



World Alliance for Breastfeeding Action
Protects, Promotes and Supports Breastfeeding Worldwide

GENDER ANALYSIS OF BREASTFEEDING

some initial steps



Introduction: What is Gender Analysis?

- **Gender analysis** refers to the variety of methods used to understand the relationships between men and women, their access to resources, their activities, and the constraints they face relative to each other.
- **Gender analysis** provides information that recognises that gender and its relationship with race, ethnicity, culture, class, age, disability, and/or other status, is important in understanding the different patterns of involvement, behaviour and activities that women and men have in economic, social and legal structures.
- **Gender analysis** is an essential element of socio-economic analysis. A comprehensive socio-economic analysis would take into account gender relations, as gender is a factor in all social and economic relations.
- An analysis of gender relations provides information on the different conditions that women and men face, and the different effects that policies and programmes may have on them because of their situations. Such information can inform and improve policies and programmes, and is essential in ensuring that the different needs of both women and men are met.



What Can Gender Analysis Tell Us?

- An analysis of gender relations can tell us who has access, who has control, who is likely to benefit from a new initiative, and who is likely to lose.
- Gender analysis asks questions that can lead us in a search for information to understand why a situation has developed the way it has. It can also lead us to explore assumptions about issues such as the distribution of resources and the impact of culture and traditions.
 - It can provide information on the potential direct or indirect benefit of a development initiative on women and men, on some appropriate entry points for measures that promote equality within a particular context, and on how a particular development initiative may challenge or maintain the existing gender division of labour. With this information, measures of equity can be created to address the disparities and promote equality.



Elements Of Gender Analysis

- For a good gender analysis, resources and commitment to implement the results of the analysis are necessary. Consider three important points:
 - It requires skilled professionals with adequate resources.
 - It benefits from the use of local expertise.
 - The findings must be used to actually shape the design of policies, programmes and projects.
- Undertaking gender analysis begins with examining the issue so that the broad reality of gender roles and relationships is taken into account.



Tools For Gender Analysis

- There are a variety of tools that have been developed to assist people in asking these questions. Each tool is different, with some advantages and disadvantages, some account for other social characteristics and factors better, while others are more participatory.

Following are some examples:

- The **Women's Equality and Empowerment Framework** builds on an analytical framework based on the interconnected principles of welfare, access, conscientisation, participation, control and empowerment.
- The **Harvard Analytical Framework** is a tool to collect data at the community and household level. It has three main components: an activity profile ('who does what?'), an access and control profile ('who has access and who controls what?'), and an analysis of influencing factors ('how does gender influence the profiles?').



Initial Steps for a Gender Based Analysis of Breastfeeding

- For the purpose of this self-study module we are unable to go into the depth of a full gender analysis exercise. Hence only an initial step has been taken to help course participants get a gist of what a gender analysis of breastfeeding would look like.
- A complete gender analysis would require identifying the constituency, looking at the context of women and their families; examining sex disaggregated data; and **looking thoroughly at each of the gender dimensions at household, community, workplace, state/Government, and international levels.**
- Since this is not possible, we will only take some initial steps using the **Gender as a System framework** (*repeated here in the next slide for ease of reference*).

