

STUDYING BREASTFEEDING DISCOURSE IN ARMENIA: A SOCIOLOGICAL INSIGHT*

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Abstract: This paper discusses the role of the societal discourse in the construction of breastfeeding practices. It argues that societal discourse is crucial to the constitution of those practices, and that understanding the underlying circumstances of the breastfeeding situation anywhere in the world requires looking not only at the social reality itself but at the discourse that represents, reflects and constructs it. Proposing Armenia as a study case, the paper outlines the various sources of modern discursive practices around the feeding of children in Armenia, including pre-industrial customs, soviet political ideology, and modern Western values. Doing so, it proposes a new approach to studying breastfeeding practices through the prism of various discursive influences.

Key words: *breastfeeding, discourse, Armenia, soviet legacy, Western values, Michel Foucault, childrearing*

ԿՐԾՔՈՎ ԿԵՐԱԿՐՄԱՆ ԴԻՍԿՈՒՐՍԻ ՈՒՍՈՒՄՆԱՍԻՐՈՒԹՅՈՒՆԸ ՀԱՅԱՍՏԱՆՈՒՄ. ՍՈՑԻՈԼՈԳԻԱԿԱՆ ՏԵՄԱԿԵՏ

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Սոցիոլոգիայի մագիստրոս, ԵՊՀ սոցիոլոգիայի ֆակուլտետի կրտսեր
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Անվտվում. Այս հոդվածը քննարկում է սոցիալական դիսկուրսի դերը կրծքով կերակրման պրակտիկաների ձևավորման մեջ: Այն պնդում է, որ սոցիալական դիսկուրսը կարևոր է այդ պրակտիկաների ձևավորման համար, և որ աշխարհի ցանկացած կետում կրծքով կերակրման իրավիճակի ձևավորման հիմքում ընկած հանգամանքները հասկանալու համար հարկավոր է ուշադրություն դարձնել ոչ միայն բուն սոցիալական իրականությանը, այլև այն մարմնավորող, արտացոլող և կառուցող դիսկուրսին: Օգտագործելով Հայաստանը որպես ուսումնասիրության դեպք՝ հոդվածը ընդգծում է Հայաստանում երեխաների կերկարման շուրջ ժամանակակից դիսկուրսիվ պրակտիկաների տարատեսակ աղբյուրները, ներառյալ նախաարդյունաբերական սովորույթները, խորհրդային քաղաքական գաղափարախոսությունը և ժամանակակից արևմտյան արժեքները: Այդպիսով, հոդվածն առաջարկում է կրծքով կերակրման պրակտիկաների ուսումնասիրության նոր մոտեցում՝ տարատեսակ դիսկուրսիվ ազդեցությունների լույսի տակ դրանց դիտարկմամբ:

Բանալի բառեր. *կրծքով կերակրում, դիսկուրս, Հայաստան, խորհրդային ժառանգություն, արևմտյան արժեքներ, Միշել Ֆուկո, երեխաների խնամք*

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ИЗУЧЕНИЕ ДИСКУРСА О ГРУДНОМ ВСКАРМЛИВАНИИ В АРМЕНИИ: СОЦИОЛОГИЧЕСКОЕ ВИДЕНИЕ

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Аннотация: В данной статье обсуждается роль социального дискурса в формировании практик грудного вскармливания. Утверждается, что социальный дискурс имеет важное значение для формирования этих практик, и что понимание основных обстоятельств, формирующих ситуацию с грудным вскармливанием в любой точке мира, требует рассмотрения не только самой социальной реальности, но и дискурса, который ее воплощает, отражает и конструирует. Предлагая Армении в качестве примера для исследования, статья выделяет различные источники современных дискурсивных практик вокруг вскармливания детей в Армении, включая доиндустриальные обычаи, советскую политическую идеологию и современные западные ценности. Тем самым предлагается новый подход к изучению практик грудного вскармливания через призму различных дискурсивных влияний.

