

# Breastfeeding (Un)Covered: Narratives of Public Breastfeeding on Romanian Discussion Forums

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## Abstract

**Purpose** The aim of this study was to explore the construction of breastfeeding in public, as depicted in the stories and the opinions of women participating in discussions on public forums.

**Method** There were 8 discussion forums selected, from which 769 messages were subjected to a narrative analysis further informed by recurrent themes identified in the literature and across messages. The emerging narratives were grouped based on their valence, and three broader categories of themes were formed, highlighting the predominant tone towards breastfeeding in public.

**Results** The three broader themes, ‘public restraint of breast(feeding) as acknowledgement of the cultural status-quo’, ‘permission within boundaries’ and ‘breast(feeding) as a human right’, depict various meanings and experiences associated with public breastfeeding. People seeing breasts as mainly a cultural symbol of sexuality were more against public breastfeeding and more in favour of covering up or striving to discretion. Those arguing that breastfeeding is no more than exercising a fundamental right and pleading for breast as a primary maternal symbol were more in favour of breastfeeding in public.

**Conclusion** Aiming to understand personal and social perspectives on public breastfeeding is informative for understanding cultural differences in breastfeeding rates but also for designing effective interventions to promote it.

**Keywords** Breastfeeding · Public · Discussion forums · Qualitative analysis

## Introduction

Whether to give children human milk or to resort to formula is one of the very first decisions that parents should make. Breastfeeding brings undisputed advantages over formula, with a consistent amount of evidence showing that it reduces infectious morbidity and mortality, has beneficial effects for general intelligence and prevents dental malocclusions [1], allergies [2] and sudden infant death syndrome [3]. The benefits for the mother are also proved, with evidence linking initiation and maintenance of breastfeeding with lower risk of postpartum depression, osteoporosis and breast and ovary cancer [1, 4, 5]. Although breastfeeding benefits for mother and child have been acknowledged, the rates of breastfeeding continue to be comparatively low. Globally, only 36% of the children are exclusively breastfed in their first 6 months of life, with a large gap between lower income (47%) and higher income (29%) countries [6], between Eastern Mediterranean and African countries (where they are higher) and their Western counterparts (where they are lower). These geographical disparities suggest that breastfeeding is strongly related to cultural philosophies and practices and less to performant health care systems. It also calls for a thorough investigation of subsequent socio-cultural factors that should be taken into account when promoting breastfeeding.

As it has been shown by previous research, macro-level factors (cultural, social and religious practices, support from community and relevant others) intertwine with individual level ones (attitudes towards breastfeeding, self-efficacy beliefs, time of breastfeeding initiation) in contributing to the success of breastfeeding in the first months of the child’s life

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[7–11]. Not only a mother has to learn the skills of breastfeeding, but, in order to meet the recommendations to exclusively breastfeed in the first 6 months of life, she has to be willing to take this experience outside the comfort of her home, as babies demand feeding and are oblivious to the appropriateness of the context.

### Breastfeeding in the Romanian Cultural Context

The reports in place show that Romania has one of the lowest rates of exclusive breastfeeding than almost anywhere in the EU. Thus, while initiation rates are high (88%), only 12 to 16% of the children are breastfed at 6 months postpartum [12, 13], thus showing that it is the sustainability of breastfeeding, rather than its initiation, that poses challenges. In this respect, a study on attitudes towards breastfeeding in antepartum and postpartum Romanian participants showed that 48.2% of antepartum and 57.2% of postpartum women agreed with the statement that women should feel comfortable with breastfeeding in public, whereas 60.7% of the antepartum and 48.2% of the postpartum ones agreed with the statement that women should only breastfeed at home or in private [14]. These clearly divided opinions point to cultural and societal representations of motherhood and femininity that might be responsible for the low breastfeeding rates and that go beyond the traditionally incriminated structural factors such as the healthcare system, lack of nutrition education programmes or pressures from the formula brands [13].

A historical contextualisation of attitudes as such should take into consideration that Romanian women's roles and identities passed through several stages since the communist regime. The totalitarian system strived for portraying gender equality and asexual women in the public space, images helped by the abolition of private propriety, by wearing school uniforms, by living in uniformly sized places and by proclaiming equal access to labour market for both genders [15]. Women were regarded as 'mothers of the nation' while the regime effectively banned abortion and contraception, forcing them into motherhood and sending them back to work immediately thereafter [16]. This rendered prolonged breastfeeding very difficult. Further, just like in other European and North-American countries, the intergenerational breastfeeding know-how was lost and in rare circumstances were people exposed or raised with images of breastfeeding present in the private or the public space [1, 11]. The fall of the totalitarian regimes in the countries of the European South-Eastern block resulted in a fast-pace change in how the public roles of women were defined: the images of sexualized women boomed and replaced the images of women as 'mothers of the nation' [17, 18]. The sexual display became the main type of body exposure, in what Eliza Ibruschcheva [19] considered a type of post-socialist 'feminine consumption' marked by a preoccupation about looking feminine, 'well-kept' and sexy.

This might have been also an expression of trying to break free from the socialist impersonal approach to womanhood, viewed only in terms of its working and reproductive value [20].