How gender works as a system

Beliefs in society



Gender norms



Gender roles for men and women



Sexual division of labour



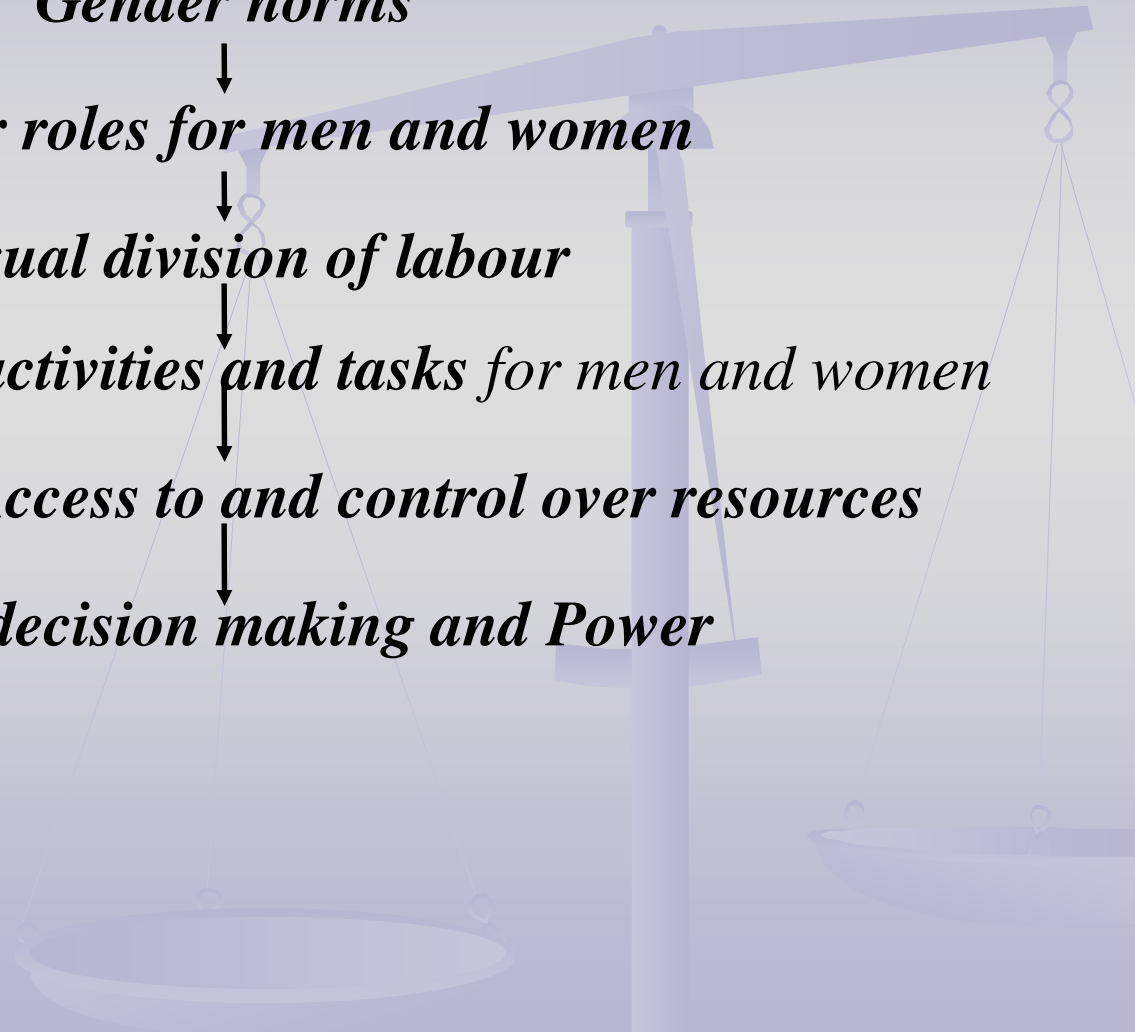
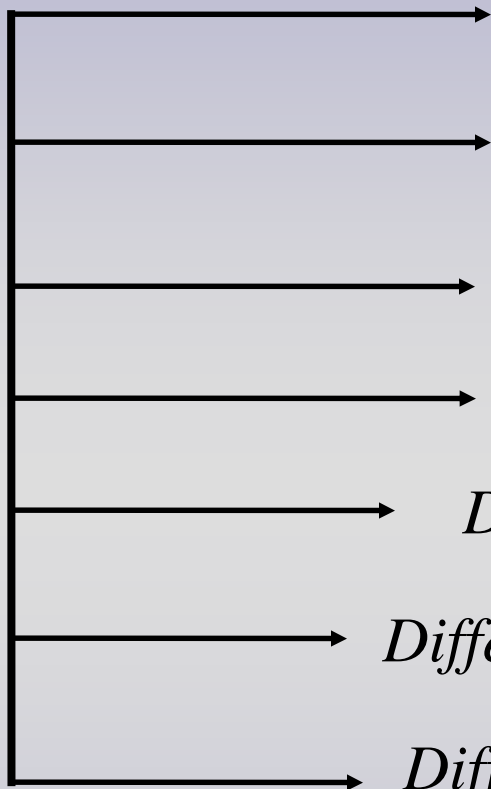
Different activities and tasks for men and women



