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## Bodies get in the way: breastfeeding and gender equality in Swedish handbooks for new parents

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### ABSTRACT

This article offers an analysis of three popular Swedish handbooks for new parents, written by authors in the “media class.” In these texts breastfeeding as a gendered, embodied practice collides with the Swedish ideal of gender-equal parenting. The analysis explores the various ways that gendered bodies, gendered (parental) rights, and gender equality figure in the handbooks, drawing upon feminist studies of bodies and embodiment, and of breastfeeding in particular. It contextualizes the primary texts in terms of the Swedish ideal of gender-equal parenting, and in terms of current breastfeeding practices in Sweden. In the handbooks, the “breastfeeding imperative” is resisted because it is irrelevant and constraining for women, but also because it alienates fathers from infant feeding. Breastfeeding is ultimately rejected for reasons grounded in differences between gendered parental bodies, and particular understandings of gender-equal parenting. We contend that the books’ suggestion that breastfeeding be rejected in the name of parental gender equality, while it may cause women to feel physically free, also supports fathers’ rights discourses and in fact serves to (once more) marginalize women’s bodies, straight and queer.

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Bodies and their socially encoded meanings can be understood only in specific spatial, temporal and cultural contexts (Robyn Longhurst, 2001, p. 11)

Because the bodily and biological differences between men and women are not the true source of social gender inequalities, the social and feminist decision to ignore real differences in biological abilities or needs does not necessarily lead to gender equality. (Paige Hall Smith, 2012, p. 376)

## Introduction

Breastfeeding rates have gone down significantly in Sweden in the past 25 years. National guidelines follow the recommendation of WHO with exclusive breastfeeding during the child’s first 6 months (WHO, 2018). Although an absolute majority (97%) of expecting mothers in Sweden express a wish to breastfeed according to the WHO recommendation, and as many as 95% initiate breastfeeding upon the birth of the child, only about 13% end up following the WHO recommendation, a significant decline from the most recent peak at 46% in 1996.<sup>1</sup> While the reasons behind this trend are likely to be multiple and complex, this article—via an analysis of popular twenty-first century handbooks for new parents—suggests a partial explanation: that breastfeeding as a gendered embodied practice collides with the Swedish ideal of gender-equal parenting.

Swedish advice literature about breastfeeding is authored by professionals who work in health care or with breastfeeding support, and used in the education of health care professionals<sup>2</sup>; there are also clinical guidelines on interaction with new parents around the feeding of babies.<sup>3</sup> However, narratives about breastfeeding, often framed as advice, also come in popular handbooks for new parents authored by people from the “media class” (Djerf-Pierre, 2006; Jakobsson & Stiernstedt, 2018) whose claim to expertise is based in personal experience. While the health professionals’ texts tend to be unequivocally pro-breastfeeding, the popular handbooks are considerably more critical. In texts by health professionals, breastfeeding is presented as a common practice linked to health benefits for mother and child, while breastfeeding problems are presented as possible to overcome. In the popular handbooks, breastfeeding is—in general—resisted and represented as problematic, while health benefits are toned down or directly questioned.

While reasons for not breastfeeding are multiple and complex, and include, *inter alia*, previous bodily experiences as well as social, cultural, and spatial constraints, in these popular handbooks, as we will demonstrate, breastfeeding is resisted for reasons grounded in differences between—and inequalities of—gendered parental bodies, and particular understandings of gender-equal parenting in the Swedish context. These interlinked issues, we argue, function to marginalize women’s bodies, straight and queer. Our analysis explores the various ways that gendered bodies, gendered (parental) rights, and gender equality figure in the handbooks. It draws upon feminist studies of bodies and embodiment, and of breastfeeding specifically. Furthermore, it contextualizes the primary texts in terms of the Swedish ideal of gender equality, and in terms of current breastfeeding practices in Sweden. This context is explained in a separate section below.

Three major motivations lie behind our focus on (texts about) breastfeeding. First, it is a means for talking about (representations of) what is an everyday embodied experience for large numbers of women across differences. Second, it is a means for foregrounding the intimate links between “private” (parental) bodies marked by sex and gender (as well as age, class, race, sexuality, nation, region, and more) and “public” social phenomena such as family politics and (inter)national health recommendations. Finally, it is an inroad to scrutinizing how certain understandings of gender equality in the Swedish context can have unexpectedly dis/embodied—and anti-feminist—effects when it comes to parental capability and legitimacy generally, and parents’ feeding of babies specifically.

## Material and method

The data is drawn from popular Swedish handbooks aimed at new parents, and written by authors in the media class, typically white middle-class heterosexuals,<sup>4</sup> who have a strong opinion-building voice in the Swedish media landscape (Jakobsson & Stiernstedt, 2018). Via searches in libraries, databases, and bookstores, we found 13 such handbooks published since 2002.<sup>5</sup> In this study the genre is represented by three publications, one a handbook for new fathers: Manne Forsberg’s *Pappalogi* ([*Dadology*] 2014), and two handbooks for new mothers: Hanne Kjöllers *I huvudet på en mamma* ([*In the mind of a mother*], 2008) and Emma Knyckare’s *Hit med flaskan!* ([*Hand me the bottle!*] 2018). Typical for the genre, all three handbooks have a chapter that focuses specifically on breastfeeding/feeding the infant.