Thus, the maternal breast had become even more unfamiliar: the group left to expose the physiological functions of breasts (i.e. that of passing milk to the infant) were the ethnic Gypsies, the only cultural minority not fitting into social structures both during communists and thereafter [21]. For instance, one study showed that Gypsy women coming from Romania tended to breastfeed longer and to rely more on the support received from their cultural groups where breastfeeding is seen as the 'natural' way of feeding infants, compared to the UK traveller communities relying more on formula feeding [22]. Also, in Romania, the sight of Gypsy women breastfeeding their infants in the public space is a stereotypical sketch of the disinhibition and shamelessness associated with this ethnic group renowned for its black haired girls with 'flounced skirts and swaggering walk, hand on hip ... sexually available and promiscuous in their affections' [21].

As breastfeeding advocacy has become more vocal in the last years, with increasing numbers of papers and health promotion initiatives in this direction [8], so have the narratives around the meanings of exposing women's bodies. Thus, opposing views have become more evident in the discourses of the Romanian mothers and guided the key in which breastfeeding in public was interpreted. For instance, there have been fervent debates between seeing women's bodies as private versus public affairs, fulfilling sexual versus maternal roles, and good mothering being a question of feeding the baby either in 'natural'/'archaic' way (relying on breastfeeding) or acknowledging the more 'emancipated' means (relying on bottle feeding) [23, 24]. The emergence of online communities attuned to expert advice on parenting allowed for a peak into how sexuality and ideas about good mothering have been working together in further shaping women's corporeality.

### From Local to Broader Narratives of Shame and Stigma Associated with Breastfeeding in Public

In other cultural contexts too, while breastfeeding is portrayed as ideal for babies, there is evidence that mothers may experience shame upon violating the socially constructed ideal of feminine modesty by bringing it into the public arena [11]. A US National Breastfeeding Campaign found that while 59% of the men had no issues with witnessing a woman breastfeed in public, 33% felt discomfort at the thought that it was their own wife and child [25]. Moreover, internalising sexist attitudes towards women (views which posit that women's reproductive roles of giving birth make them physically and emotionally vulnerable and distinguish them as inferior to men) as well as little familiarity with breastfeeding are both related to

more reluctance towards breastfeeding in public [26]. Conversely, there are several studies documenting positive relations between favourable attitudes towards breastfeeding in public, familiarity with breastfeeding and breastfeeding rates [25, 27–29].

The idea that ‘breast is best’ is not readily accepted by women who emphasise that everybody’s ‘best’ is different and highly dependent of particular circumstances. Choosing a type of feeding or the other is an experience connected to the feeling of shame, shame to expose the feminine body in the public versus the shame of being an inadequate mother who chooses the wrong food for the baby [30]. Also, despite the medical orthodoxy regulating what women ‘should do’, the discomfort of breastfeeding on request and outside home may be a ‘massive deal’, which is ‘really stressful’ or even ‘horrible’ at times [28]. These reactions, depicted mostly in qualitative research, express the internalised stigma in Western societies where public breastfeeding is associated with exposing something that should require minimal visibility [31] and where the images of sexual breast prevail on those of the maternal one [32].

Therefore, there is a need to go beyond a mechanistic model, emphasising breastfeeding as a rational choice placing decision making at the individual level, to acknowledge that this behaviour has moral, symbolical, subjective and socially constructed dimensions [33]. Consequently, this paper started from the need to focus more on the narratives that emphasise the broader socio-cultural meanings associated with breastfeeding that may be at odds with the explicit and official recommendations around it [24, 30, 34]. How mothers navigate the conflict, summarised by Thomson [30] in the ‘shame if you do, shame if you don’t’ quotation, is of central interest in the present paper that aims to further understand the multiple trade-offs between breasts as sexual symbols versus breasts as nurturers. It also aims to fit these narratives in the larger discussion of motherhood and the way this discussion reflects into mothers’ willingness to sustain breastfeeding in a variety of circumstances.

### The Present Study

The study was focused around the analysis of the narratives as they occurred spontaneously on discussion forums, with mothers as actors but also as witnesses of breastfeeding. My intention was to use already existing discourses and experiences with breastfeeding as told in a mostly unstructured context, because they reflected a genuine preoccupation with the subject and its various ramifications. Also, freely expressing opinions provided an already crystallised insight into the reasons of why public breastfeeding would be appropriate or not. The type of narrative analysis employed in this paper focuses

on the ideological discourse, where deconstructing social representations of a particular act (here breastfeeding in public) is of relevance [35]. From a social representation theory stance, it is important to explore larger socio-cultural assumptions that shape public practices [36]. Evoking experiences surrounding breastfeeding in public created a free and spontaneous dialogue between participants at discussions on forums in their attempts to interpret and order these experiences [37]. Thus, it allowed addressing research questions such as: What are the meanings assigned to experiences of practicing/witnessing and/or debating breastfeeding in public? and How are they anchored in the Romanian cultural views of motherhood and women’s corporeality?

