Situating Breastfeeding within Development in the Philippines

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Abstract

While I believe that breastfeeding is a beneficial biosocial practice in any society, the politics within which it is entrenched in today's world need to be critically analyzed. As it is a practice that has lost its dominance in a world governed by neoliberal market forces and globalist development discourse surrounding child-rearing and nutrition, there is a dearth of literature exploring its connection to the problematique of modern-day development and its relation to specific women and their bodies. This paper situates the decline of breastfeeding with the historical, economic, and political conditions of neo-globalization, leading its inclusion in the larger discourse of development. Over the years, breastfeeding was touted as a means of population control and a solution for child malnutrition. These agendas have been re-articulated in national policy but are devoid of the underlying gender and class issues, generalizing women's bodies and breasts as apolitical entities and as sites of reproductive and productive imperialism (Kuumba, 1999).

INTRODUCTION

From being a personal and individual choice for women, breastfeeding has become one of the major agenda in maternal-child health, child mortality and morbidity and fertility debates in the 21st century. Substantial evidence emphasizes that breastfeeding has a significant impact in improving child survival, advancing health outcomes for mothers and children, controlling

fertility, and boosting national and economic human potential in the future (Huffman & Lamphere, 1984; Barber et al., 1997; Amsili, 2014). Despite these documented benefits of breastfeeding, only 39% of infants ages zero to six months worldwide were exclusively breastfed , and only 34% of infants in the Philippines benefited from breastfeeding (Unicef, 2014). Statistics show that an estimated one million infant deaths could have been avoided each year if infants worldwide were exclusively breastfed (Amsili, 2014). Yet how did the natural biosocial practice of breastfeeding decline to such levels in the today's modern age? How was the global agenda of alleviating this decline translated into the ideological regime of development and articulated in policy at the national level?

The objective of the paper is to situate the decline of breastfeeding with historical, economic, and political conditions of neo-globalization; to discuss the discourse of breastfeeding the larger discourse of development, which tackle breastfeeding as a means of population control and breast-feeding as a solution for child malnutrition; to contextualize these two discourses in the articulation of the breastfeeding advocacy in national policy so as to bring to the surface underlying gender and class issues that these policies fail to articulate. I argue that national breastfeeding policies go beyond alleviating problems in child health and nutrition as part of a subliminal and historical global agenda intricately linked to the development led by the "First World".

NEO-GLOBALIZATION AND THE DECLINE OF BREASTFEEDING

As early as 1920s, food and drug industries in the United States of America developed infant formula food to substitute for breastfeeding (Baker, 1985). By the 1930s, the rapid decline of infant mortality in the developed countries was brought about by technological advances in sterilization and feeding apparatuses and the availability of pathogen-free milk (Bracher, 1992). In the two decades that followed, the shift from breastfeeding to bottle-feeding in industrialized countries was facilitated by the following factors: hospital routines changed to favor bottle-feeding because medical professionals were convinced of the advantages of artifi-

cial milk and mothers were impressed with technological advances in "scientific feeding" (Baer, 1981).

As the United States and other industrialized countries began its demographic transition , declining birth rates in the 1950s saw a sharp drop in sales of infant formula food, which prompted major producers to expand in developing countries with high population growth rates. In these countries, transnational corporations began to market their products towards a broader segment of the population: the lower income segment (Baker, 1985).

In tandem with the rampant advertising of infant formula milk worldwide in the 1970s, the Philippines began to experience breastfeeding decline as aggressive promotion and marketing strategies were employed to capture this new target market: free milk samples were distributed in hospital to postpartum women (Huffman & Lamphere, 1984), and Filipino health professionals were taught that common childhood illnesses acted as contraindications to breastfeeding, leading to the discouragement of the practice in the medical profession (Adair, Popkin, & Guilkey, 1993). In the same decade, the feminization of labor through the same expansion and globalization of transnational companies (Tadiar, 2009) saw the demand for female participation in the labor force and another target market for breast milk substitutes: mothers in the workforce.

