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GENDERED SPACES AND INTIMATE CITIZENSHIP: THE CASE OF BREASTFEEDING

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ABSTRACT This paper situates breastfeeding politics in the context of intimate citizenship (Plummer 2003), where women's capability to care (Nussbaum 1995) in a range of social spaces is at stake. Drawing on the work of Lefebvre (1991) and Fenster (2005), the paper considers the extent to which recent breastfeeding promotion work by the Health Promotion Agency in Northern Ireland has sought to reconceive of social spaces in ways which have the potential to improve intimate citizenship for breastfeeding women.

KEY WORDS Breastfeeding; Health Promotion; Northern Ireland; Intimate Citizenship; Capabilities; Gender; Space.

INTRODUCTION

... breasts are capable of transforming legislation, citizenship, and cities themselves. (Bartlett 2002:111)

Much research has been carried out which seeks to establish why some women breastfeed while others do not. The explanations cover a wide range of factors, including the economic and political influence of artificial milk producers (e.g. Palmer 1993); the medicalization of pregnancy, childbearing and infant feeding and the development of 'scientific mothering' (e.g. Apple 1987); the lack of significant breastfeeding role models

for new mothers (e.g. Bentley et al. 2003); the sexualization of breasts and the shame and embarrassment associated with exposing breasts in public places (e.g. Bartlett 2002; Carter 1995); a desire to shift the burden of feeding onto others, not least fathers (e.g. Earle 2000; Maher 1992); and the difficulty of returning to paid work while continuing to breastfeed (e.g. Hausman 2004).

This paper seeks to situate this range of reasons within two broader contexts. Firstly, I will argue that breastfeeding can be regarded as a site where Plummer's notion of intimate citizenship (2001; 2003) is in question. Secondly, breastfeeding would seem to offer a good example of where citizenship, in this case intimate, is mediated by a gendered entitlement to inhabit and use public space (Fenster 2005). As Stearns has noted, 'the actual labor of breastfeeding is increased because women must constantly negotiate and manage the act of breastfeeding in every sector of society – in public and in the home' (1999: 322). Consequently, the breastfeeding women she talked to did their best to achieve invisibility in breastfeeding, often at significant cost (pg.313).

In what follows, I will firstly outline the idea of intimate citizenship, and particularly the ways in which breastfeeding as an embodied, dyadic, care-oriented practice which often necessarily takes place in 'public' or social spaces, can be viewed in this light. Secondly, I will discuss the ways in which citizenship is mediated through the social production of space, in often gendered ways. Turning then to Northern Ireland, the final section of the paper will focus on efforts to reconceive of social spaces as breastfeeding-friendly in Northern Ireland, through the work of the Health Promotion Agency in the region (HPANI). The key question this paper is concerned with is whether perceptions and conceptions of social space in breastfeeding politics might lead to improved intimate citizenship for breastfeeding women.

INTIMATE CITIZENSHIP

Plummer's 'sensitising concept' of intimate citizenship seeks to explain the broad range of conflicts and contestations associated with practices and processes of intimate life. If we understand citizenship as a distinct, and relatively thin, form of belonging to a collectivity (Isin and Wood 1999; Marshall 1950), which has the potential to be much thinner in its cultural content than that of national, ethnic, or religious belonging, it would seem, as Marshall famously argues, to promise much in the way of equalising the entitlements and obligations of those who 'belong' as citizens, whether legally or more socially defined. Plummer's innovative move in theorising the ways in which belonging and entitlement are often both contested and asserted through 'intimate' contexts and issues, such as family life, sexuality, gender, reproduction, and bodily transformations, more usually regarded as aspects of 'private' life beyond the 'public' concerns of citizenship, presents a promising route for understanding the socio-political processes at work in generating and shaping these contexts and issues. As he argues, '[i]f "intimate citizenship" seems an oxymoron, it also suggests a potential bridge between the personal and the political.' (2003: 15).