## Method

### Ethical Considerations

I strived to ensure that the sampling of discussions on forums and in social media adhered to the ethics of research. The selection of forums was made taking into consideration the nature of interactions between participants: I systematically excluded help-seeking ones as these would put participants in positions of vulnerability, whereas I included only debate forums as previously recommended in research of this kind [23]. Moreover, I selected forums where comments were publicly available without login, with the exception of the Facebook page where comments were shared in a large parent community of over 21,000 members. In this latter case, due to the large number of participants to discussion and of messages in the Facebook thread ( $n = 423$ ), obtaining participants’ consent to collect and analyse the comments from the thread was deemed very problematic. I treated the research as an observational one that did not involve human participants and consequently did not seek informed consent, given that: (a) only public comments of publicly available profiles were used; (b) information was identifiable, but not private; (c) information gathering required no interaction with the person who posted it online and (d) the data was cleaned of any information that might facilitate its localization over the internet [38].

### Data Collection

The relevant Romanian discussion forums were identified by using combinations of various keywords such as ‘breastfeed + public’, ‘opinion + breastfeed’, ‘breastfeed + outdoor’ (Romanian language) with no time constraints. Only public forums were selected while comments on blogs, online media articles or on advertised public health

initiatives were excluded. I supplemented this search by manually scanning well-known forums that addressed motherhood and childrearing issues. This combined search yielded 7 forums and 441 commentaries for analysis after excluding mass messages, advertisements and irrelevant comments. Additionally, I searched for public comments within the most popular Facebook groups of mothers that I had access to, by using the same search string as for the previous forums, thus adding another 328 messages to the pool of primary data. Table 1 depicts the forums and the Facebook group used for the present analysis. Participants to conversations on social media had revealed little personal information; thus, a gender ratio or the age span of participants could not be established. Still, the messages' contents indicated that the overwhelming majority of participants were women with children in care.

As a particularity, in some instances, the comments started from posted pictures of women breastfeeding in public. As a reaction, some participants posted pictures of themselves/celebrities while breastfeeding, thus stirring chain comments and stories of personal experiences. This contributed significantly to enriching the data along with several other features inherent to discussion forums, such as an increased interest of participants for the discussion, long-time engagement in message exchange, more authentic reactions due to anonymity and no time constraints imposed to one's or other people's comments [37].

## Data Analysis

To answer the research questions, a thematic narrative analysis of personal accounts was employed [39]. Within the field of narrative inquiry, I focused on the 'what'

questions of the participants' accounts rather than the 'how' questions pertaining to the structure of stories and ways in which these were told. According to Riessman [39], thematic narrative analysis approach to stories is suited here because it allows case studies of groups and typologies, thus fitting to the purpose of seeing what stories are told in relation to which social representation of breastfeeding [40]. Given that the participants' interventions on discussion forums were short and that thematic narrative analysis preserves the story intact while interpreting it, I avoided the truncation of individual accounts and opted to include them in full as units of analysis where possible.

Finally, I employed this pragmatic method as the focus of inquiry was not to create a narrative as outcome of research but rather to explore and categorise participants' narratives based on the type of social constructions attached to breastfeeding in public [41]. For each thematic category, specific themes were identified after employing the traditional steps of thematic analysis described by Braun and Clarke [42]. The original messages were read by the principal investigator (PI), each story being assigned a code, with codes being further collapsed in broader themes. All messages were subsequently re-read by the PI and a doctoral student trained in qualitative data analysis, whereas a subsample of 350 messages was read by three persons (PI and two doctoral trainees). Themes were identified and named by combining a bottom-up with a top-down approach from research addressing breastfeeding in public [30, 43]. The themes were cross-referenced for supporting but also for contrasting stories [44] and the overlapping ones were merged or revisited. The interpretation of themes was done after reading and re-reading the participants' short narratives as wholes and by resorting to the feminist literature exploring

**Table 1** Forums included in the study and total number of comments (comments used for analyses)

Nr. Cr.	Hyperlink	No. of comments (comments used for analysis)	Year span of comments
1	<a href="http://www.miresici.ro/forum/showthread.php?t=34698">http://www.miresici.ro/forum/showthread.php?t=34698</a>	45 (30)	August–October 2012
2	<a href="http://comunitate.desprecopii.com/forums/topic/41302-alaptatul-in-public">http://comunitate.desprecopii.com/forums/topic/41302-alaptatul-in-public</a>	163 (100)	September 2010–December 2013
3	<a href="http://comunitate.desprecopii.com/forums/topic/42742-opinia-publica-dezavueaza-alaptarea">http://comunitate.desprecopii.com/forums/topic/42742-opinia-publica-dezavueaza-alaptarea</a>	312 (220)	October 2009–January 2011
4	<a href="http://www.desprecopii.com/info-id-COMENTARII-UFArticolId-1135.htm#_">http://www.desprecopii.com/info-id-COMENTARII-UFArticolId-1135.htm#_</a>	13 (11)	May 2007–August 2012
5	<a href="https://alapteaza.wordpress.com/2014/02/20/alaptarea-in-public-indecenta-sau-normalitate/#comments">https://alapteaza.wordpress.com/2014/02/20/alaptarea-in-public-indecenta-sau-normalitate/#comments</a>	71 (51)	February 2014–October 2015
6	<a href="https://alapteaza.wordpress.com/2013/10/09/mituri-despre-alaptare-dr-jack-newman/">https://alapteaza.wordpress.com/2013/10/09/mituri-despre-alaptare-dr-jack-newman/</a>	14 (11)	October 2013–May 2014
7	<a href="http://www.copilul.ro/forum/bebelusi/alaptarea-prima-masa-bebelusului/alaptarea-public-da-sau-nu-49321.html">http://www.copilul.ro/forum/bebelusi/alaptarea-prima-masa-bebelusului/alaptarea-public-da-sau-nu-49321.html</a>	32 (18)	February–October 2013
8	Facebook group- 'Despre mămici'	423 (328)	July 2014–August 2014

cultural representations of sexuality, motherhood and the feminine body [45].

