supporters to transform

communities of color through policy, breastfeeding, and skilled lactation care" (National Association of Professional and Peer Lactation Supporters of Color, 2015).

Growing a more diverse lactation workforce is one strategy for advancing breastfeeding as a cornerstone of health equity, Domain 7. As Perez-Escamilla and Sellen (2015) wrote,

> Breastfeeding equity requires the involvement and participation of all people and stakeholder institutions in the support and benefits derived from breastfeeding, regardless of income, ethnicity, education, religion, country of origin, gender, sexual identity, and age, among many other dimensions of diversity within populations. Put differently, any social, economic, political, legal, or biomedical factors that prevent women from implementing their choice and right to breastfeed can be framed as a fundamental social injustice that needs to be understood through an equity lens. (p. 12)

To achieve health equity, a commitment is required to not only recognize the unequal access to conditions and resources that support health, but also to address the social systems, rooted in histories of oppression and exploitation, that reproduce these inequalities. Such an approach is illustrated by the First Food Initiative, funded by the W. K. Kellogg Foundation, which sought to improve support for breastfeeding families in vulnerable communities with significant health disparities (W. K. Kellogg Foundation, n.d.).

As conceptualized here, a social justice approach to protecting, promoting and supporting breastfeeding and those who breastfeed and feed their babies human milk, is complicated. The interweaving of the social forces of gender, race, poverty, sexuality, and culture, in combination with the customs and traditions that shape nurturing and caregiving, as well as geography, level of development, religion, laws, and government, ultimately results in myriad breastfeeding practices, experiences, problems, and solutions across time and space. A social justice approach calls us to understand and appreciate the ways these factors shape infant feeding decisions and practices in communities and to be open to ideas that there may be no one set of best practices, no one right way of breastfeeding, and no one standard for breastfeeding "success. To quote again from SisterSong's statement on reproductive justice,

> We believe that the ability of any woman to determine her own reproductive destiny is directly linked to the conditions in her community and these conditions are not just a matter of individual choice and access. For example, a woman cannot make an individual decision about her body if she is part of a community whose human rights as a group are violated, such as through environmental dangers or insufficient quality health care. (Ross, 2011)

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