It seems to me that the tensions which explanations of low rates of breastfeeding in the 'developed' world point to, as new mothers seek to manage the demands of infant care in

contexts shaped by ‘scientific’ mothering, sexualised breasts, and a masculine, or at least disembodied, model of the paid worker, can be understood as raising issues of intimate citizenship, which very much shape women’s capability to care for their infants and young children.

In stating the issue in these terms, I am approaching it from the point of view of Nussbaum’s outline of how public policy can best develop human capabilities. As she argues, a public policy which takes a utility-oriented approach, for example seeking to maximize infant and maternal health, or to distribute resources as evenly and fairly as possible, fails to take account of the full range of human capabilities, and consequently often overlooks major inequalities in so doing. Public policies, which shape relationships between citizens, as well as between citizens and the state, should be concerned not simply with maximising collective utility in specific contexts, but instead with enabling all citizens to develop the full range of our capabilities as human beings, including the capability to ‘direct our own lives’, as she puts it, not least in relation to childbearing and child rearing, and to do so ‘in our own surroundings and context’ (1995: 85).

In relation to breastfeeding, this would mean developing a context wherein women are not subject to moral (Wall 2001) or health-oriented (Carter 1995) pressure to feed their infants in specific ways, but instead one where women’s capabilities to parent in self-directed ways, in their own surroundings and context, are the subject of public policy. The focus of public policy should not be on whether or not particular capabilities are *actually* developed in practice, but instead on whether we have the *opportunities* to do so:

Government is not directed to push citizens into acting in certain valued ways; instead, it is directed to make sure that all human beings have the necessary resources and conditions for acting in those ways. It leaves the choice up to them. A person with plenty of food can always choose to fast. A person who has been given the capability for sexual expression can always choose celibacy. The person who has access to subsidized education can always decide to do something else instead. By making opportunities available, government enhances, and does not remove, choice. (1995: 94-5)

Rather than treating infant feeding either as a simple matter of private choice and often private practice, as feminist attention to the practice has tended to do (Hausman 2003), or as a matter of maximising the health of the population, as official efforts to promote health tend to do (e.g. Department of Health and Social Services Northern Ireland 1999), an approach which regards infant feeding as a site of intimate citizenship might regard it as raising key questions about women’s capability to nurture infants in a way that enhances rather than threatens their own sense of embodied selfhood in the physically and emotionally demanding context of infant care. This would address many of the issues raised in qualitative sociological analyses of why women do or do not breastfeed (e.g. Earle 2002; Pain et al. 2001; Van Esterik 2002).

Thus, breastfeeding involves not simply an ability to choose to meet the basic needs of infants for nurture and close physical contact in a particular way, but also what

Nussbaum describes as being able to form a conception of 'the good', and 'to engage in critical reflection about the planning of one's own life'. In other words, public policy on the intimate citizenship practice of breastfeeding should enable women to make well-informed, and highly personal decisions about how to care for their infants in ways which enhance rather than diminish their sense of autonomous selfhood.¹ A key aspect of developing women's capability to care, then, would include reconceiving social space where infant feeding might take place, such that the need to manage possible reactions in distinct spaces is removed.

This approach would seek to take seriously the negative experiences of breastfeeding expressed, for instance, by the women in Schmeid and Lupton's (2001) study, who, despite being committed to the idea of breastfeeding, nevertheless felt alienated from their infants through the practice. Blum also articulates a less than entirely positive experience, noting that '... breastfeeding was one of the most intensely ambivalent experiences of my life...' (1999: 208; see also Giles 2003). A capabilities approach would enable women to make reasoned decisions about how to proceed, rather than making decisions in the face of physical and/or emotional difficulty, on the basis of moral pressure or a sense of moral obligation.²

In summary, citizenship affects intimate aspects of life, often in 'public' or social contexts, in ways which problematise the assumed distinction between public and private life. Choice is indeed important to citizens, but our sense of what options are available to us, and our ability to exercise choice in particular contexts, depends on states taking a broad perspective on citizenship, in ways which seek to develop the full range of capabilities, rather than seeking more narrowly to meet targets etc., often through moralizing behaviours or overlooking the ways in which intimate practices such as breastfeeding are highly context-sensitive. Breastfeeding is an interesting practice where citizenship, understood both in terms of belonging, and entitlement to resources which will develop our capabilities, is mediated through the meanings attached to particular bodies in specific social spaces.