The primary texts have been selected on the principle of “greatest divergence.” Published over a period of ten years, authors are variously gendered and aged, and variously placed in the Swedish media landscape. Hanne Kjöllers (b. 1965) is a journalist and a nurse, Emma Knyckare (b. 1987) is a comedian, podcaster and columnist, and Manne Forsberg (b. 1983) is a writer, influencer and sex educator. The authors come to breastfeeding from different perspectives, and in different tonalities, from the boisterous and intimately personal (Knyckare) to the quasi-scientific and businesslike (Forsberg). Whereas the chapters on breastfeeding in Kjöllers’ journalistic book and Forsberg’s “manual” both reference research and previous advice literature on breastfeeding, Knyckare’s chapter is based entirely on her personal experience and written in a light and predominantly humorous style. Although different, all three texts explicitly activate gender equality to engage with issues of breastfeeding, gender, and

parenthood, and to critique the official Swedish pro-breastfeeding discourse. In this, they are representative of the genre as a whole.

In the following sections, we present our theoretical framework, and briefly contextualize the primary texts before coming to the thematic analysis. Themes have been selected after repeated readings of the books to discern issues that are central, prevalent, or particularly strongly expressed. By close-reading chosen passages and comparing how the themes figure in the primary texts, we explore how attitudes to and experiences of breastfeeding bodies and parental gender equality are represented.

We want to emphasize that we analyse published texts, and draw conclusions about these; on the basis of the material investigated we cannot draw conclusions about breastfeeding practices as such.<sup>6</sup> Nevertheless, we regard these texts as based upon, as well as potentially affecting, attitudes to and experiences of breastfeeding. In this we position the study in a cultural studies tradition that recognizes the reciprocal interdependencies of representations and reality (Hall, Evans, & Nixon, 2013).

### ***Feminist perspectives on maternal bodies and breastfeeding***

Feminist work during the past 50 years has explored how anxieties raised by leaky, unruly female bodies cause their marginalization and containment, and has reclaimed and centred this formerly abject, indeterminate and unbounded, (typically) regularly bleeding and at times lactating body.<sup>7</sup> Feminist studies have also centred motherhood as a social, cultural, psychological, embodied, and existential experience marked by tensions, ambivalences, and power.<sup>8</sup> The maternal body specifically has been theorized by Clare Hanson, among others, who states that “The maternal body is a troubling, disruptive body. Its most striking characteristic is its mutability, as it expands, dilates, contracts and expels. It is also leaky and permeable, losing mucous, blood and milk . . . Its borders, then, are indeterminate” (Hanson, 2015, p. 87). Hence, feminist critique has established the body as a central analytical category for critical thinking, while always also aware of the dangers of emphasizing women’s embodiment in a cultural setting that has historically reduced women to bodies-only, especially linked to reproduction (cf. de Beauvoir, 1949; Bordo, 1993; Grosz, 1994; see Smith, 2013, p. 373).

Research on the embodied practice of breastfeeding to date is extensive, especially in medical research, where it is often focused on the benefits of breastfeeding (Victoria et al., 2016) and on breastfeeding support for women (Cato, Sylvén, Henriksson, & Rubertsson, 2020). Feminist research on breastfeeding in the humanities and social sciences has charted the cultural histories of breastfeeding (Sjöblad, 1997; Yalom, 1997), and explored public breastfeeding discourses (Åström, 2015; Sällivaara, 2019; Wolf, 2010a, 2010b), typically raising questions about gendered power relations (Badinter, 2011; Friedman, 2009; Wolf, 2010b). Breastfeeding and bodies/embodiment has also been addressed in queer studies research on men and lactation (Cohen, 2017), which, like feminist studies, emphasizes that breastfeeding, although practiced almost exclusively by females, is a cross-gender concern marked by power. A major strand in feminist studies on breastfeeding has focused on how guilt and the ideal of the “good mother” are activated in breastfeeding discourses. For example, breastfeeding advice literature in previous centuries has been described as dominated by a “narrative of fear” (Åström, 2015) used by male experts to regulate women’s behaviour. Scholarship has also focused on breastfeeding and contemporary forms of governance (Murphy, 2003), including national breastfeeding campaigns aimed at changing women’s behaviour and increasing breastfeeding rates (Kukla, 2006; Wolf, 2010a, 2010b).

Whereas the abovementioned studies are variously grounded in feminist body politics, scholarship on breastfeeding has also directly addressed gender equality while problematizing the relationship between feminism, motherhood/maternalism/maternity, and embodied experiences (Bartlett, 2002; Hausman, 2004; Hird, 2007; Smith, Hausman, & Labbok, 2012; Wolf, 2006). Paige Hall Smith argues that the feminist view of breastfeeding as constraining women serves to hide the ways that social practice and policy sustain gender inequalities because, she contends, it is based on a gender-similarity framework that “raise[s] the cost of breastfeeding” for women (Smith, 2013, p. 371).