## Findings

Whether breastfeeding was seen as an acceptable display or not largely depended on symbols assigned to naked breasts (sexual or otherwise) and to moral judgements regarding what was a ‘dutiful’, ‘moral’, ‘shameful’ or ‘gross’ feeding practice and more generally good or bad parenting. Therefore, narratives were placed on a continuum, on which I identified three distinct points reflecting local stories and the overall tone of opinions towards public breastfeeding from public restraint of breast(feeding) as acknowledgement of the cultural status-quo, to permission within boundaries and moving to breast(feeding) as a human right.

### Public Restraint of Breast(Feeding) as Acknowledgement of the Cultural Status-Quo

The narratives subsumed within this dimensions focused on the cultural meanings of breast as a sexual symbol, which should be covered in all public circumstances. Breast exposure was being regarded as ‘shameful’, ‘inconsiderate’ or ‘provocative’. The sexual image of a breast was disconcerting when associated with the innocent image of a child:

Breast is a sexual organ that is sucked, caressed and massaged during sexual intercourse and here you see someone who is sucking. Sucking, no matter whether it is candy, ice cream or something else is a gesture full of sexuality.

According to some of the participants, instead of fighting this sexualized cultural construction of breast, it would be more natural to take it into account when choosing to take breastfeeding out in the public space. This choice reflects a statement of acknowledging and being aware of these cultural meanings and it should be accepted as such by the breastfeeding mother.

If you know that there are men out there (...) who see [breastfeeding] as a sexual act and have no problem with it or even enjoy it, please go ahead! (...) If you take it out in front of your clients, to your friends’ homes or everywhere you go visit, it is like a wish to affirm/expose yourself unnecessarily, which makes it uncomfortable for everybody. Breasts in public remain public, even if you have thousands of justifications for why they are so.

These narratives depict a clear incompatibility between the breast as a sexual symbol and the maternal breast: the latter is

always displayed far from the public eye because of the socially inherited meanings associated with the display of female body.

Besides activating sexual images, breasts are associated to other physiological processes which are regarded as ‘private’ and not deemed to be exposed in public as they evoke ‘disgust’, ‘primitivism’ or ‘lack of hygiene’. The parallel between breastfeeding and exposing other physiological processes like urination, defecation and sexual intercourse is recurrent in discussion forums. These narratives assign breastfeeding to the class of physiological processes involving fluid exchange and use this comparison to justify the disapproval of such public displays. The act of passing fluids or just the idea that the breast is filled with milk evoke feelings of disgust especially when in grocery stores or restaurants where people buy or consume edible products.

Yes, breastfeeding is supposed to feed the baby, but... we don’t have sex on the street (at least some of us), we don’t scratch certain body parts in public as we don’t pass gas around other people.

Those who argue that it is normal to breastfeed at the grocery store say it is good because it is normal, in our very human nature. Same goes for the bowel movements.

On Romanian forums, public disinhibition is looked on with disapproval not only because it shows an ungraceful woman but because it also signals a lack of morality, civilization and resembles to the more ‘primitive’ Gypsy ethnical group. The need to take distance from such images is a powerful motivation for some of the Romanian mothers, and it adds up to the theme of ‘disgust’ which is an emergent narrative in research from other cultural contexts, such as from the USA [26, 34], Australia [46] or UK [32]. However, while in these latter contexts, the theme of ‘disgust’ is strongly linked with the idea of witnessing a physiological act taking place, some of the Romanian comments carry the undertones of social and racial hierarchies that can be drawn based on the willingness to expose breastfeeding.

Only the gypsies and primitive women breastfeed in public, we don’t live in the era of Papura Voda<sup>1</sup> to do such things. Only in Africa you see this fashion and I honestly feel pity for the couple whose wedding you attended and whose wish to breastfeed in a special room you did not consider (...). These are things for which

<sup>1</sup> A Romanian popular saying used when a person wants to refer to an event that happened a long time back

there is no law, they come down as a question of ethics, good sense and education.

Breastfeeding in public is seen as an archaic gesture which does not fit in the social order of the present. Although public breastfeeding is not officially condemned, such archaic displays signal ignorance towards the implicit social morality. They also signal various degrees of emancipation on an ethnic and social ladder, with the lowest steps occupied by gypsies and African, similar in skin colour, sexually disinhibited and primitive, and the higher ones taken by the emancipated but breast-covered 'White Western Women'.

Other accounts point that breastfeeding should be an intimate act rather than a public one for the security and comfort of the mother and child. The image of the mother-child dyad sharing a private moment appears as embarrassing for the witnesses and provides a strong reason for why nurturing the child should unfold at distance from the public glance.