As a result, mothers began to turn to bottle-feeding and infant formula as a complex myriad of cultural, economic and political factors merge to influence their motivation, including their "desire to comply with prevailing fashions in infant feeding (usually determined by social class) and with current sentiment of health professionals (Baer, 1981, p. 199)". Decades of infant formula milk promotion and changes in maternal lifestyle due to education and work opportunities and motivation have seen the abandonment of breastfeeding as an optimal infant feeding practice (Huffman & Lamphere, 1984) across the world.

In retrospect, the global decline of breastfeeding is deeply embedded in the political-economy of transnational capital and interests: the feminization of labor since the 1970s had restructured and changed gender roles, maternal lifestyles, and child-rearing ideology; and the intense advertising of the infant formula

industry to project alternative food and feeding apparatuses as the status symbol of the progress in of the West.

Expounding upon Arturo Escobar's (1995) assertion of how the discourse of development has become an apparatus of ideological control and power relations between the "developed" and "developing", infant formula industries had not only imported products that were marketed as an basic necessity among poor and working class women, but also had had imported "Western health care delivery systems, Western values, and Western-style business (Baer, 1981, p. 199)".

BREASTFEEDING IN THE GLOBAL DISCOURSE OF DEVELOPMENT

In the 1990s, the decline of breastfeeding and the emergence of two population health problems, namely high child malnutrition and hunger and infant morbidity and mortality in developing countries, encouraged specialists to turn to breastfeeding as a solution. Many scholars studied the impact of breastfeeding (or the lack of such), particularly in nations where transnational corporations had devoted much of their resources and energy to capture segments of the population that had high population growth or high fertility. What emerges from literature are two issues that are commonly discussed but devoid of analysis of the underlying historical, political, and economic conditions related to the double-edged face of development: breastfeeding as a health intervention for the "Third World" and breastfeeding as a form of fertility control for high fertility populations.

Breastfeeding as Fertility Control

Along with its health benefits, scientists have discovered the demographic and socio-biological importance of breastfeeding: as breastfeeding declines occurred all over the world, it was linked to an increase fertility of many developing countries, because "if there are no efforts to counteract this trend or increase contraceptive use… [then] fertility will increase (Gille, 1985)". This is a major cause of concern for demographers, who follow the demo-

graphic transition theory. The demographic transition theory posits that all countries will follow the demographic experience of the "First World", with a shift from high fertility and high mortality to low mortality and low fertility. Also implicated in the theory is that countries with high fertility are mostly "Third World" with a lack of socio-economic development, while those with low fertility belong to the "First World" which experiences economic growth and technological advancement. Hence, the adoption of Western paradigm of development includes measures of controlling and lowering fertility – one of which is breastfeeding or the lactational amenorrhea method (LAM).

The acknowledgement from the academic and medical community on the fertility impact of breastfeeding caught the eye of a prominent development organization known for promoting modern and artificial contraception. By the late 1990s, the US Agency for International Development (USAID) expressed support for natural family planning (NFP) methods, including LAM, in order to appease conservative Catholic sectors against artificial contraception and to expand the coverage of family planning (Johnson & Reich, 1986), particularly in the developing world. In the Philippines, religious hierarchy and dominance in politics determined the thrusts of the national family planning program (Lush et. al, 2000), and LAM appealed greatly to conservative leaders and policy-makers.

In December 1995, professionals and scholars solidified their campaign for LAM in a conference in Italy, which was sponsored by the WHO, Family Health International, and Georgetown University Institute for Reproductive Health. Although the Family Health International had already released a previous Bellagio Consensus Statement in the 1980s, the Bellagio Consensus Statement in the 1990s set new guidelines on how LAM can be effectively used in fertility regulation. While there is a general agreement to put a premium on exclusive breastfeeding for the first six months, it also encouraged the use of modern contraception after six months, the introduction of alternative infant foods, or the resumption of menstruation (Millman, 1993).

Dr. Rebecca Ramos of the DOH was the sole Philippine representative in the conference in Italy, among professionals coming from the United Kingdom, the United States of

America, and other Western countries. Her presence indicated the consensus of the Philippine government to conform to the consensus on LAM, and during that same year the National Family Planning (NFP) program adopted it as a valid contraceptive method (Finger, 1996).