Instead, she argues, policy should recognize the specific needs of lactating bodies, especially in the workplace, to facilitate breastfeeding for women in their everyday lives. Rather than critiquing dominant discourses as regulatory and constraining, Smith's study exemplifies another tendency in feminist studies on breastfeeding, which is to claim women's right to breastfeed, and be able to live their embodied specificity (see also Hausman, 2012; Stearns, 2013).

The maternal body as experienced in pregnancy and breastfeeding may be helpful for rethinking the relationship between self and other, as well as women's political rights because, as Bernice Hausman observes, it serves to counter and undermine ideas of "autonomous personhood" (Hausman, 2004, 275–6, 2012). Myra Hird, in an exploration of the reciprocal "gifting" of matter in pregnancy and breastfeeding, likewise engages materiality and embodiment to argue against the idea of the "independent subject" (Hird, 2007). In various ways, then, these critics raise the issue of women's bodily integrity, and argue that maternity offers complex and important relational understanding of inter/subjectivity.

In the following analysis, we draw upon such previous research to identify tensions between recognizing and disclaiming gendered bodily difference in the selected handbooks, and to discuss meanings of gender equality, but also of women's bodily integrity and embodied subjectivity in the context of breastfeeding. The next section outlines briefly the cultural context in which contemporary Swedish handbooks are produced in terms of breastfeeding policy and practice, and the ideal of gender-equal parenthood. This is done in order to clarify how these two dominant discourses may be interpreted as *at odds*, a concern we will discuss further in the analysis of popular handbooks for mothers and fathers.

### ***The Swedish context: promoting breastfeeding and gender-equal parenthood***

Breastfeeding is promoted by WHO and the Swedish health care system primarily in order to achieve optimal growth, development, and health in the child (Victora et al., 2016), and secondarily because it has health benefits for the mother, such as lesser risk for ovarian and breast cancer (Collaborative Group on Hormonal Factors in Breast Cancer, 2002). In recent years, the environmental-friendly and hence sustainability-oriented aspects of breastfeeding have also been foregrounded.<sup>9</sup>

Swedish health care recognizes that while producing breastmilk is physiological, breastfeeding is also a learned behaviour influenced by cultural attitudes (Cato et al., 2020) as well as by hospital routines and support from caregivers (Amningsguiden, 2008; Kylberg, Westlund, & Zwedberg, 2018). As part of the work to promote breastfeeding all expecting parents are informed about breastfeeding during pregnancy. Breastfeeding support, which begins immediately after birth by placing the newborn skin to skin with the mother (Widström et al., 2011), ideally continues during post-partum care, first in hospital, later during home visits by midwives where the entire family is involved, and in infant health clinics (Sw. *barnvårdscentralen*). During antenatal care visits midwives are encouraged to promote breastfeeding by giving information and asking whether mothers intend to breastfeed based on expectations and previous experience (Cato et al., 2020).<sup>10</sup>

Since partner support influences the decision as well as the duration of breastfeeding, and mothers feel more capable and confident when partners are supportive and actively involved in breastfeeding (Bar-Yam & Darby, 1997; Grandahl, Stern, & Funkquist, 2020), fathers/partners are also invited to such information sessions. Breastfeeding is also a topic usually raised in parental classes involving discussion about parenting roles and gender issues. Research on links between infant feeding and gender equality is inconclusive. On the one hand, studies have suggested that a couple's commitment to gender equality may contribute to adopting formula feeding as the preferred infant feeding method (Svensson & Nordgren, 2002). On the other hand, more recent research has shown that longer shared parental leave—which signals "gender-equal parenthood"—is associated with longer duration of breastfeeding in Sweden, and that partners who were knowledgeable about breastfeeding were less prone to view breastfeeding as an obstacle to gender equality (Grandahl et al., 2020).<sup>11</sup>

Hence, official policy and health care organization of breastfeeding information and support promote breastfeeding on the grounds of evidence-based health outcomes, women who give birth are generally inclined to attempt breastfeeding as a primary feeding alternative for infants (Cato et al., 2020), and information and education for parents-to-be is relatively gender-inclusive. Taken altogether, this can be interpreted as a powerful official pro-breastfeeding discourse, sanctioned by national (and international) authorities.

Another official discourse is that of gender-equal parenthood. This is currently a recognized national ideal (Forsberg, 2009; Bergman, Eriksson, & Klinth, 2011; Wahlström; Henriksson, 2016), as well as an explicit political goal promoted by several successive governments across the political right-left divide; *regeringen.se*<sup>12</sup>). Health care also recognizes the goal of gender-equal parenthood, as signalled by the inclusion of questions regarding gender equality in advice literature and guidelines on breastfeeding aimed at health care professionals, by protocols for questions posed to expecting parents,<sup>13</sup> and by the focus of medical research on gender equality and breastfeeding (e. g. Lööf-Johansson, Foldevi, & Rudebeck, 2013; Palmqvist, Zäther, & Larsson, 2015).

