

ORIGINAL ARTICLE

INFANT FEEDING CHOICE: BIOLOGICAL IMPLICATIONS,
SOCIAL PRESSURES, GLOBAL CAPITALISM
AND THE MODERN-DAY BREASTFEEDING MOVEMENT

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Despite scientific research that demonstrates that “breast is best” in infant feeding, both for mother and baby, many mothers still struggle with the choice of whether to breast or bottle-feed. This struggle has been created by a varied history of infant feeding that produced a capitalistic baby formula market and a culture of social pressures that have challenged the biological implications of infant feeding. These include the rise of medicine’s control over maternal care, the convenience of the bottle, and the sexualization of the breast, which have been able to popularize bottle-feeding despite its shortcomings. Such social pressures and aggressive marketing strategies by infant formula companies have had devastating consequences for maternal and child health, particularly in the developing world. U.S. government policies such as formula vouchers through low-income aid programs and laws around indecent exposure have worked both for and against the breastfeeding movement. Today, those involved in the pro-breastfeeding counter-movement, or “lactivists,” are working toward institutional changes that would create a breastfeeding-friendly climate and allow mothers to make an educated decision about how to best feed their infant.

Alternatives to mothers’ breastmilk have been available for infant feeding in America since colonial times, when mothers who had difficulty breastfeeding would ask friends or hired women to nurse their children for them. Called “wet nursing”, the gradual popularization of this practice created a market for human milk and allowed it to become a frequently advertised commodity in the eighteenth century.¹ A niche for infant formula’s developed and they began to be accepted by the medical community. Even though it is recognized that breastmilk is the most balanced source of nutrition for infants, bottle feeding remains common. In 2007, the Center for Disease Control (CDC) reported that for infants born in 2004 there was a 73.8% breastfeeding initiation rate with 41.5% of infants breastfeeding at 6 months of age and 20.9% at 12 months of age, although only 30.5% were exclusively breastfed through 3 months of age and 11.3% were exclusively breastfed through 6 months of age.² This paper seeks to examine how the history of infant feeding has created a capitalistic baby formula market and a culture of social pressures that challenge the biological implications of infant feeding, requiring mothers to decide between breast- or bottle-feeding. The formation of an activist pro-breastfeeding counter-movement and its recent developments will be discussed.

“Breast is Best”: Biological Reasons for Breastfeeding

Proponents of breastfeeding often cite the motto “Breast is Best,” which is becoming accepted by more pro-

fessional organizations and practitioners. The American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Public Health Association, the Food and Drug Administration, the Center for Disease Control (CDC), and World Health Organization (WHO) all have official platforms that specifically sanction breastfeeding.³ In November 2000, the CDC and the Health Resources and Services Administration released a set of goals for the health of the U.S. population called Healthy People 2010. These goals include several stipulations on breastfeeding, including increasing the proportion of mothers who breastfeed their babies in the early postpartum period from the current 64% to 75%; at 6 months of age from 29% to 50%; and at one year from 16% to 25%.⁴ However, tracking these goals is challenging because the duration and exclusivity of breastfeeding vary between mothers. Some feed their babies exclusively with breastmilk until they are more than a year old, others breastfeed only while in the hospital after delivery, and others use a combination of formula and breastmilk.

Many studies have compared the differential outcomes from infant feeding for both mothers and infants, and it has been found that exclusive breastfeeding is sufficient for infant development and is in fact the best source of nutrition for babies.⁵ Nursing not only provides an opportunity for bonding between mother and child and satisfies the baby’s oral and touching needs, but yields lower rates of asthma, allergies, anemia, diarrhea, ear infections, lymphoma, sudden infant death syndrome, and other illnesses. Children who are breastfed also score higher on tests of mental ability and receive less extensive dental care than babies who are bottle fed.⁵⁻⁷ Formula companies try

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to imitate the beneficial qualities of mothers' milk in their products and advertise the formula as better than or equivalent to breastfeeding.⁶

Although most formulas have roughly the same ratios of protein, sugars, vitamins and minerals that breastmilk does, they cannot replace the antibodies and other organic substances a mother passes to her infant through breastfeeding. The well documented immunological properties of mothers' milk help strengthen the immune system of a newborn, preventing the child from being ill as often as babies who are formula fed.⁸ Overall rates of hospitalization are much higher in infants who bottle-feed, and between 1 and 2 million infants mostly in the third world die annually from bottle-feeding as a result of problems of diarrhea, dehydration, and malnutrition, or "baby bottle disease."^{8,6}