Breastfeeding as a Solution to Infant Malnutrition and Mortality for the "Third World"

From the emphasis of breastfeeding as a form of natural fertility control in the 1970s, scholars then pointed to its benefits as a source of natural nutrition of the population in the 1990s. This change in focus was due to a paradigm shift in the global agenda of population health: from blatant population control in the 1970s, it was embedded and rearticulated in other aspects of family and reproductive health as illustrated in international conferences such as the International Conference on Population and Development in 1994 and the Millennium Development Goals in 2000.

Various studies have been carried out to highlight breastfeeding's impact on child nutrition and health outcomes. Huffman and Lamphere (1984) point out that the absence of breastfeeding reduces the possibility of child survival in early months and alternative food can affect child health. Breastfeeding has also been claimed to serve as a protective measure against infection from contaminated alternative foods (Huffman & Lamphere, 1984) and other health problems caused by "poverty, poor sanitation, illiteracy, and frequent exposure to disease" (Millman, 1993, p. 103).

Ironically, the "illiteracy and poor sanitation" of the lower class was also used as a reason why infant formula milk was associated with infant malnutrition, morbidity, and mortality: instead of problematizing infant formula milk and the political-economic structure surrounding its production, poor women were to blame for causing sickness and death by not having properly read instructions and using the formula with contaminated water (Baker, 1985). Hence, the "Third World", with its poor conditions paling in comparison to the technologically advanced "First World", must adopt breastfeeding as a national intervention for infant nourishment because it is

"economical" and "convenient" (Bracher, 1992), with no question whatsoever that the historical decline of breastfeeding in these developing countries had been brought about by development through transnational capital and products, among which are infant commodities.

(Re-)Articulation of the Breastfeeding Agenda at the National Level

In the previous two sections, I have discussed the global discourse of breastfeeding in two stages and its intersection with matters of development: the discussion of breastfeeding and its impact on fertility and the discussion of breastfeeding and its impact on child health and nutrition. Another aspect to look at is the articulation—or rather, re-articulation—of these global agenda at the national level, as nothing is more evident than the clear-cut adoption of recommendations and policy suggestions laid out by international institutions. Situated within the larger worldwide political and economic interests, I argue that the country's current breastfeeding policies do not stem from grassroots consultation, experience, or evidence. Instead, a closer look at the top-down origins of such policies reveal how intricately and historically intertwined the state is with a bigger prevailing body of knowledge produced in the global North.

The table below demonstrates how two powerful institutions, associated with promulgating development through health and child advocacy, have influenced the passage of policies in the country. While the intention behind these policies are, no doubt, meant for the greater good, it is important to note what underlying discourses and processes are omitted in the quest for better population health:

At the national level, the effort to integrate breastfeeding as an important agenda and strategy is a broad attempt to implicitly alleviate child malnutrition and mortality while reaping the benefits of breastfeeding after childbirth if LAM is put into use. However, at the individual level, these policies are devoid of the socioeconomic conditions of everyday life concerning the people who they are made for: mothers. Safely located within the realm of the status quo in global discussion, they fail to point out class differ-

TABLE 1. Global and National Breastfeeding Policies since the 1990s

Global Scale	National Scale
Introduction of Infant and Young Child Feeding (IYCF) practices to improve child health and nutrition, headed by the WHO and UNICEF	**The Philippines join other countries in implementing strategies for IYCF as per recommendation of WHO and UNICEF**
Recommendation of the establishment of Baby Friendly Hospital Initiatives(BFHI)worldwide	1992: Republic Act No. 7600 – Mother-Baby Friendly Hospital Initiative (MBFHI). Health institutions must provide facilities and an environment to encourage breastfeeding (DOH, 2014).
Proposal of IYCF strategic planning and implementation in countries involved	2005: National Policies on IYCF or Administrative Order 2005-0014. Guidelines on how to improve infant and young children survival through breastfeeding.
Suggestion of promoting breastfeeding protection through guidelines for marketing breast-milk substitutes (Mangasaryan et al., 2012)	2007: Revision of National Code of Marketing Breast-milk Substitutes and Products (Milk Code) based on E.O. #51 (1986). Guidelines on the creation of warning labels and restrictions to infants two years old and below.
Advice to strengthen and to assess BFHI globally	2007: DOH Administrative Order No. 2007-0026. Guidelines in MBFHI certification to create community support and encouragement.
Proposal to create breastfeeding environments for working women	2010: Republic Act No. 11028 – Expanded Breastfeeding Promotion Act based on R.A. No. 7600. Creation of an environment for working women to breastfeed by providing incentives to offices.
Implementation of IYCF strategy in exclusive breastfeeding, particularly Bangladesh, Philippines, Sri Lanka, Uganda, and Uzbekistan (Mangasaryan et al., 2012)	2012: Breastfeeding TSEK—Tama Sapat EKsklusibo. Pilot testing of implementation of community-based behavioral change in select urban areas of Metro Manila, and a continuation. 2011–2016: Philippine Plan of Action for Nutrition 2011–2016. A framework that identifies the promotion, protection and support of breastfeeding and other necessary actions in promotion of IYCF practices.