To achieve gender equality, the tax-funded parental leave system has been seen as key; the system, introduced in 1974, has developed over several decades with increasing amounts of paid parental leave time for parents (currently 480 days per child), and increasing proportions of this time (currently 90 days) reserved for each parent.<sup>14</sup> In spite of such policy developing over almost 50 years, fathers still use less than 30% of the total time available for new parents.

The parental leave system is an example of how the Swedish welfare state, through policy, attempts to govern citizens' private lives via "social engineering" for the stated purpose of bettering their present and future lives. Equal use of parental leave is expected to promote women's access to the job market and counter inequalities in pensions, but also to promote men's access to full lives, including family involvement, and to give younger generations full access to diverse life choices. Hence, this measure is expected to be conducive to improving society as a whole. It should also be clarified here, that Swedish national policy builds upon a view of all citizens as workers and taxpayers, and of all parents as both child-carers and breadwinners. This, then, is a central socio-political aspect of family lives and parenthood in the contemporary Swedish context in which breastfeeding information and support occur.

The current low rates for exclusive breastfeeding of young infants may seem remarkable in a context in which extensive paid parental leave is the rule, information about (new research regarding) the health benefits of breastfeeding is widely mediatized, and where most people, when asked, agree that breastfeeding is beneficial as well as a norm. As we will demonstrate, ideas about parenthood, infant feeding, and gender equality figure in particular ways in the popular parental handbooks, where the notion of gender-equal parenting can become instrumental to resisting breastfeeding.

The following sections offer a thematically structured analysis of the representations of breastfeeding (bodies) in handbooks for mothers and fathers. We explore the meanings of these representations in their contemporary and nation-specific context, and in terms of feminist understandings of (embodied) gender equality and/or (embodied) gender difference.

### ***Handbooks for new parents: Resisting the breastfeeding imperative***

Handbooks for fathers and handbooks for mothers are strictly gendered, both in that, they are directed at a segregated readership, and in that the author and addressee are of the same sex. The authority of the author builds on authentic, personal experience, and on closeness to the intended reader, who can be assumed to be someone very much like the author/narrator—a new parent; not an "expert"—and hence the books offer possibilities for reader identification. However, since the writers are media professionals typically located in central Stockholm and leading urban middle-class lives, they represent a rather select group. While the books are popular and often light in tone, they are nevertheless marketed as handbooks, that is, as literature that signals authority on

a particular subject. Although all authors use hedging (“I can only tell you about my experience”; “I’m no expert”), they then go on to offer advice on how to feed the baby.

The chapters on breastfeeding in parental handbooks often recount problematic encounters with the breastfeeding norm, represented by health care professionals who voice the breastfeeding imperative, supported by the WHO breastfeeding recommendations which all authors question. The genre includes rather antagonistic depictions of Swedish healthcare described as a “breastfeeding mafia” or as marked by a “breastfeeding hysteria.”<sup>15</sup>; this is also demonstrated by subheadings like “The Swedish breastfeeding doctrine” (Kjöller, 2008, p. 113).<sup>16</sup> These rhetorical choices cohere with the observation made by Hausman *et al.*: “It is noteworthy that the predominant public story about breastfeeding is one of failure that is followed by a diatribe against public health promotion of breastfeeding. Another target for this critique is the overly zealous exhortation by people identified as ‘breastfeeding Nazis’” (Hausman, Smith, & Labbok, 2012, p. 4). In various ways, these texts resist the breastfeeding imperative by envisioning health professionals as extremists in statements that are clearly hyperbolic, as in this passage from Kjöller: “Call the bluff on midwives and their arguments and ask yourself whether this thing with *breastfeeding for years on end* is a part of the hallowed motherhood that to a high degree impacts upon maternal and birthing care (Kjöller, 2008, 118; emphases added).<sup>17</sup> Similarly, Knyckare suggests that parents are fed a false image of “breastfeeding bliss” and speaks of new parents’ encounters with strict and unhelpful midwives.

Forssberg clarifies that the WHO lie behind Swedish recommendations that guide the work of midwives, as well as the ban on advertising formula for babies under 6 months, and claims that “[i]f you as much as breathe ‘formula’ it is not unusual to be lectured about the blessings of breastfeeding” (Forssberg 136). He continues to suggest that, since midwives “assume that you will breastfeed, *it is best to be well read and straightforward if you know you want to formula-feed*” (Forssberg 137, emphases added), yet adds that “*if the mother still wants to breastfeed* there are lots of suggestions and practical help to be got from the midwives at BB [the birthing clinic], and later in BVC [the infant health clinic] or the breastfeeding unit” (Forssberg, 2014, 138, emphases added).<sup>18</sup> The basic assumption underlying Forssberg’s rhetoric is that the reader—the father—will be sceptical to breastfeeding at the outset, must be prepared to fight for the right to refuse, but also be prepared that a mother may “still” want to breastfeed. Since Forssberg’s chapter is titled “breastfeeding” (Sw. *Amning*) but prefaced with a picture of a breast pump and a baby bottle, there is little doubt that, for fathers, in Forssberg’s estimation, bottles are best. Ostensibly to counter the myopia of the “doctrinaire” stances of midwives and other proponents of breastfeeding, the chapters in the handbooks for fathers typically include sections or passages on how to bottle-feed babies.<sup>19</sup> The negativity around breastfeeding is pronounced across genders, regardless of whether the author of the handbook has followed the WHO recommendation (Knyckare) or not (Kjöller), or has not specified his (or his partner’s) personal experience (Forssberg).