Ключевые слова: *грудное вскармливание, дискурс, Армения, советское наследие, западные ценности, Мишель Фуко, уход за детьми*

INTRODUCTION: WHY IS BREASTFEEDING AN ISSUE AND WHAT DOES IT HAVE TO DO WITH SOCIOLOGY

When it comes to the discussion of public health, breastfeeding has long been associated with short- and long-term health benefits for the child and mother, and improved cognitive development of children (Binns et al., 2016), but despite efforts to promote it, the rates of exclusive breastfeeding until the age of 6 months, as recommended by WHO, remain modest worldwide (UNICEF Data: Monitoring the situation of children and women, 2022) and are considered especially low in Europe (Theurich et al., 2019). When it comes to breastfeeding past 6 months and up to at least 2 years, again, as recommended by WHO, the rates are much lower.

It is no secret that childrearing practices are embedded in social reality. The way people parent and care for their children is both a reflection and a reproduction of cultural practices. Feeding children is no exception. Based on worldwide statistics and extensive research, we know that breastfeeding rates vary profoundly throughout the world (UNICEF Data: Monitoring the situation of children and women, 2022) and that child feeding practices depend on culture, intergenerational experiences and social circumstances as much as they do on policy (Chakona, 2020) Nsiah-Asamoah et al., 2020). It is therefore not surprising that a policy teaching parents what feeding method is optimal for their children is not going to be fully effective unless we consider the social reality that constructs feeding practices as they are now. The way people perceive feeding strategies, the social and economic reality they live in, the messages they hear from other parents as well as medical professionals, the support they receive, the cultural heritage and

traditions, the ideas about parenthood that surround them in their everyday life – all matter and in fact constitute feeding practices.

In this paper, I will be arguing that what is crucial to the constitution of those practices is the societal discourse, and that if we want to understand the underlying circumstances of the breastfeeding situation anywhere in the world, we need to look not only at the social reality, but at the discourse that represents, reflects and constructs it.

WHY DISCOURSE?

From a Foucauldian standpoint, when we study social and historical reality through discourse, it is not the content or what is being said that matters, but rather, the social and historical circumstances that make a certain discourse possible. In other words, how did we end up saying what we're saying and what exactly laid the ground for it? This is exactly what is interesting about the development of childrearing and as a part of it, feeding practices. Although it has often been argued that economic and societal shifts have led to changes in how people feed their children, i.e. industrialization, women entering the workforce, a shift towards nuclear families and childcare services, aggressive marketing by infant formula manufacturers, all leading to a decrease in breastfeeding rates, it has rarely been studied or discussed how exactly those historical circumstances led to those changes, and how those practices are reflected in and reproduced through discourse.

An essay, famous around breastfeeding consultants and specialists, that touched upon this issue was published almost 30 years ago, in 1996. With a catchy and to-the-point title, *Watch Your Language*, the essay discusses a crucial aspect of what discourse really means: *"When we talk about the advantages of breastfeeding - the "lower rates" of cancer, the "reduced risk" of allergies, the "enhanced" bonding, the "stronger" immune system - we reinforce bottle feeding yet again as the accepted, acceptable norm. Health comparisons use a biological, not cultural, norm, whether the deviation is harmful or helpful. Smokers have higher rates of illness; increasing prenatal folic acid may reduce fetal defects. Because breastfeeding is the biological norm, breastfed babies are not "healthier;" artificially-fed babies are ill more often and more seriously. Breastfed babies do not "smell better;" artificial feeding results in an abnormal and unpleasant odor that reflects problems in an infant's gut. We cannot expect to create a breastfeeding culture if we do not insist on a breastfeeding model of health in both our language and our literature"* writes Diane Wiessinger (Wiessinger, 1996, p. 1)

Indeed, even when it seems that saying "breast is best"⁵⁴ can have no other meaning or intent than to support breastfeeding as the optimal feeding strategy, it turns out that the language itself is twisted to fit the existing social reality in a way that cannot be grasped at first glance. This represents what Foucault called

⁵⁴ *"Breast is best"* is a slogan used by public health organizations and breastfeeding advocates to advertise breastfeeding as the optimal infant feeding strategy.