Differential Access to and control over resources



Differential decision making and Power



Breastfeeding: Sex or Gender?

Biological or Socially constructed?

- Breastfeeding is a biological function which has been 'gendered'.
- Breasts are a physical characteristic which have been 'gendered'.
- Image of big breasts:
 - nurturing, loving, feeding, *annapurna*;
 - comforting, warmth, caring.
 - Big breasts better for breastfeeding than small breasts.
- Image of shapely breasts: desirable, 'hot', sexy.
Creation of women's bodies as objects of consumption.
Women's bodies/selves objects to be owned by husbands/significant others.
- Because breasts are sexualised, breastfeeding is often scorned at in public, especially in some Western societies. Breastfeeding an older child is also often seen as sexual.



Social beliefs centred on women's roles and functions

- Because women have uterus and breasts, all women **must** be mothers;
- All women **want** to be mothers, and biological mothers.
- Women are 'naturally' nurturing, overflowing with compassion and milk (of human kindness), hence breastfeeding is natural (disregards the lost art of breastfeeding with the bottle feeding generation)
- Good mothers breastfeed! This implies that those who don't are "bad" – GUILT!!!



- Women are polluted and polluters; e.g. Transmitters of HIV virus and toxins in breastmilk

Gender Norms

- **Definition:** Gender norms' refers to norms and beliefs about women's and men's capacities, characteristics, roles and interests. Norms are prescriptions or guidelines for social behaviour which are usually implicit, or unspoken.
- In most Asian communities, girls must get married as it is their 'destiny'. The common expectation is that within the first year of marriage, the woman must have a baby and preferably a SON to continue the lineage.
- Because men are rational, they are the decision makers. Men (husbands, fathers, partners, doctors) often decide on infant feeding practices.
- Men occupy the public domain, while women belong to the private domain. Breastfeeding in public is therefore problematic!



Gender Roles

Definition: Gender roles are the ‘social definition’ of women and men. They vary among different societies and cultures, classes, ages and during different periods in history. Gender-specific roles and responsibilities are often conditioned by household structure, access to resources, specific impacts of the global economy, and other locally relevant factors such as ecological conditions (FAO, 1997).

- Women have multiple roles: productive, reproductive, community management, homemaker, caretaker, economic worker. Women should be able to engage in paid work and other work and still care for children and breastfeed. Hence, there is no/little social recognition for equity measures to support mothers, especially breastfeeding mothers.



Gender Roles (cont.)

There arise conflicts between:

- role of women, her own needs and child's needs (rights of the mother to choose versus rights of the child).
- woman as a wife/partner– sexual demands of husband/partner.

Husbands/partners pressurise for weaning (In cultures that impose sexual taboos while the woman is breastfeeding, male affairs are socially condoned)



Gender Roles (cont.)

- Child's nutritional status may affect women's decision to work, and woman's decision to work may affect child's nutrition. Studies have shown that by end of second year, children of working mothers were nutritionally better off than children of non-working mothers.
- Changing economic contexts, nature and location of work makes it difficult, dangerous and prohibitive to bring children along. Increasing mother and child separation makes breastfeeding even more difficult.
- This dilemma has perpetuated an increase in a 'new trend' of breastmilk feeding leading to the issue of increased breastpump use and thus the commodification of breastfeeding.



Gender Roles (cont.)