Bottle-feeding Chic: Social Pressures to Use Formula

Formula feeding first became popular in the 1930s, as the baby milk industry began to develop and rigid ideas about infant care were perpetuated throughout the early twentieth century. Rates of breastfeeding stayed low through 1970, until they spiked in the early 1980s as a result of feminist actions against medical control, only to slowly fall again.⁹ Bottle feeding was increasingly popularized due to various social pressures. These include the rise of medicine's control over maternal and child health, the desire to regulate maternal practices, the sexualization of the breast and concerns of public modesty, the convenience of the bottle, and attempts to schedule feedings especially if returning to work after childbirth, leading to "insufficient milk."^{10,8} Marketing strategies of the formula companies have successfully used the media as well as the medical community to normalize bottle feeding and promote it as an alternative to breastfeeding. Studies have shown that the frequency of formula feeding advertisements in popular parenting magazines is negatively correlated with breastfeeding rates.⁵ Hospital practices of separating mothers and babies, offering breastmilk substitutes, and giving out formula coupons and samples make breastfeeding more difficult.¹¹

Government policies have also played a key role in the breast-bottle debate both for individual mothers and societal perception. WIC, the Special Supplemental Food Program for Women, Infants and Children, provides food vouchers for families who meet certain income, age, maternal status and nutritional/health risk factor criteria. These vouchers allow parents to purchase specific healthy foods such as cheese and peanut butter to supplement their chil-

dren's diets. Vouchers are also provided for formula, but as of 1994, extra money is allotted to mothers who choose to breastfeed.^{12,13} Since formula is the largest food item cost of the WIC program, some states began to engage in competitive bidding with formula companies to lower the price of formula for those on WIC and help more families in need. Ironically, this process has created a cycle that undermines the program's attempts to encourage breastfeeding: the more infants on WIC who are formula fed, the larger the rebate WIC gets from formula companies, which allows the program to reach more eligible families and increases formula sales, benefiting the companies. This cycle has also driven the price of formula higher, causing problems for consumers not on WIC and parents using WIC to feed their children who need more than the voucher allows, but cannot afford the costs.¹²

Other policies have had an impact on breastfeeding as well. One recent law protects a woman's right to nurse in public without being arrested for obscenity.⁸ Alternately, the WHO's International Code for the Marketing of Breast-Milk Substitutes applies to the marketing of products as suitable to totally or partially replace breast milk, a policy the United States has not chosen to enforce. The Code contains stipulations that prevent companies from advertising their products to the general public, health practitioners from promoting breastmilk substitutes, and the distribution of free samples to pregnant women, new mothers or their families. Additionally, the U.S. has refused to support the Baby-Friendly Hospital Initiative, a movement that supports the Code and promotes "10 Steps to Successful Breastfeeding."⁸ Of 118 countries who voted unanimously to endorse the Code, the U.S. was the only country who opposed it, afraid of profit and free trade loss.⁶

Global Capitalism and the Infant Formula Market

A tolerant environment has allowed the formula market to expand in America and beyond. Companies such as Nestle have pushed their products into the global economy, particularly in third world countries, creating problems for families convinced that bottle-feeding their children is the more modern approach to infant feeding. Such perceptions of bottle feeding as being equated with progress and wealth ironically end up costing families significantly: more than 30% of a family's income can go toward buying formula and 100% of it may go toward buying bottles and other equipment. The high cost of formula also often forces parents to stretch out the amount of formula available, which results in malnutrition and dehydration.⁶ Health problems such as these are exacerbated by the difficulties

of safely preparing infant formula in areas where there is limited access to clean water and an inability to properly follow instructions for preparation due to illiteracy.¹⁴

Global capitalism of the formula industry has had a marked effect on the development of third world countries and perhaps less obviously on the U.S. As formula company executives work to bring in more revenue, families put all of their income toward bottle-feeding their infant. Often by while using free formula samples the mother's may no longer be able to produce milk, and the family becomes dependant upon formula purchases. The tactics of the formula market and capitalistic enterprises as a whole are undeniably closely tied to inequities in race, class, and gender.⁶