There is no shortage of representations of problems with lactation and leaky female bodies in the handbooks, aspects which are particularly pronounced in maternal handbooks, where mothers express alienation caused by the pain and problems of breastfeeding, by fatigue and frustration, the way that lactation changes the breasts, and the total sense of being occupied by the feeding/hungry baby. Knyckare summarizes her reaction to breastfeeding with the words “Why is another person sucking on me?” (Knyckare, 2018, p. 56). The breastfeeding chapter in *Hit med flaskan!* Is most explicit on embodied experience, as signalled by its title: “The boob question” (Sw. *Pattfrågan*). Knyckare focuses on painful sore nipples and feelings of inadequacy, but also mentions problems with breastfeeding in public and attracting unwelcome stares from unknown men.

Handbooks for fathers, meanwhile, express alienation caused by exclusion from feeding the baby. Breastfeeding here becomes alienating—and problematic—because it distances fathers from newborns, and “reduces” fathers to helpers of mothers in the feeding situation. In Forssberg’s chapter, the anatomical limits of the paternal body are foregrounded, and represented as a source of frustration: “You might curse nature for not providing us men with functioning mammary glands . . . It is inevitable that breastfeeding makes the father something of a second hand parent. Someone who is not as

important. (Forssberg, 2014, p. 138). However, this anatomical deficiency can be compensated, Forssberg explains, by providing all kinds of care besides actual feeding, as well as by cooking for the mother, and thereby, by extension, providing nourishment for the baby: “This was my little trick for having some part in the game” (Forssberg, 2014, p. 139). Hence, in handbooks for mothers and fathers, problems with breastfeeding include feelings of alienation, as well as formulations of resistance to the breastfeeding norm, which is seen as placing unwelcome demands on mothers, and as marginalizing fathers.

### **Breastfeeding and/or gender equality**

In the handbooks, breastfeeding is described as a “gender equality problem” and a “gender equality crook” that hampers both women’s freedom and men’s bonding with their babies. *Hit med flaskan!* [*Hand me the bottle!*] is only the most explicit of recent titles to claim that the method of feeding the baby can either ruin or save parents’—and especially mothers’—lives. But also that it can ruin or save the specifically gender-equal character of the heterosexual couple relation and of parenthood as such.

In fact, these handbooks are explicit in their claims regarding the way that maternal bodies can stand in the way of achieving (parental) gender equality. Under the subheading “Breastfeeding as a gender equality crook” [Sw. *Amning som jämställdhetsbov*] Manne Forssberg states that “[b]reastfeeding is the best feeding method there is. The food is always the right temperature, hygienically packed, easy to access and full of nourishment. Besides, breastfeeding is a cuddly moment for mother and child.” However, he immediately goes on to state that “[b]reastfeeding is also the worst feeding method there is. A gender equality crook that distances father from child, completely occupies the mother and leads to sore nipples, breast engorgement, fever, and feelings of failure” (Forssberg, 2014, p. 136). He then continues the chapter with sections on anatomy, problems, and gender equality.

Although Forssberg points out that persuading “a breastfeeding-prone woman” to switch to bottle feeding in the name of gender equality would not be “cool” (Forssberg, 2014, p. 139), he nevertheless emphasizes the ways that feeding breast milk with a spoon, cup, or bottle will help the father feel particularly involved in the care of the baby (Forssberg, 2014, 140, p. 145). He explains that breastmilk can be extracted by hand or pump so that the father also has access to feeding the baby breastmilk (handbooks for mothers typically describe extraction by hand or pump as frustrating and physically alienating: “I felt like a cow”).<sup>20</sup> This rather mechanical view of breastfeeding is exacerbated when breasts are described as “advanced feeding machines” (Forssberg, 2014, p. 141). Somewhat inconsistently, like Kjöllér and Knyckare, Forssberg also questions the WHO recommendation and states that there is no need to breastfeed babies/feed babies human milk. “Formula provides the nourishment a child needs and works better for some. But the bottle is also a blessing for parents of suckling babies, since it allows the father to spend longer periods alone [with the baby] and the mother to do something else entirely” (Forssberg, 2014, p. 144). The anatomical difference that initially was presented as a major obstacle to fathers’ status as first-hand parents, is overcome as Forssberg describes the father bottle-feeding the baby while holding it against his bare chest, so that the feeding situation provides nourishment as well as physical closeness, warmth, and comfort for the baby, while the mother is off doing “something else entirely.”