GENDER, CITIZENSHIP AND SOCIAL SPACE

As Fenster (2005) argues, if we think of citizenship broadly in terms of a sense of belonging produced through inhabiting collective space, rather than through ethnic or national belonging, then citizenship depends to some extent on being able to use collective spaces (pg. 222), as well as having a choice over whether and how to use those spaces (pg. 227).

This analysis of the dynamics of belonging through entitlement and capability to use public spaces draws on Lefebvre's argument that space does not simply exist prior to, or empty of, social processes, but instead is actively produced through those very processes. From this perspective, social space is produced through what he identifies as three interconnected 'moments', namely the perceived, the conceived, and the lived. From this point of view, embodied social relationships are at the centre of socio-spatial processes. As he comments, 'social practice presupposes the use of the body: the use of the hands, members and sensory organs...' (1991:40).

Early infant care, including feeding, can, from this perspective, be understood as a practice which is actively shaped by, as well as shaping, the social spaces within which it takes place. These spaces are many, including hospitals, homes, workplaces, travel spaces, and recreational and civic spaces. However, our ability to actively produce and use such spaces is not simply given by our formal inhabitation. Instead, as Fenster found, '... women's spatial mobility is very much dictated, if not controlled, by [...] cultural symbolic meanings of space' (2005:226; see also Massey 1994). This cultural symbolic meaning is shaped by complex interplays between gender, sexuality, and other identity markers, such as religion or ethnicity. Fenster explains, for instance, that women in Jerusalem do not use the city centre main street of Mea Shearim because of signs at all the entrances:

These signs pose a clear request in Hebrew and English to limit the use of the public spaces in the neighbourhood by women unless they are dressed as required on the signs. (ibid.)

Thus, women's ability to use this space, or to choose not to use it, is sharply circumscribed by the conceived and perceived processes through which that space is produced, or given meaning. It would seem that women's access to what can be described as citizenship, that is, their sense of belonging, defined in terms of their ability to use social spaces, is severely compromised by their gender, albeit mediated by other social divisions, such as ethnicity, class, 'race', etc.

Women who are actively caring for infants or small children also seem to manage that care in ways which are centrally shaped by their perceptions, as well as by representations, of the social dynamics of space. With respect to infant feeding, research suggests that new mothers are aware of the health promotion message that 'breast is best', but respond to that message in different ways, shaped by their class and ethnic position (Carter 1995). Much research on low rates of breastfeeding in the UK and Northern Ireland points to patterns such as women beginning to breastfeed while in hospital, but ceasing soon after returning home, because they find it impossible to continue to do so 'discreetly', not only when they are in other 'public' spaces, such as shops or cafes, but also when they are in the more 'public' areas of their own homes (Bolling 2006; Hamlyn et al. 2000; Murphy 2000; Murphy et al. 1999; Stewart-Knox et al. 2003). Some women breastfeed only in the 'privacy' of their bedrooms, a practice which is very difficult to sustain over any length of time, or switch to formula to enable them to care for their infants in what they perceive to be acceptable ways, while using 'public' spaces. Others do use public spaces to breastfeed, either in a self-conscious refusal to conform to perceived and conceived spatial norms, or through a strong sense of entitlement to use space, conferred through class or other socially and culturally powerful positions (Stearns 1999).

NORTHERN IRELAND: GENDER, SPACE AND BREASTFEEDING

Turning now to the dynamics of gender and space in breastfeeding politics in Northern Ireland, I will consider how social space has been organised through gender, and how one

key actor in the field, the Health Promotion Agency, is currently seeking to reconceive space as breastfeeding-friendly, as part of their strategy to increase breastfeeding rates.