ences among women, the problems of development and urbanization, and the political economy of child-rearing and infant-feeding and breastfeeding.

At the beginning of the massive promotion of infant formula in the Philippines and other developing countries, it was clear from the start that a certain segment of the population was ideal: the lower class women with high fertility (and thus, more children that the product was made for) and working class women. In this context then, promoting breastfeeding can be seen as a strategy of alleviating malnutrition among the children of these women, but also as a means of fertility regulation, especially for the "fertile" lower class with no perceived economic means or access to modern contraception. Implicitly, these breastfeeding policies target specific cohorts of women not only as the primary source of child nutrition and child care, but also a source of natural contraception. This macro-level disembodiment of the individual woman from the socio-economic circumstances she is embedded in, generalizes women's bodies and breasts as apolitical entities and as sites of reproductive and productive imperialism (Kuumba, 1999).

CONCLUSION

While I believe that breastfeeding is a beneficial biosocial practice in any society, the politics within which it is entrenched in today's world need to be critically analyzed. As it a practice that has lost its dominance in a world governed by neoliberal market forces and globalist development discourse surrounding child-rearing and nutrition, there is a dearth of literature exploring its connection to the problematique of modern-day development and its relation to specific women and their bodies.

The objective of the paper is to situate the decline of breastfeeding with historical, economic, and political conditions of neo-globalization; to discuss the discourse of breastfeeding the larger discourse of development, which tackle breastfeeding as a means of population control and breastfeeding as a solution for child malnutrition; to contextualize these two discourses in the articulation of the breastfeeding advocacy in national policy so as to bring to the surface underlying gender and class issues that

these policies fail to articulate. I argue that national breastfeeding policies go beyond alleviating problems in child health and nutrition as part of a subliminal and historical global agenda intricately linked to the development led by the "First World." Also missing from these policies is a discussion of the underlying gender, class, and development issues, separating women and their decisions to use their breasts from the socioeconomic realities of the everyday.

In summary, these policies are a manifestation of political-economic relations and interests, depoliticizing socio-economic issues such as class and gender at the individual, national, and global scale. The dearth of literature on such policies also tells us the reluctance of dominant scholarship to downplay the role of development in causing population health problems in the first place, and to ignore the effect of market forces behind socio-economic practices in child health. As the global agenda of these policies emanate from powerful knowledge-producing bodies, these (re)produce the notion of the "Third World" while failing to critique the problem of the paradigm of development in the "First World". That being said, the decline of breastfeeding and attempts to revive it is only part of it, as it is entrenched in this powerful ideological apparatus brought about by the complex political-economy of transnational capital and goods related to child care and nutrition.

As development labels female participation in the labor force as a sign of women empowerment, they are still seen as responsible for infant care and child-rearing—policies manifest that "breastfeeding itself has become a fetishized technology that operates to alienate women by being both idealized and difficult to accomplish" (Hassan, 2010, p. 480). With breastfeeding as an advocacy for fertility regulation and child nutrition, women's bodies and breasts are treated as apolitical entities and as sites of tension for reproduction and production (Kuumba, 1999), with a need for the state and individuals to rethink our notions of progress and development empowerment that is inclusive, non-alienating and empowering for all women regardless of class and ethnicity.

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