‘biopower’ (Foucault, 1998, p. 136), i.e. conditioning the population, in this case mainly mothers, to serve the economic interest of the state by driving and convincing women that breastfeeding, associated with a focus on the traditionally and naturally female role, caring for and bonding with the child, is “the ideal”, “the gold standard”, which therefore cannot and shouldn’t be achieved because the ideal, as Wiessinger explains it (Wiessinger, 1996, p. 1), is not something that describes a normal person’s normal life. Instead, women are indirectly encouraged to fit the new norm of formula feeding, which makes it easier for them to leave their babies earlier, return to the workforce, work longer shifts. And that is only one aspect of what “breast is best” represents. There is much more to it than economics, and I will briefly discuss some other aspects of it in this paper.

What is of the most interest is that to the naked eye, this discourse seems very pro-breastfeeding, and in fact, most people who use this rhetoric, or at least some of them, do it out of general belief that more women should breastfeed. “Breast is best” has been known as the slogan of many pro-breastfeeding campaigns and organizations. That is how discourse works. It is not the subject of the individuals’ motivation, but rather an external power based on how we’re used to talk about certain things. Further in this paper I will be discussing other elements of the breastfeeding discourse, with “breast is best” being just an example demonstrating why language matters.

Throughout the thirty years after Wiessinger’s essay was published, the breastfeeding discourse developed in rather interesting ways that have, in fact, barely ever been discussed by social scientists. Robyn Lee’s recent book called *The Ethics and Politics of Breastfeeding: Power, Pleasure, Poetics* (Lee, 2018) is perhaps the most extensive if not the only study that looks at the discourse of breastfeeding, and does so from a Foucauldian point of view. Robyn Lee draws on the breastfeeding discourse with the aim of redefining the concept itself, basing the new definition on the works of Michel Foucault, Emmanuel Levinas, and Luce Irigaray. She challenges dominant discourses on breastfeeding that are based on medicalization, focus on maternal subjectivity and femininity, proposing her own feminist perspective. She argues that breastfeeding ethics should move away from viewing it as an exclusively motherly and feminine activity, which explicitly makes her book part of the ongoing political discourse around women’s roles in general and in the caring for children in particular.

In the introduction to her book, Robyn Lee writes: “*breastfeeding highlights one of the central conflicts of feminism: should women attempt to minimize gender differences as a path to liberation or should they embrace gender differences by fighting to remove patriarchal constraints?*” (Lee, 2018, p. 8). Arguably, this would not be the main question asked by a researcher seeking to unravel the social and historical circumstances that make a certain discourse possible. The perspective that I propose here is not to decide what women should or shouldn’t do, but rather, to find out what they are doing in this moment of time and how it is related to what is

being said.

Robyn Lee also discusses how breastfeeding is a subject of what Foucault called ‘biopower’ (Lee, 2018, pp. 36–44), which is something of interest for my research as well. In order to show how this biopower is used, Robyn Lee analyzes two texts, a policy document for health professionals in Canada and a publication by La Leche League, a public organization aimed at supporting breastfeeding worldwide. I believe researchers of this topic can make one step further by looking at existing verbal practices as well as written documents. My argument here is that although written documents are certainly reflective of the general discourse, it is the everyday practices and communication exchanges that can best describe how a certain power narrative is pushed onto society. I will, however, suggest refraining from labeling those practices and discourses as ‘bad’ or ‘imperfect’ in any way, and instead focus on understanding how they are shaped.

WHY ARMENIA AND WHAT DOES IT HAVE TO TELL US?