The history of violent conflict in the region has had a major impact on perceptions of social space (Kitchin and Lysaght 2003; Lysaght 2002). The militarisation of space and everyday life, through the activities of both the military and paramilitary groups, produced a gender regime which has been famously characterised as an 'armed patriarchy' (Edgerton 1986). The impact has been a spatial segregation not only by religious/national identity, but by gender, and women have consequently been largely excluded from socio-political spaces (Dowler 2002). More recent demilitarisation does not seem to have significantly transformed perceptions of gendered social space, as the lack of women representatives in the newly reinstated Northern Ireland Legislative Assembly testifies (Ward 2006).

The ways in which gendered perceptions of social space affect infant feeding practice have been noted, for example, by Bartlett, who commented that 'women are influenced in their choice to breastfeed or not by the *perception* that breastfeeding in public is not acceptable' (2002:116, my italics).

To what extent does the masculinisation of space in Northern Ireland affect women's infant-feeding practices? Northern Ireland has the lowest rate of breastfeeding in the developed world, albeit on the increase (Bolling 2006). Sittlington et al., in their study of expectant mothers' attitudes to infant feeding in the region, found that, irrespective of intention or outcome, mothers agreed that 'women should not breast-feed in public places' (2006:8). This was in keeping with previous studies which indicate negative attitudes to public breastfeeding in Northern Ireland (Greene et al. 2003; Stewart-Knox et al. 2003). Greene et al's study of teenage attitudes, for example, showed that '[t]he vast majority of respondents favoured breastfeeding in the home (96%) or in specially provided rooms (96%), such as baby changing rooms (95%).' (2003:60).

Public perceptions that breastfeeding should be carried out in private, or if in public should be discreet, are not, of course, limited to Northern Ireland (see, for example, Bartlett 2002:117; Stearns 1999:313). Indeed, current proposals to extend Scotland's right to breastfeed in public to England and Wales have been met with similar sorts of public responses. For example, a recent radio discussion of the idea was less than enthusiastic, with commentators claiming that 'there are ... things that are best done privately', and that 'you don't quite know where to look if it's there before you on the bus or some environment like that.' (BBC Radio 4 2007). Debates over whether to allow women to breastfeed in the UK Houses of Parliament were resolved following similar controversy. It was ultimately decided that women could breastfeed only in specially designated areas, and not in the Debating Chamber, Committee Rooms or Public Galleries (Sear et al. 2003).

There would seem to be a general perception that public spaces are inappropriate arenas for breastfeeding to take place, a perception that seems to be particularly entrenched in

Northern Ireland. This depends on the production of social spaces whereby breastfeeding may only legitimately take place in disembodied, invisible ways.

RECONCEIVING SOCIAL SPACE? BREASTFEEDING PROMOTION

Turning now to efforts to actively reconceive of social space in Northern Ireland as a site of infant feeding, I will examine the efforts of the Health Promotion Agency to shift the meaning of public breastfeeding, as part of their efforts to increase breastfeeding rates.

The Health Promotion Agency has been actively seeking to promote breastfeeding as the best way to maximise infant and maternal health in Northern Ireland since 2003. They have run a number of campaigns targeting the general public, which have sought to reconceive of social spaces as arenas where women should be able to, and indeed be supported in, breastfeed their infants without censure. One of their most prominent campaigns was run in May 2004, February 2005, and again in January 2007. As the Agency explains:

This campaign aims to raise public awareness about the health benefits of breastfeeding, and to encourage the general public to be supportive to mums who want to breastfeed their babies. (Health Promotion Agency 2007)

This campaign targeted buses and other venues around Northern Ireland. One prominent poster showed the face of a baby looking directly at the camera, with his mother in the background, beneath the question 'Other people can eat here, so why can't he?' The poster also carried the campaign strap-line 'Breastfeeding mums need your support – because every baby deserves the best.'