Current Infant Feeding "Choice" in the U.S. and Breastfeeding Activism

Clearly, the connection between the formula market and consumers is not a simple one. Proponents of the formula market argue that the decision of how to feed an infant should be the mother's choice. Breastfeeding advocates, on the other hand, argue that this decision is not really a "choice" when views have been distorted by the marketing campaigns of formula companies and the pervasive social issues they promote. This is especially problematic when Western standards of beauty, wealth and modernity are encouraged.^{3,6} A lack of family and partner support can further reduce women's agency in their infant feeding decisions. In extreme cases, breastfeeding can become a matter of safety for mothers in controlling relationships when partners become jealous of a child feeding at the breast.³ Ambivalent medical messages and hospital practices are often also unhelpful in guiding women towards making the appropriate, educated decision for themselves.¹¹ Practices of post-delivery intervention, supplemental feeding, separate rooms, and taking handouts from formula companies do not create a supportive environment for breastfeeding.

Consequently breastfeeding advocates and activists, or "lactivists," have been working for "material, legal and institutional changes that would support and encourage breastfeeding such as lactation support in hospitals, laws protecting public breastfeeding, restrictions on formula advertising, workplace support for pumping, etc."³ With the Healthy People 2010 goals in place and more health care organizations committed to the "10 Steps to Successful Breastfeeding" promoted by the Baby-Friendly Hospital Initiative, the situation is improving. Rates of breastfeeding increased from 2000 to 2004 in all categories, although rates of exclusive breastfeeding remain low and clear differ-

ences exist between various racial, socioeconomic, marital status, age and urban/rural populations. Specifically, rates of exclusive breastfeeding through age 3 months were lowest among black infants, infants of teenage mothers, unmarried mothers, poor mothers, mothers with a high school education or less, and mothers who live in rural areas.²

Several interesting critiques of breastfeeding activism have come from feminist scholars. These critics point out that breastfeeding advocacy can be elitist and essentialist. "Lactivism" is seen as a white, middle-class ideal that ignores the realistic lack of options for many women who face specific racial and socioeconomic pressures, such as the need to return to work after delivery. The emphasis on breastfeeding as the only acceptable option in infant feeding can re-place an importance on gendered positions by symbolically shifting the full burden of children's needs back onto the maternal framework. By advocating that breastfeeding is necessary in order to be a good mother, "lactivism" may actually take away women's agency. As Bernice L. Hausman concisely articulates, "The implication is that women can or should resist such social prescription, which is part of a historical pattern of controlling women through ideological regulation of their reproductive activities."⁸ A specifically third world critique has been that the emphasis on the problems caused by bottle feeding ignores the underlying issues of poverty and inequality. Although these comments certainly present important issues, there is still a strong case for a form of breastfeeding activism that encourages not only individual mothers to breastfeed, but more importantly, one that encourages the government and institutional practices to make changes that provide all women with infant feeding choice to breast- or bottle-feed as a reality.⁸

With these considerations, alternative options for a more feminist activism have been set forth toward overall social change alongside individual education and group visibility. Feminist breastfeeding activism pushes for breastfeeding to be accepted as a right, not just as a privilege. This acknowledges the importance of an individual, educated choice in the matter but also recognizes that without structural change in government policies, working environments, medical influences, family systems of support, individual choice is not really a choice at all.⁸ In particular, this activism includes asking candidates for government positions how they will promote breastfeeding, calling out on poor media representations of breastfeeding, and seeking support for the Breastfeeding Promotion Act of 2007 that protects breastfeeding women from discrimination in the workplace and establishes standards for breast pumps.¹⁵ One campaign in particular, the Ban-the-Bag campaign,

seeks to stop hospitals from giving mothers baby bags with formula sample packs when they leave postpartum.¹⁶

This activism takes into account the biological implications, social pressures, and global capitalism that have so strongly influenced the debate around infant feeding. Creating an awareness of the reality of women's decisions around infant feeding and educating about the benefits of breastfeeding will open the door for women to truly make an educated choice in the matter. Progress has been made in the pro-breastfeeding movement with greater recognition of the benefits of breastfeeding. That being said, the history of breastfeeding in America must be remembered, and an understanding of the benefits of breastfeeding for both infants and mothers must continue to be promoted.

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Editors Note: For a alternative perspective on breast feeding, the reader may look to "The Case Against Breastfeeding" in the April 2009 Atlantic. Available online at: <http://www.theatlantic.com/doc/200904/case-against-breast-feeding>.

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