- Women are creative, resourceful and balance multiple roles but at enormous cost to themselves. Foregone leisure leads to sub-optimal health and stress.
- In Nepal, women expressed their concern that the last months of breastfeeding are high-risk time for children due to competing demands on time leaving the baby fed irregularly. Extensive workloads in the field during peak agricultural seasons contribute to child malnutrition as, apart from the lack of food, mothers do not have adequate time for child rearing, thereby leading to an increase in poor hygiene and the risk of catching diseases

(Source: Action Against Hunger).



Sexual division of labour

Definition: The sexual division of labor is defined as the delegation of different tasks between males and females

- Women's domestic responsibilities involve house work, child care, including breastfeeding, care of the family, as well as production for market, production for home consumption resulting in triple work burden. According to the World Food Programme, 80% of productive labour in rural Africa and 60% in Asia is provided by women.
- Time-usage studies have shown that women spend more time in work overall, spend fewer hours in paid work and in general have less discretionary time than men do (UN 1995, 2000). Women spend more time than men doing unpaid care work and housework, with multiple and overlapping activities, such as childcare, cooking and cleaning. At the same time they also engage in paid and unpaid activities, for example, doing piece-rate paid work while cooking and child minding.



Sexual division of labour (cont.)

- Combining breastfeeding with productive and other reproductive work is very demanding and requires a lot of support.
- According to the United Nations Development Programme, women are responsible for 53% of the world's total working hours, compared to 47% for men. While 75% of men's work is paid, only about a third of women's work is rewarded with cash. (UNDP, 2002)
- In both developed and developing countries, there has been an increase in the number of female-headed households. Female-headed households that do not have access to remittances from male earners are generally assumed to be poorer than male-headed households. Female-headed households are more vulnerable to increased unemployment and reductions in social and welfare spending. (UN DPI, 2000)



Sexual division of labour (cont.)

- In US, as of 2005, 62.6 percent of women with children under age 6 were in the labour force, and 59 percent of mothers with children under age 3 were in the labor force. More women are going back to work sooner after having a child. In 2004, the labour force participation rate for mothers of children younger than a year old was 52.9 percent.
- American men do only 27% of housework, leaving 73% to women.
- Role of men/fathers/partners as nurturers, especially of babies, is not supported.
- Economic value of women's contribution is low both in the national economy and by women themselves. Reproductive work is not adequately counted in the Gross National Product (GNP) of most countries.
- Economic value of breastmilk (women's contribution to the first food) is often not counted.



Gender Relations/Bargaining power

Definition: Gender relations are the ways in which a culture or society defines rights, responsibilities, and the identities of men and women in relation to one another (Bravo-Baumann, 2000)

- Woman as worker: Pregnant and breastfeeding women are in a more vulnerable position vis a vis employer and state. In the case of a formal worker, it is often difficult for the woman to negotiate for maternity benefits and related entitlements, e.g. non-discrimination, sexual harassment, etc.
- Woman as patient: There exist a hierarchical relationship between a mother and doctor/or health system. In most cases, the doctor or the health system have power over woman's decision
- Woman as homemaker: Women are powerless in abusive situations. How to support breastfeeding in situations of domestic violence is a gender issue.



Gender Relations/Bargaining power (cont.)

- In Northern Uganda, the demand on women's time is so great that they can neither meet productive and reproductive demands, nor have time to raise their issues in the community. Such are the demands on their time that many have no time to come to feeding centres with their children. Even in such situations, men refuse to assist women in their reproductive work, apparently because of socio-cultural beliefs.

(Source: Actions Against Hunger).

- Collective bargaining strategies are possible with trade unions or workers groups in order to negotiate for space and time to breastfeed or express milk at work



Access to and control over resources

- There is a general lack of access to adequate child care facilities and crèches that are baby-friendly (especially for young babies under 2years old)
- Even though women working in the formal sectors can negotiate for breastfeeding supportive measures (breastfeeding room, flexible work hours, etc.) it is often quite difficult to convince employers. Even with trade unions, this is challenging as most unions are very male dominated.
 - In the informal sector, breastfeeding supportive measures hardly exist since the informal sector is not recognised or covered by any legislation. In these cases, women need to avail of basic resources that is necessary for empowerment and support their needs.
 - In some developed countries women have access to skilled breastfeeding counselling but have to pay for the services as these services are often not covered by insurance. Countries should implement free counselling and support as part of the general health care system.