Forssberg includes quotations (under the heading “true stories”) from other dads, like the one from “Per”, who describes the benefits of bottle feeding: “We are both quite sceptical to the mother isolating herself with the child and creating an exclusive milieu of delicate togetherness where the father is reduced to someone who facilitates and services. I do not believe in some sublime innate bond between mother and child. I think the moments and actions together with the child creates the bonds, and I think I had that confirmed when we shared the feeding” (Forssberg, 2014, p. 146). Forssberg goes on to agree with “Per”, and states clearly that he sees breastfeeding as detrimental to men’s access to their babies, to freedom of choice, and to gender equality: “Breastfeeding means that it is mostly mothers who are on parental leave early on. *If both parents breastfed* or if you gave the baby the bottle, the possibility to choose would be greater. You could be on parental leave every other day, or the father could stay home with the child from the start” (Forssberg, 2014, 138–139; emphases added).<sup>21</sup>

Similarly, in her handbook for mothers, Hanne Kjöllér claims that because she chose not to breastfeed after two weeks of failed attempts, although this saddened her, and although she knows there are benefits with breastfeeding, the greatest benefit of formula-feeding is that it enables a “gender-equal relationship” between parents, as well as “the relationship my daughter built with her dad . . . I frankly do not think it would have been quite the same without the bottle” (Kjöllér, 2008, p. 118). While Kjöllér, unlike Forssberg, foregrounds the child rather than the father they end up with the same conclusion: bottle feeding improves father-child bonding while breastfeeding hampers it, and hence bottle-feeding enables gender-equal parenthood.<sup>22</sup> Ten years later, Emma Knyckare states that, if she has another child, she will choose formula, since her “relationship [with the baby’s father] would have been more gender equal without the breastfeeding” and formula gives “my partner the possibility to be home during the first sensitive phase” (Knyckare, 2018, p. 56).<sup>23</sup>

While the personal experiences of the authors are beyond question, we find it interesting that so many of these texts frame non-breastfeeding as positive because it is conducive to parental gender equality.<sup>24</sup> This view of “gender equal parenting” is one where there is no difference between mothers and fathers, between lactating and non-lactating bodies; in other words, anatomy is downplayed or disclaimed.

### Discussion: (different) bodies get in the way

In her careful analysis of pro-breastfeeding campaigns in the US, Rebecca Kukla enumerates several reasons why women may find it difficult to pursue breastfeeding in the twenty-first century. These include “long work hours and cracked nipples” but also emotional responses ranging from “disgust” to “rage” grounded in previous bodily and/or sexual experiences which may include sexual violence, or in being socialized into a discomfort with one’s own body (Kukla, 2006, p. 163). While these reasons are plausible as well as complex, we cannot determine from the material studied here whether all these reasons also operate in the Swedish context, although some, like alienation and discomfort, certainly figure in the material. What we can conclude from the material we have analysed, is that other reasons are foregrounded for resisting breastfeeding.

In popular handbooks for mothers and fathers, breastfeeding is resisted or rejected—even by those who have predominantly positive personal breastfeeding experiences. Resistance to breastfeeding as such is closely connected to resisting the perceived breastfeeding imperative, which the authors link to a “doctrinaire” attitude among health care professionals, and to the WHO recommendation, the relevance of which is questioned by the authors.<sup>25</sup>

However, these handbooks also demonstrate another kind of resistance: to the sexed (and gendered) difference of bodies. We view this resistance in the context of Swedish gender equality politics and specifically the parental leave policies that have marked the past 40+ years of the Swedish welfare state. In a national context where gender equal parenthood is an ideal, if this ideal is understood as men and women gaining “equal access” to all that parenthood entails, including infant feeding, bodily (anatomical, physiological) difference between women and men becomes a problem, and the consequence is an inability to harbour sexed/bodily difference. Perhaps the treatment of breastfeeding in the handbooks can also be understood as an effect of a kind of Swedish social engineering which frames mothers and fathers as equal carers, equal workers, regardless of bodies and embodiments.

The observation by Bernice Hausman that her experience of nursing “was so extraordinary—and I don’t mean *fantastic*, *great*, or *spiritually satisfying*, but *out of the ordinary*, *odd*” (Hausman, 2004, 274; emphases original) foregrounds an embodied experience unique to lactating bodies. The handbooks for mothers seem to be returning to key feminist issues such as women’s bodily integrity, and embodiment as key to subjectivity. They do so, however, in a way that frames women’s rights to their reproductive—and lactating—bodies, not as the right to claim space and recognition for that body (cf. Hausman, 2004; Hird, 2007), or as the right to have and be and live as a female embodied subject (in relation to, for example, infants), but as the right to keep that body to

oneself, and protect its boundaries from being loosened or invaded by an infant—or by normative social demands—in the practice of breastfeeding.<sup>26</sup> Previous feminist research on breastfeeding and gender equality—and feminist breastfeeding activism—foregrounds the need to increase women’s access to, and spaces for, breastfeeding, in short: *the rights of women to breastfeed* (Hausman, 2012, p. 19).<sup>27</sup> By contrast, the handbooks for mothers frame women’s embodied rights as *the right to refuse*, in line with feminists who see breastfeeding primarily as constraint (Badinter, 2011; cf. Hausman, 2012). Handbooks for fathers, meanwhile, emphasize *the rights of fathers to equal access to (bottle) feeding babies*—and in Forssberg’s case preferably with breastmilk—since feeding is perceived as key to parent–child bonding and to being a “first-hand parent.”