This idea of intimacy is called also for reasons like 'hygiene', the need of baby to 'focus on feeding' or to protect the special relationship and communication that passes by between the mother and the child. It is not clear to which extent these calls for intimacy for the sake of the mother and child do carry sexual undertones, since these are not made explicit at any point. However, in these views, it is the mother and the child that have to be protected from the possibly disgusting and sexually driven glances of the spectators.

I see it as a private, intimate thing...a delicate moment for me and my child that shouldn't be exposed out in the open, it belongs to my intimate space.

Just today something unusual happened to me and I didn't know how to react. I usually breastfeed anywhere, I don't care about the other people but only about my little girl. But today a rather drunk guy got close to us and stared for a few minutes, walked away then came back and carressed the forehead of my child. I was terribly disturbed, I felt guilty and did not dare to hush him away.

Babies need instant feeding and gratification, as breastfeeding supporters may say, but that is not incompatible with the idea that breastfeeding should be private. Opponents of public breastfeeding discuss about the appropriate substitutes while being in the public space. Using baby-feeding devices (bottles) or pacifiers are the 'civilized alternatives to just taking it out in the open'. The mothers 'can always express some milk in a small bottle beforehand', 'fool baby with the pacifier', 'give

her formula' or 'treat her with a cookie or biscuit' until they reach some more intimate places. This would be a proper way to 'demonstrate education and respect for the others around'. These narratives reflect the image of a Romanian emancipated mother always prepared to console the baby; she accommodates the image of a good mother while preserving her modesty in the public space and distances herself from the primitivism of 'taking it out in the open'.

An interesting set of narratives pointed to the guilt and silent accusations instilled in mothers who would not/could not breastfeed, upon seeing mothers 'showing off' children latched to their breasts. Such practices were perceived as meant to be blame-inducing for those choosing other ways of nurturing their children. Campaigns and initiatives promoting breastfeeding on demand were perceived as particularly moralistic and generally insensitive to women's feelings or to particular situations. Moreover, they were seen as having the opposite effect: by exposing breasts, they draw attention to the awkwardness of such public displays rather than the normality to which they point.

Pro breastfeeding campaigns are ostentatious, violent and accusatory towards those mothers who couldn't breastfeed; they pin mothers to the shame wall, rub salt into their wounds and take [breastfeeding] to the extreme.

These aggressive campaigns, with breasts all over to show seem rather ridiculous, inhibitory and ineffective. Each [woman] thinking about being in that position- especially before having the baby- feels at least a bit awkward.

In sum, these rather negative opinions towards public breastfeeding focus on several types of arguments: (a) public display of breastfeeding should take into account the sexual connotations and the inappropriateness of exposing physiological processes; (b) breastfeeding is an intimate exchange between mother and child; (c) choosing to openly breastfeed may signal primitivism and exhibitionism typical for the 'lesser' ethnic groups like Gypsies, as opposed to the civilised, emancipated mothers; and (d) public breastfeeding is ostentatious and accusatory for witnesses who think or choose differently.

### Permission Within Boundaries

Most of the comments on this topic gravitated in this area of grey opinions, agreeing with the idea of public breastfeeding as a principle but expressing reservation and boundaries as to when, where, how and for how long this is socially acceptable.

Some of the concerns expressed by firm opponents are found again in these ambivalent accounts, many participants calling the need for discretion by ‘covering-up’, and ‘avoiding ostentation’. Exposing as little skin as possible protects the mother and the child from unwelcomed peeks. Also, it shows consideration for the possible witnesses or by passers.

The problem is not that you breastfeed in public but the way you choose to do it. If you are discreet and cover yourself a little, that’s perfect. Why would you expose your breasts even if they are for feeding? How hard it is to cover up? Why give people reasons to gossip?

The issue of discretion becomes all the more important as the breastfed child is older. Child’s age sets a limit when considering whether public display is appropriate or not, although the age threshold is also debated on the forums. Regardless of the age limit, and similarly with findings from the USA and UK, [34] Romanian witnesses consider extended breastfeeding as something ‘going beyond mothers’ duties’ who are morally blameable for using the ‘baby story’ to serve whatever selfish motives they have for breastfeeding for so long.

I don’t see why a 2 years old should be breastfed in public...it is just the mothers’ way of clinging to the baby story, to her convenience and to her personal pleasure.

In this situation, deviance from what is normative breastfeeding sheds suspicions about the hidden motives that lurk behind the ‘baby story’, given that the child ‘is not exclusively relying on the breastmilk’. Whereas the direct references to possible sexual motives for extended breastfeeding seem ubiquitous in international research [27, 34, 46], they were not prevalent in the analysed Romanian mothers’ narratives. However, ‘clinging to the baby story’ metaphor suggests that the child’s age is an important criterion in establishing whether breastfeeding is ‘exhibited’ for unorthodox or foolish reasons (in the case of older children) or it is perfectly justifiable by taking into consideration the basic needs of a helpless infant.

The idea of discretion is an undercurrent in almost all these accounts. They suggest that taking precautions is necessary when being in crowded places, when breastfeeding older children or when being in the presence of individuals unaccustomed with such scenes, namely ‘children, youngsters, even man, especially those who did not see it in their families’. Having witnesses unaccustomed to such public displays of motherhood, tightly regulated by the totalitarian regime for so long, calls for extra precautions for breastfeeding mothers

to make sure that the public eye remains unoffended and unchallenged by a potentially sexually loaded image.