This particular effort to reconceive 'public' social space as an arena where a (male) baby can 'eat' in the best way possible, by breastfeeding, and that mothers seeking to feed their infants in this way need public support, draws on the broader gender dynamics of public space, in seeking to change those very dynamics. Unusually for breastfeeding campaign images, the couple are not pictured in the process of feeding. The character at the centre of the image is a baby boy, who seems to openly question perceived spatial norms. The woman is not looking at the camera/the public, but instead has her attention entirely focused on her son. What we are presented with then is a conventional image of mother and son, and the challenge to public perceptions concerning the acceptability of public breastfeeding seems to come directly from the infant son, with the mother in a supportive, nurturing, background role.

These campaigns have also included radio and television broadcasts, along with newspaper adverts. Again, the campaign message is reasserted, and one of the radio adverts explicitly addresses the question of public breastfeeding:

'Here's some news for the people of Northern Ireland. Breastmilk is the best food a baby can have. But amazingly, some people would rather see a baby go hungry than see a mother breastfeed in public! Breastfeeding mums need your support,

because every baby deserves the best.' (Health Promotion Agency 2004 www.breastfedbabies.org/Breastfedbabies-radio-advert-one.mp3)

What is interesting here is the introductory address to 'the people of Northern Ireland', which frames the subsequent comment as an issue of national importance. The structure of the narrative suggests that this is akin to a national news broadcast, which 'the people' would necessarily have an interest in. The newsworthy element of the story is supplied by the shocking news that a group of moral 'outsiders' would prioritise female modesty over infant welfare. This effort to reconceive social space in Northern Ireland, by designating those opposed to public breastfeeding as moral outsiders, is typical of health-promotion material which tends to emphasise infant rather than maternal welfare (Murphy et al. 1999: 243).

A central feature of this campaign has been the representation of breastfeeding as asexual. The HPA television advert, for example, which has run a number of times since 2004, shows a breastfeeding mother with infant and supporting father (Health Promotion Agency May 2004; February 2005). The parents are dressed identically in dark grey sweatshirts, and are pictured with their very young baby against a non-specific white background. The advert seeks to promote breastfeeding through an association with love ('food from the heart'), and health. The father is presented as being just as close to the infant as the mother, through physical touching, stroking, kissing and holding, some of which continues while feeding is going on. The suggestion of the advert is that breastfeeding is a form of love and care, and that fathers who support and encourage breastfeeding are actively involved in loving and caring for their babies. The identical clothing worn by both parents can be interpreted as an effort to desexualise the mothers' body, as well as downplaying the ways in which breastfeeding is often conceived as enhancing a maternal/infant 'bond', at the fathers' expense. The HPA have claimed a degree of success for this campaign, following survey research which showed that awareness of the benefits of breastfeeding has increased, along with increasing rates of intentions to breastfeed amongst women, and increasing levels of supportive attitudes among men (Health Promotion Agency 2005). This apparently successful reconceptualisation of social space seems to have drawn on already existing conceptualisations of motherhood as asexual, while reconceiving fatherhood as active, loving and physically involved with their infants (although this is a more general trend). What is unusual about this campaign is that the desexualisation of the maternal body in this context has been accompanied by a narrative which situates breastfeeding-supportive fathers within the bonding space of breastfeeding. The question remains as to whether this represents a reconceptualisation of parenting as less gendered.

One of the HPA's newspaper adverts which is targeted specifically at men, and is published in the sports pages of the local press, show the image of a man engaged in skin-to-skin contact with an infant, looking almost like he might be able to breastfeed. The advert, in seeking to improve father's support for breastfeeding, asks the implicitly male readership whether they would breastfeed themselves if they could (Health Promotion Agency 2007). The attempt here to picture a man's physical involvement with his infant as almost interchangeable with a woman's seems daring and almost sexual. Indeed, it is

striking that the man is pictured holding a baby girl, whereas the campaign images of mothers and infants always code and refer to the infants as male.³ This bare-breasted, (hetero)sexual image of nurturing, but nevertheless muscular, fatherhood seems at odds with the desexualised and almost disembodied images produced of nurturing motherhood.