For a number of reasons, Armenia is a convenient study case for research on the breastfeeding discourse. A post-soviet country with steadily increasing international ratings for democracy, situated in the complicated region of the South Caucasus, it is also a predominantly Christian nation with a centuries-long history of conquests by empires from the Persian and the Ottoman to the Russian and the Soviet, it represents a useful ground to study how influences from various parts of the world can interact in one reality.

When the average Armenian mother faces the need to make decisions in connection with childrearing in general, and breastfeeding in particular, she does so under the influence of a discourse that has been shaped by a wide range of sources, including ancient myths and traditions rooted in centuries of complex relations with the Middle East, the Russian Empire and the West; soviet legacy and communist ideas around the function of family and women, motherhood and childrearing; and, last but not least, modern Western ideas about human nature, gender relations, family roles and parenting.

All of these influences reach the individual via media, medical advice, state policies, public initiatives, and also via general everyday social and cultural communication amongst family members, friends and a wider social circle of other parents and various professionals and experts. And just as with “breast is best”, discourse works somewhat separately from individual motivation. When an anonymous mother gives online advice, or even when a medical professional provides any kind of information on the ways to feed children, it is almost always rooted in some sort of socially accepted knowledge, but the advisor is almost never consciously aware of this fact. That is why, arguably, the best way to grasp how the reality of breastfeeding is shaped is to look at the discourse itself rather than at its subjects, and also to make sense of which social and historical circumstances stand behind a certain type of language and communication.

Apart from representing a complex combination of discursive influences, Armenia is also a good study case because its breastfeeding situation has not been studied in-depth; therefore, it provides a blank slate to a researcher seeking to unravel the parameters of this discourse without any prior assumptions.

THE SITUATION IN ARMENIA: A BRIEF OVERVIEW

From here on, I will briefly discuss what has been studied to-date regarding the breastfeeding situation in Armenia, and will then offer my viewpoint on what should be studied further and how. I will suggest a hypothesis on what constructs the situation with breastfeeding in Armenia as it is now, and will elaborate on how I propose testing it.

Breastfeeding in Armenia has been studied somewhat inconsistently. Firstly, even when it comes to the most obvious quantitative data, there are mentions of discrepancies between various sources of statistical information regarding the rates of breastfeeding in post-soviet Armenia (Harutyunyan, 2015, p. 11)⁵⁵. Despite those discrepancies, when it comes to absolute values, a look at the data through time reveals a certain trend. According to existing data and a few analytical reports, there has been an abrupt decline of breastfeeding rates after 1988 linked to the import of infant formula as a means of humanitarian aid following a massive earthquake in Spitak (Demirchyan, 1999, p. 2).

Studies conducted in the 1990s report low levels of awareness and overall lack of knowledge about breastfeeding amongst mothers and health professionals (Hekimian, 1994; Demirchyan, 1999). After the Armenian government began seeking control over formula marketing and distribution, and various breastfeeding campaigns and programs emerged, the situation seems to have been improving. According to the National Demographic and Health Survey, breastfeeding rates were going up starting in the early 2000s and until 2015-2016, when exclusive breastfeeding between 0 and 5 months was estimated at 44.5%, which is just a little below the global average according to UNICEF data (UNICEF Data: Monitoring the situation of children and women, 2022). Continued breastfeeding (12-23 months), in its turn, was estimated at 28.7% in 2015-2016. Interestingly, an increase in continued breastfeeding can also be seen starting in the early 2000s, but the growth is slower: just 5.2% from year 2000, compared to a growth of 15% when it comes to exclusive breastfeeding from 0-5 months and early initiation of breastfeeding (within one hour after birth). There is no quantitative data on breastfeeding in Armenia published after 2017.

A few assessments and qualitative studies on breastfeeding amongst Armenian mothers have been published, revealing that gaps and barriers to breastfeeding still

⁵⁵ The author, who is a representative of the Ministry of Health, mentions discrepancies between official statistics of the Ministry of Health and the Armenian Demographic and Health survey, also conducted by the State. The first source is not open to public, and therefore all mentions of it will be regarded as mentions by other authors with internal access to this data.

exist and prevail, including the lack of sufficient regulated support systems for breastfeeding mothers, and yet again, lack of knowledge amongst health professionals as well as mothers (Demirchyan & Melkom Melkomian, 2020); Harutyunyan, 2015).