Some relevant issues...



Women as Workers

- In Malaysia, during the 70's most of the electronics industry sector refused to hire married women. Women workers were forced to resign upon marriage.
- Organising of work/labour force is based around men's schedules.
- While working at home because of 'multitasking' in 6 hours of activity, women may be doing 10 hours of work that is not accounted for.
- A woman's extensive workload is often not recognised by the wider community or even their own family. Worse still, it hardly ever translates into economic gain.
- Value of breastmilk and work of breastfeeding must be recognised and calculated in economic terms.



Gender analysis/critique of breastfeeding research (referring to the work of Lakshmi Lingam).

The gender critique included the following points, that breastfeeding research:

- Focuses only on baby.
- Ignores problems / limitations of mother.
- Health of mother is ignored, discussed only in relation to ability to breastfeed and impact child health.
- Does not consider women in her environment: role & status in family, access to information & health care, effect of all these on her ability & willingness to breastfeed.
- Ignored gender bias in breastfeeding. Three of the 4 studies which examined this found girls discriminated against.
- Ignored need to study men's role. Attitudes of future fathers towards breastfeeding is a gap.



Obstetric Practices

- Ensure ante-natal care.
- Information and support should be given to encourage appropriate indigenous practices.
- There is a need for supportive and gender sensitised health personnel who counsel and not only give orders/direction.
- Rooming in of mother and child
- Feeding on demand
- Reduction of medical interventions
- Health care provider and client relationship is important and communication has to be two-way and respectful
- Breastfeeding Friendly Hospital Initiative has to be transformed into Baby and Mother Friendly Hospital Initiative

TRANSFORMATION OF OBSTETRIC PRACTICES IS ALSO A FEMINIST AGENDA!