### **Breast(Feeding) as a Natural Human Right**

Opinions and narratives about public displays of breastfeeding come full circle with this last category. They partially draw on the same metaphors as those strongly opposing it but assign different meanings to the idea of breast as a primitive, animal-like feature. Here ‘natural’ reflects the instinctive behaviour of a mother to respond to her child’s utterances and it is opposed to constructions of breastfeeding as sexual, racist or primitive images elicited by breastfeeding opponents. This story of the good mother highlights the need to respond to the child’s demands in the most ‘natural’ way by avoiding the recourse to moralising, sexualizing or shaming discourses [47]. Children’s rights are the only standard of normality and in order to ensure that they are nurtured as recommended, mothers should not hesitate to breastfeed on demand. Refusing to breastfeed in public is a denial of children’s fundamental rights ‘to be fed’, to ‘feel loved and secure’ and to be ‘connected to the outside’ world. The plea to address this human right is made by referring to formal recommendations of various paediatric associations and of the World Health Organization (WHO) and point to the conflict that mothers have to solve, between sticking to the official message that ‘breast is best’ while avoiding breastfeeding in public.

If you breastfeed on demand as all big organisations like WHO, UNICEF etc. recommend, you can avoid breastfeeding in public if only you seclude yourself with the baby at home permanently.

Breasts serve primary to feed the baby and this should be the cultural norm. The sexualisation of breastfeeding rips off mothers and children from what should otherwise be a natural act. Women should be aware of this shift of cultural meanings when deciding about public breastfeeding, but should also resist to internalising sexist discourses. From this stance, the major problem is that women experience their bodies as they are seen by the observers while they fail to connect with the bodily experiences as they are felt from within. These narratives call for a firm stance against self-objectification, aligned with feminist ideas that go beyond the national context [48, 49].

Modern society transformed breasts in sexual objects (well, us women had a big saying in this but that’s another point). (...) It’s all about mentality: breasts are for breastfeeding even if we (still) find it hard to believe.

Any parallels with other physiological processes reflect ‘twisted’ and ‘perverted’ views on what is simply an act of feeding the child. What sets breastfeeding apart and makes it acceptable compared to other physiological acts is that public breastfeeding is legal while the others are not. Romanian legislation does not punish public breastfeeding but it does not protect it either. Not punishing breastfeeding while incriminating other types of exhibition is one of the keys based on which these mothers separate the right from the wrong displays of the female body.

The difference between urinating/having bowel movements/having sex and publicly breastfeeding is not that they are not all physiological acts, but the fact that the firsts are illegal whereas the latter is not considered, legally speaking, indecent exposure.

The big problem is in the heads of those watching you critically while breastfeeding (...) Do you compare defecating babies with breastfeeding? What sort of comparison is that? When you feel like it [defecating] do you go in front of the dairy department at the grocery store? No, the same with us. When the baby defecates we take her to the toilet but we are not going to take her to the bathroom to eat just because you think this shows manners.

Covering up while breastfeeding is not something these narratives would accommodate. It is rather seen as improper and uncomfortable for a baby who has to nurture while ‘having a blanket on her head’. Society does not punish eating in public for adults so it would be immoral to do it for children. Oftentimes, the comments draw on the parallel between secluding an adult who eats into the toilet and secluding a small, vulnerable infant with her mother for feeding time.

Just like you, as an adult, have the right to eat in public without covering your head with a blanket or hurrying to the toilet, so do our children have the right to eat calmly whenever they get hungry.

Pushing breastfeeding outside of the public sight is a symbol of rejecting children and mothers who find no place in the new, ‘sexualized’ order of things.

The baby has no place in the market, mall, and park. He/she is allowed to go out only after he/she was breastfeed and until he/she is going to be hungry again.

Fear of breaking the cultural norms and of echoing archaic, primitive images has brought in all sorts of artificial replacements and barriers to breastfeeding. Bottles

and pacifiers are seen as the norm and pushed in the public’s eye although they are imitations of nipples. Avoiding public exposure transforms something that in other times was normative into deviance, which has as a consequence a failure to meet her basic needs.

Have you considered that maybe it is not normal to put plastic into the baby’s mouth? So common is the image of abnormality that we have forgotten how normality really looks like.

The pacifier imitates the breast. It is a silicon nipple, just like in the case of feeding bottles. Why does a child have the right to such a pacifier to sooth whereas the breastfeed baby is deprived from such a right? She sucks the original pacifier.

Some women expressed anger and frustration towards these calls for discretion, trying to resist to prevailing sexist representations, by breastfeeding for longer times and by emphasising their role as educators of the public.

If I tell and show my husband, for instance, that is normal and natural to breastfeed the baby wherever hungry strikes: 1. he will understand that it is normal and will stop blaming the ones who do it; 2. he will tell this his friends; 3. he will allow his kids to see that breastfeeding is normal and natural; 4. the girls will breastfeed when time will come; 5. the boys will encourage their future wives to breastfeed.