When it comes to soviet and pre-soviet times, unfortunately, no data exists. We do know, however, from soviet literature, public campaigns and general body of knowledge on how the soviet system worked, that although breastfeeding was encouraged, the recommendations on how it should be performed and organized varied very much from what is practiced and recommended today, and were overall not supportive of efficient breastfeeding. The recommendations included strict schedules and long intervals between feedings, no feedings overnight, introduction of complementary feeding and water early on, etc.

As to breastfeeding in the pre-soviet and pre-industrial era in Armenia, it is mentioned, in some detail, in a number of late 19th-early 20th century ethnographic papers (Lalayan, 1896, p. 283; Lalayan, 1902, p. 257); overall, what they tell us is that breastfeeding practices, and childrearing in general, were predominantly subject to local beliefs and traditions passed down through generations. It is an additional and valuable challenge to identify those of the modern beliefs that have been actually handed down from the past. Unsurprisingly, some of the beliefs and practices of over a hundred years ago described by Lalayan coincide with ones in current circulation (e.g., the belief, still common but not shared by modern science, that pregnant mothers should cease breastfeeding), whereas others (e.g. the normative practice of breastfeeding until 3-5 years of age) are now considered outrageous.

CONFLICTING TRADITIONS AND INFLUENCES

When it comes to analyzing the situation around breastfeeding, what most researchers do is concentrate on the situation itself, and then go on to study the factors that contribute to the situation as it is. For example, if the question asked is “why don’t more mothers breastfeed?”, the first typical research approach would be to study quantitative predictors of breastfeeding. The findings can then be used to develop policies specifically aimed at the groups that are less likely to breastfeed, which can be, for instance, mothers with lower education, with little support, etc. Another common approach is to qualitatively assess the gaps in the whole system: evaluate the policies, interview mothers and health professionals to reveal what they know or don’t know, what their lived experience demonstrates, etc. This can also be useful to filling those gaps at policy level.

Both approaches are certainly necessary to understand what is happening. However, what is lacking is the further deeper analysis of the social, cultural, historical background that makes this situation possible – in other words, an analysis of the circumstances that constitute the current discourse around breastfeeding. It is not enough to know that healthcare providers are not sufficiently informed, or even to know which parts of the healthcare system are lacking and therefore result in a

knowledge gap. What is of most importance is the ‘why’. Why is the system lacking in certain areas? The same goes for lack of knowledge amongst mothers, misinformation, absence or lack of motivation to breastfeed, struggles during breastfeeding, factors contributing to inefficient feeding strategies, etc. Even when we understand how certain factors contribute to all of it, what we need to do after that, is explain how these factors emerged and what made it possible.

Hypothesizing about the possible “whys” of breastfeeding in Armenia inevitably involves a historical perspective. With poor sanitary conditions remaining a major cause of infant mortality in the pre-soviet and early soviet years, the state advocated for breastfeeding as the most sanitary method of feeding infants. However, the soviet industrialization project required most women to join the workforce. Until 1969, it was obligatory for women in the USSR to return to work 6-8 weeks after giving birth. In 1969, a decree was passed that allowed women an unpaid maternity leave of up to one year. Most mothers, however, had no option to survive without an income for a full year, and therefore returned to work earlier. Children were left to be cared by grandmothers or nurseries. Understandably, this scenario didn’t support the continuation of breastfeeding even if it had been initiated. Pumping devices were unavailable, as was information on methods of expressing milk or any accommodation for this activity at the workplace.