One other noteworthy effort on behalf of the Health Promotion Agency to reconceive public space is their 'Breastfeeding Welcome Here' Campaign. This has involved recruiting businesses and other organisations to support breastfeeding by displaying a sign stating 'Breastfeeding Welcome Here'.

In a context where there is currently no right to publicly breastfeed, the Agency launched this campaign in 2005, to recruit local businesses and other organisations to support breastfeeding women by prominently displaying a sticker with the campaign message on their premises (Health Promotion Agency 2005aa). While at first glance this would appear to be a useful strategy for publicly declaring women's entitlement to breastfeed outside of 'private' spaces, it does also have the unfortunate effect of indicating to breastfeeding women that unless such a sticker is on display, breastfeeding may not be welcome. Thus, it would seem that this campaign carries a risk of undermining women's entitlement to breastfeed in public places, and indeed segregating spaces, in ways which echo the entrance signs on the Mea Shearim, noted by Fenster (discussed above). Furthermore, this campaign gives private businesses and other organisations arbitrary power to decide on such entitlement. One coffee shop owner who explained why he signed up to the scheme in 2006:

We decided to join the Breastfeeding welcome here scheme to support the breastfeeding mums who already visit our premises on a weekly basis. As a customer service led business we know the value of repeat custom and word-of-mouth and aim to meet the needs of all our customers. (Health Promotion Agency
<http://healthpromotionagency.org.uk/work/Publicrelations/PressReleases/welcomehere2006.htm>)

Thus, in using the campaign to simply appeal more explicitly to the already-existing customer base, the commercial space of the coffee shop was not being reconceived, and its use was not changing, it was simply being represented more explicitly as a space where breastfeeding was (already) welcome.

CONCLUSION

It remains to be seen whether social space in Northern Ireland has been reconceived in such a way as to produce a more breastfeeding-friendly environment, and what the gender effects of such possible change might be. Rates of breastfeeding are on the increase, although still very low, and the HPANI are reporting more breastfeeding-oriented views (2005). However, the question remains as to whether this effort to reconceive social space by reconceiving fatherhood in more embodied, caring and

supportive ways, while reinscribing motherhood as asexual, nurturing and self-sacrificing, will affect the use of social spaces.

One possible benefit of such a campaign, other than the more utility-oriented aim of increasing breastfeeding rates, could be an enhancement of women's ability to care for their infants in self-directed ways, and in their own surroundings and context. However, enabling women themselves to participate in reconceiving the social spaces, domestic and more 'public', which they routinely inhabit, might go some way towards reducing the moral tone of much official involvement in infant feeding, and at the same time recognise early infant care as an arena where intimate citizenship is at stake.

NOTES

1. In putting the case in these terms, I am rejecting Bacchi and Beasley's claim that discussions of autonomy necessarily reproduce a mind/body dualism (Bacchi, C.L. and Beasley, C. 2002. 'Citizen bodies: is embodied citizenship a contradiction in terms?' *Critical Social Policy* 22: 324-52.). Instead, I would follow Cornell's argument that what is often at stake in reproductive and sexual politics is women's ability to imagine ourselves as whole over time, in ways where the body is central to that imagining (Cornell, D. 1995. *The imaginary domain: abortion, pornography & sexual harassment*. New York: Routledge.)
2. As Carter argues, 'Breast-feeding has been embedded in discourses of femininity, which specify what women ought to be and infer that if women are not like this it is because of some moral failing. Women are not expected to need any resources of particular conditions to perform this function since they are only after all doing what ought to come naturally.'
Carter, P. 1995. *Feminism, Breasts and Breast-Feeding*. Houndmills, Basingstoke: Macmillan Press Ltd. (pg.70)
3. I am grateful to Stephanie Knaak for pointing this out.

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