An interesting point comes from a minority of participants who consider that both a highly sexualized view of the breast as well as one focused exclusively on their physiological role to feed are objectifying perspectives equally detrimental to women. Strong advocates of seeing breastfeeding as a natural source of food as well as those arguing for its sexual symbolism are surprisingly similar in their views of breasts and women ‘as objects’ in the service of prescribed sexual or maternal roles.

Why do we have to see breasts as mammary glands and rip them off any trace of sexuality just to feel ok? Why can’t we see things as they are?

Breasts are a source of food but they are beautiful in their standing symbol of femininity (...) It is offensive, as a woman you feel either as pacifier for your baby or as an inflatable doll for men.

Thus, what is seen as ‘primitive’, ‘animal-like’ or ‘disgusting’ by those opposing breastfeeding in public is mirrored into



a gesture that is ‘normal’, ‘natural’, ‘beautiful’ and ‘simple’ by those who hold strong opinions in support of this act.

## Discussion

There is a plethora of research focusing on the benefits of breastfeeding for children and mothers and recommending prolonged nurturing with human milk. Less attention is paid to how these recommendations fit into the daily lives of mothers and babies who are oftentimes in the situation of having to breastfeed in public spaces and exposing themselves to scrutiny and possible embarrassment.

The analysis of what stories about breastfeeding in public are narrated allows also for a larger discussion on how and which type of maternity accommodates sexuality in the Romanian culture. Particularly, it becomes relevant to understand how does breastfeeding in public places the woman on a continuum from the exhibitionist to the good mother [50] in a place where half a century of communism had stripped women from both the sexual and the maternal identities, whereas the period immediately the fall of the totalitarian resulted in a rapid import of sexualized images of women which took the upper hand in the collective mind.

The narratives of participants focus extensively on how the body (the breast) and the process of passing milk to the child (breastfeeding) are defined by society, definitions subsequently used to judge the appropriateness of public breastfeeding. As Cindy Stearns (1999, p. 309) expresses it, ‘breastfeeding raises questions about the appropriate use of women’s bodies, for sexual or nurturing purposes’ [51]. Inclining the balance towards breast as a sexual versus maternal symbol (these being incompatible) is decisive for being more against or more in favour of public breastfeeding and creates moral tensions that women have to navigate through. Moreover, this apparent moral role incompatibility seems to be common in other cultures as well, from the UK to Australia [23, 30, 52, 53] who also convey sexual breast as prevalent in the public discourse. One way in which public breastfeeding created a moral dilemma was the internalisation of the sexual breast image by women who themselves consent to their objectification. This is in line with what the international literature is showing, namely that self-objectification—the internalisation of external perspectives of one’s body—has been associated with a more negative attitude towards public breastfeeding [54]. The reverse process is seen as being problematic by another part of women: the promotion of a public asexual image of a Madonna with a latched baby on her breast may instil guilt in non-breastfeeding mothers and force down the story of the good mother oblivious to anything except her baby’s needs. However, we are witnesses to an interesting attempt to

reconciliation between the two extremes by the rising voices of a mature Romanian feminism who denunciate the very act of a forced choice between nurturing and sexual roles, both of which objectify women’s bodies. These narratives attempt to step out from the false dilemma by publicly reporting it and calling it offensive to women’s identities.

Of contextual relevance is the key in which some narratives decode the idea that witnessing an act of breastfeeding (thus passing fluids) is disgusting. Whereas this theme is recurrent in women’s accounts from other cultures too, in the Romanian landscape, the witnessing of this ‘physiological act’ is also reminiscent of archaic times and ‘primitive’ populations such as gypsies seen as displaying no inhibitions. For the Romanian urban and educated mother, this is ‘the worst kind of social stigma’ [55] and points to a blatant racism which, despite being only rarely whispered on the forums, is nevertheless present. This is also what sets apart the ‘disgust’ evoked in these narratives, from the one mentioned in Kate Boyer’s works [27, 28, 56]. For example, whereas her analyses reflect ‘disgust’ as a ‘kill-joy’ by disrupting the comfort of others, for the Romanian mothers, it expresses both a disruption of self and others’ comfort but also an attempt at dissociating from the stereotypical images of ‘lesser’, ‘primitive’ Gypsy women. These narratives also come in sharp contrast with those of the ‘scientific motherhood’ evoked by Apple and Hausman [24, 57], which posit that the moral duty of the mother is to raise her children based on scientific evidence, with evidence pointing to breastfeeding babies on demand. Thus, the answer to the question of ‘who breastfeeds in public?’ brings together a surprising companionship of opposite figures with their inherited cultural meanings attached: primitive Gypsies, on one hand, and ‘responsible’ mothers proclaiming a scientific motherhood, on the other. Interestingly, these narratives are also reflected in the official statistics. Data from UNICEF Romania [12] show that the highest prevalence and longest duration of breastfeeding is seen in two opposite groups: the largely uneducated, rural women ‘living in the era of Papura Voda’ seen as anachronistic, primitive and Gypsy-like and the college-educated, urban women advocating for breastfeeding on demand.