Hence, we view the resistances to breastfeeding in the handbooks as grounded in authorial positionings vis-à-vis two official discourses in Sweden: the pro-breastfeeding discourse of the health care system, and the gender-equal parenting discourse of family politics and policy. While the pro-breastfeeding discourse is questioned and rejected, the gender-equal parenting discourse is integrated and embraced in the genre. The two discourses build on different understandings of bodies. The first relies on sexed/gendered embodied difference while the second relies on similarity, and stands in direct opposition to Hausman’s observation that “[a] commitment to women’s rights as mothers must involve a recognition of their labour and its physical meanings: exhaustion, giving, connectedness, boredom, etc. (Hausman, 2004, p. 278). In what can only be seen as a striking paradox, the Swedish (feminist) political goal of men’s and women’s equal efforts in parenting young children seemingly loops back upon itself in an understanding of female lactating bodies as “in the way” of gender equality.

## Conclusion

Bodies and embodiments can get in the way of gender equality, as much feminist research has indeed demonstrated. Interestingly, however, in the case of breastfeeding in handbooks for parents in twenty-first century Sweden, it is the female body in its specificity as a (potentially) lactating body that gets in the way and must be managed or erased for the male/paternal body to gain (gender) equal access to the baby. We argue that it is partly for this reason that female bodies in these handbooks, written by purportedly feminist/gender equality-conscious authors, become a problem that needs to be handled in such a way that they differ as little as possible from male bodies, which is encapsulated in their recommendation of the “gender-equal” everyday caring practice of bottle feeding babies. We contend that the handbooks’ suggestion that breastfeeding be rejected in the name of gender equality, while it may cause women to feel physically free, also supports fathers’ rights discourses and in fact serves to (once more) marginalize women’s bodies.

## Notes

1. Breastfeeding was at its highest in Sweden in 1995–2004. However, the low figures in recent years are somewhat tempered by statistics indicating that while only 13% adhere to the exclusive breastfeeding recommendation, as many as 64% of babies are *partly* breastfed at age 6 months, and 26% at 12 months; it should also be noted that the decrease in exclusive breastfeeding seems to have halted (Socialstyrelsen September 2018).
2. *Amning idag* (Kylberg et al., 2018; the advice book formerly published by the public health authorities (Socialstyrelsen/Folkhälsoinstitutet, now by Gothia Förlag) is aimed at a readership of professionals and trainees in healthcare. Titles by professionals engaged in breastfeeding promotion networks (such as LLLI and Amningshjälpen), and directed at a mixed readership of health care professionals and new parents, include *Amning i vardagen* by Marit Olanders (2013) and *Att amma* by Nanna Bylund (2002).
3. Amningsguiden (2008); WHO *Advocacy brief* 2018.
4. The exception, to date, is Kodjo Akolor and Olga Nikrasova Akolor’s book *Den ultimata föräldraguiden* ([The ultimate parental guide] 2017), and a few chapters in *Uppdrag pappa* (Dükler, 2004) and *Uppdrag mamma* (Salmson, 2002). These texts do not address breastfeeding, however, and therefore are not included in the

material for this article. The distribution of issues between texts by white authors and authors of colour is interesting in itself, but will have to be addressed in another study.