Given the nature of the soviet regime, the soviet approach was never exclusively economic, but always had a political component. Spaced feedings, no feeding at night, early weaning etc., can also be traced back to the ideas of discipline, parental power and control – all essentially political ideas, which are still present in Armenia and are not only adhered to by uninformed mothers, but are often imposed upon them by health professionals, especially ones who were trained during soviet times. Naturally, society cannot be expected to be aware of the soviet political legacy. A mother’s insufficient milk supply is thus usually attributed to the mother’s ‘physical’ or ‘genetic’ inability to lactate, and never to the consequences of her actions, such as spaced feedings as recommended by actors steeped in soviet values.

Moreover, common interpretations of problems related to breastfeeding can also be traced back to pre-industrial myths, including beliefs about what a nursing mother should and should not eat, and how ordinary food can affect the quantity and quality of the mother’s milk, that have been passed on through generations and remain widespread in the society and are even supported by some health professionals. Arguably, this becomes a source of stress for breastfeeding mothers and can become an additional motive for early weaning.

Apart from soviet regulations and pre-soviet traditions, the societal perceptions of childrearing and feeding in Armenia are also highly influenced by the West. Mothers turn to Western sources for advice, interact with advocates of Western values, and the Armenian healthcare system increasingly relies on Western medical practices and recommendations.

In terms of values, most of what reaches Armenia from the West is left-wing ideology; in this particular realm, the relevant values include independence, freedom, gender equality and feminism. In the light of these values, breastfeeding is not a biological norm or a natural necessity, but a woman's choice. In the individualistic paradigm, a breastfeeding child is not perceived as a naturally immature being that is fulfilling a biological need, but as a negatively dependent individual that needs to be 'freed' from this dependence as soon as possible. As the authors of an anthropological paper on this topic put it, "*Drawing upon cross-species, cross-cultural, historical, and physiological evidence, evolutionary pediatrics makes it clear that notions about what human infants need and why, especially as regards nighttime sleep and feeding patterns, seems to reflect far more about what societies want parents to be and infants to become (self-sufficient and independent) rather than what infants actually are—exceedingly dependent, and unfinished 'extero-gestates' to use Montagu's (1986) description*" (McKenna et al., 2007, p. 134).

Moreover, breastfeeding, first, makes a mother attach to her child in a way that is inconsistent with a Western woman's individualistic lifestyle, and second, when it comes to gender relations, breastfeeding automatically implies minimal participation on the father's side, contradicting the gender equality paradigm. These concepts do not just actively circulate in the offline and the online world, but are efficiently being used by marketers of infant formula.

DISCUSSION

The above is just a brief overview of only a few historical and societal premises that are likely to shape breastfeeding practices in Armenia. An analysis of the various knowledge and language systems that merge to form the social reality of breastfeeding in Armenia can be crucial for understanding not just which aspects of these systems create barriers for optimal breastfeeding, but also in what way they can potentially do the opposite. A true understanding of the ideological basis can shed light on the situation in a new way. This can arguably be achieved by means of an analysis of the discourse representing the circumstances that created this reality in the first place.

I do not suggest that this should necessarily be studied in full accordance with Foucault's view of history and discourse. Moreover, my use of the word 'ideology' and this paper's general reliance on existing data as the nearest approximation of truth both contradict Foucault's ideas. However, I consider the general concept of 'discourse' crucial in this context, and the idea that socially conditioned knowledge is represented in how we speak and what we believe in, and therefore reflects power relations, to be the essential perspective for understanding how the society views and practices breastfeeding.

Looking at the rates of breastfeeding, and its predictors and identifying gaps in the support system, is, from my standpoint, only the beginning of what social

scientists can achieve when studying breastfeeding practices. I argue that it is not the situation itself or the subjects that are the key to understanding and therefore managing the situation, but the underlying discourse, which functions somewhat separately from the subjects' own motivation and is embedded in the systems of knowledge, language and social reality.

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Conflicts of Interest

The author declares no ethical issues or conflicts of interest in this research.

Ethical Standards

The author affirms this research did not involve human subjects.