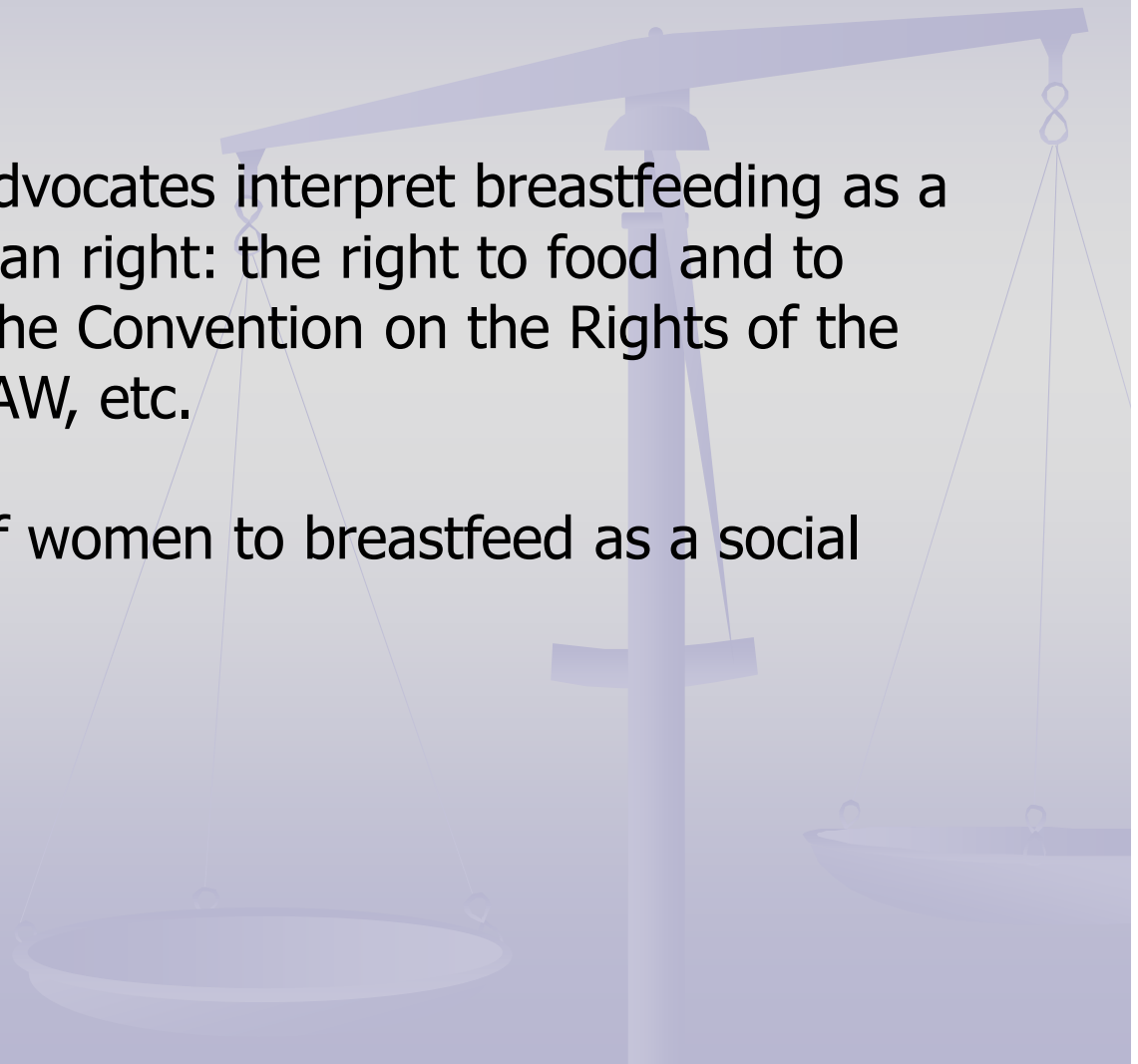
Breastfeeding as a reproductive health and rights issue

- Breastfeeding advocates argue that there should be more recognition of the many advantages of breastfeeding for women as this is often not well known.
- Breastfeeding as a reproductive right therefore implies, in practical terms, that:
 - full information about the health and reproductive benefits of breastfeeding should be available to all women; and
 - support for it (e.g. lactation management and counseling) as part of good quality, comprehensive reproductive health services should be recognized and accessible to all women, whether it be at the hospital, health clinics, or other sites servicing women's health needs.



Breastfeeding as a reproductive health and rights issue (cont.)

- Breastfeeding advocates interpret breastfeeding as a fundamental human right: the right to food and to health based on the Convention on the Rights of the Child (CRC), CEDAW, etc.
- Treat the right of women to breastfeed as a social responsibility!



Decision Making and Power

Rights-based gender sensitive breastfeeding advocacy would enable women's decision making and power.

- It would support women's right to decide whether or not to breastfeed;
- It shares the women's empowerment framework that a woman can only freely decide if all the conditions supportive of her choices are truly available to her.
- In the case of a woman deciding whether or not to breastfeed, she must be empowered personally and at the same time surrounding factors such as the health and legal systems, the context of family power relations, workplace conditions, etc. must be enabling!



In Summary:

- Women have the right to be reproductive beings **as well as** productive beings without feeling pressured and hassled.
- Women have the right to be **valued** as reproductive beings, and their contribution to society as reproductive beings needs to be valued!
- As breastfeeding advocates we have to provide an enabling environment to fulfil both the rights of women: **“Mothers rights to work and workers right to motherhood** by providing support, legislative protection and information to promote breastfeeding.”



For more information, Please see:

- WABA Gender training kit Part 2:1 and 2:2.
- http://www.iwtc.org/ideas/15_definitions.pdf
- <http://www.who.int/gender/whatisgender/en/>
- <http://www.plannedparenthood.org/health-topics/sexual-orientation-gender/gender-gender-identity-26530.htm>



The End