In between breastfeeding as a sexualized/primitive act versus the duty of being a good mother attuned to the baby’s needs, the narratives pointed to a range of solutions to accommodate and acknowledge both the physiological and the sexual functions of breasts while preserving children’s right to be nurtured. Covering up the breast or being ‘discreet’ attenuates the awkwardness and the sexual undertones while allowing the mother to fulfil a basic child right. Cover-ups create a symbolical ‘private space’ in what is otherwise constructed as public and announces the intention to use the maternal breast as opposed to the sexual one [58]. Avoidance of breastfeeding while in certain contexts, i.e. in the company of men, elderly, and youngsters, shields women from

unnecessary embarrassment. Also, avoiding to breastfeed older children in public would be another way of steering off judgemental attitudes of those in the proximity of the mother. However, these strategies backfire, according to some participants, as they obscure the breast as a motherhood symbol while enforcing the construction of breast as a sexual symbol. According to these accounts, covering up transforms normality into deviance and deviance into normality. In other words, the solution to this paradox as seen by Romanian women would be similar with what women from the UK would say: ‘the way to break the taboo is to do the taboo thing’ [27]. The contradictory appeals to either cover breastfeeding from the unaccustomed, naïve witness or to breastfeed in the agora (as to educate the witnesses) might represent two ways in which the narrators want to solve the post-communist search of a place for the maternal figure. Hiding it would be an effective way to avoid moral conflicts but would maintain the normality of breast as sexual symbol; uncovering it would trigger confused representations, moral conflicts but would also bring the private motherhood, which the communists so effectively ignored, back in the public life.

An interesting theme refers to the guilt associated with witnessing breastfeeding in public. This happened especially in connection with Romanian public campaigns and flash mobs of breastfeeding mothers, with the purpose to acknowledge and encourage breastfeeding as the feeding solution of choice for children. In this context, both sides of the confrontation (opponents vs. supporters of breastfeeding in public) accused the other side of trying to induce guilt, shame or preach lessons about good parenting. On one hand, choosing a public display is ‘ostentatious’ in its attempt show what the mother heroine looks like, but it is also meant to be a guilt-instilling act. Failure to overcome embarrassment and other personal or more general obstacles equals to being a bad mother [59]. At the opposite end, being judgemental of mothers who choose to breastfeed in public is seen as prohibitive and oppressive for both mothers and children in a culture which largely encourages artificial feeding. Thus, while initiatives to promote breastfeeding are on the rise, it seems that they are still not sufficiently calibrated to the Romanian context and sometimes only lead to shaming rather than empowerment.

The narratives presented are mostly those of mothers while there is little insight on who the observers are and how these influenced mothers’ perspectives. Throughout the narratives ‘the others’ appeared a rather indistinct mass of (male) opinions and idiosyncrasies which mothers believed should be either ignored, respected or educated. Further research should deepen the understanding of how public breastfeeding is constructed in the actual dialogue between the mothers and ‘the others’, since ‘the others’ are perceived as laying down the rules of interpreting public breast displays.

Overall, the ways in which Romanian women interpret the meanings of breastfeeding in public are similar to the Western contexts placing it on similar dimensions of sexuality versus maternity, discretion versus ostentation, public versus private, good versus bad mothering and children’s rights versus comfort of the others [26–28, 46, 60–62]. This is not surprising, as the official messages pertaining to the health benefits of breastfeeding and the right of children to enjoy them are as available to Romanian mothers present on discussion forums as to any mother surfing the internet in other parts of the world.

These women’s access to latest information might also be the key in which the narrative of the ‘natural rights’ of children to be breastfed may be understood. Lactation consultants have become more present in the Romanian space in the recent years, with specialists from all over the country seeking La Leche League (LLL) accreditation. Also, there is a surge in advocating for the rights of mothers and children to benefit from appropriate conditions so that breastfeeding could start smoothly, with 31 healthcare facilities being certified as ‘baby-friendly hospitals in 2017 [63]. Finally, there is a rise in public awareness regarding legislation that supports mothers’ right to breastfeed after returning to work and entitles them to ‘breastfeeding breaks’ (Government Ordinance 96/2003). The emergence of this narrative reflects the start of a discourse shift from what a good mother and a modest woman should behave like to what both the mother and the child are entitled to.

The views of public breastfeeding as something meritorious or normal, as a sign of being attuned to babies needs or an invitation for sexist comments reflect many of the tensions between various roles of Romanian women as mothers, partners, friends or workers and encapsulate the relationship that they and those around them have with breastfeeding [33].

## Conclusion

The present study emphasised the implications of the official advice to prolong breastfeeding for as long as possible in order to take advantage of its numerous health and emotional advantages. This automatically involves taking breastfeeding outside the security of one’s home and dealing with the attitudes and judgements coming from the public. The fact that mothers have to navigate through various meanings and experiences embodied in public breastfeeding offers an idea of why in many societies, including the Romanian one, breastfeeding is formally encouraged but not really prevalent. It also opens doors for research and intervention alike focused on deciphering and encouraging reflexivity on these cultural meanings. These in turn will inform interventions that need to balance procedural information with messages aimed to

highlight breastfeeding as normative and socially desirable. By talking about public restraint of breast(feeding) as acknowledgement of the cultural status-quo, permission to breastfeed within boundaries, and breast(feeding) as a human right, the paper offers some preliminary insights about how should these public attitudes and narratives be addressed.

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#### Compliance with Ethical Standards

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