5. The other titles are *Uppdrag mamma* ([*Mission: Mom*] Salmson, 2002); *Uppdrag pappa* ([*Mission: Dad*] Dükler, 2004); *Barnliv* ([*Kid life*] Janouch, 2005); *Värsta pappan!* ([*The Best Dad*] Olovsson, 2006); *Koka makaroner* [*Cooking macaroni*] Nilsson, 2010); *Coola pappor* (Melin, 2011); *Hemliga pappan* (Ekström, 2006); *Grattis! Du ska bli pappa* ([*Congratulations: You're going to be a dad!*] Reithner, 2011); *En mamma blir till* ([*A mom is born*] Wollin, 2014); *Den ultimata föräldraguiden* ([*The ultimate parental guide*] Akolor & Akolor, 2017).
6. Furthermore, we draw no conclusions regarding actual readership; this is not a reception study.
7. Bodies and embodiment has been a central concern for feminist studies, including Simone de Beauvoir's *Le Deuxième Sexe* (1947), the crucial contributions in the 1980s and 1990s by French and Anglophone philosophers and cultural critics such as Julia Kristeva, Helene Cixous and Luce Irigaray, Susan Bordo, Jane Gallop, Elizabeth Grosz, and Iris Marion Young, and more recent work on bodies and materialities (Alaimo & Hekman, 2008) and on maternal bodies specifically (Hanson, 2015; Longhurst, 2001). Like Beauvoir, Bordo (1993) identified women's lack of access to bodily integrity and embodied subjectivity as a major sociopolitical problem, not least visible in the context of reproductive rights. Bordo noted that these problems were exacerbated particularly for working class, racialized women throughout western culture.
8. (Badinter, 2011; Brown, 2010; de Beauvoir, 1949; diQuinzio, 1999; Kaplan, 1992; O'Reilly, 2010; Rich, 1976).
9. ScienceNewsfromresearchorganization.Environmentalcostofformulamilkshouldbeamatter of global concern. Support for breastfeeding is an environmental imperative. 2 October 2019 BMJ. sciencedaily.com/releases/2019/10/191,002,183,657.htm.
10. See also The Swedish Association of Midwives; "Policy document about breastfeeding" (2020) <https://storage.googleapis.com/barnmorskeforbundet-se/uploads/2020/10/Policydokument-Amning-2020-Svenska-Barnmorskeforbundet.pdf>.
11. There is no research which demonstrates that leaving hospital early leads to low breastfeeding rates. However, low level of breastfeeding support is clearly linked to such low rates, and breastfeeding support is often lacking outside of hospital.
12. <https://www.regeringen.se/regeringens-politik/jamstalldhet/mal-for-jamstalldhet/>.
13. The battery of questions that midwives use to discuss infant feeding with expecting parents signals that the potential effects of breastfeeding on "gender equality" is addressed in this standard antenatal consultation (Cf. Ny, 2020).
14. "Pappadagar" (daddy days) is common parlance for the reserved three months, since the objective of this policy is to increase men's parental leave outtake, in the name of gender equality. If either parent does not use the reserved three months, they are deducted from the total amount of time.
15. See also, for example, (Dükler, 2004), 50; (Melin, 2011), 72.
16. In his handbook, Andreas Ekström uses the term "Breastfeeding fascism" (Ekström, 2006, p. 137).
17. The primary texts are not available in English translation. All translations into English are ours. The Swedish originals are available upon request.
18. For further examples, see (Forssberg, 2014), 144 ff; see also (Dükler, 2004; Melin, 2011; Ekström, 2006; Reithner 2011; Knyckare, 2018).
19. Surprisingly, then, when books in this genre recount the personal experiences of the author (and their family members) that form the autobiographical basis for the book, they mostly describe successful breastfeeding experiences and helpful encounters with sensitive health care professionals (Ekström, 2006; Knyckare, 2018, Melin, 2011).
20. See Johnson *et al.* for a discussion about milk expression. As they point out, the research to date is sparse, and inconclusive, and their own study shows that expression may be simultaneously empowering and disempowering (Johnson *et al.*, 2012, 180). Expressing milk by pump has also been critiqued in US studies for focusing solutions on product rather than process in ways that have not facilitated women's lives, especially the work-family problem (Smith, 2013, p. 34).
21. A UK study found that first-mothers thought formula feeding was conducive to involved fatherhood, while breastfeeding would hinder it. However, even fathers who are involved in feeding their babies do not get involved in other tasks to any great extent, such as bathing, changing diapers, or getting up in the night, and therefore, they argue, "formula-feeding is not the only answer to the problem of domestic inequity" (Rippeyoung & Noonan, 2012, p. 141).
22. Kjöllér is following up on similar statements in previous handbooks for mothers, most notably Jenny Östergren, whose chapter in *Uppdrag mamma* (2002) about her experience of failing to breastfeed twins is much referenced by later authors of handbooks for both mothers and fathers. Östergren's chapter ends with the suggestion that it is the mothers who bottle-feed their babies that need the most support, and who should be reminded that they are "just as good mothers" as those that breastfeed, "[p]robably a little bit better even, since we give fathers a chance to share the responsibility for the newborns . . ." (Östergren, 2002, p. 104).
23. Swedish parental leave policy does in fact allow both parents to be home simultaneously during the "first sensitive phase."

24. Although this analysis focuses three publications, the idea that bottle-feeding is conducive to gender equality whereas breastfeeding is detrimental to it, is representative of the genre as a whole.
25. In this, they are similar to US feminist writing on breastfeeding, which, Hausman observes, sees the “existing evidence” regarding the relative benefits of breastfeeding over formula-feeding as “perhaps valid in poorer areas of the world [but not] strong enough to support vigorous public health campaigns in the United States” (Hausman, 2012, p. 16).
26. The handbooks for mothers offer counter-images to the ideal of total motherhood, and the supposition that breastfeeding equals good motherhood (cf. Johnson & Rintoul, 2019; Taylor & Wallace, 2012). Kjöllér’s book, which argues against the relevance of the 6-month recommendation in Sweden, and links the recommendation to norms of “good motherhood” is a case in point. Furthermore, these books reject the “narrative of fear” (Åström, 2015) and the “governmentality” (Murphy, 2003) that previous feminist scholarship has identified as central to breastfeeding advice by health professionals.
27. Hausman argues that, rather than focusing on breastfeeding as a right for infants, it should be focused as a women’s right, since this shift “transforms the demand from one made on women’s bodies to one made on the political and social context, focusing attention on her ability to realize her right . . . a women’s rights framework reorients the debate from one focused on the medical evidence thought to influence mothers’ choices (and thus from the ‘educating mother’ paradigm) to one focused on obstacles to the realization of those rights. This approach suggests a powerful political understanding of how social contexts frame expectations about public health strategies” (Hausman, 2012, 19).

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