Breastfeeding, Media and Culture:
Negotiating Space, Modesty, Motherhood and Risk in Malaysia

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A thesis submitted in partial fulfilment of the requirements of
Cardiff University for the degree of Doctor of Philosophy

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Abstract

This study explores how Malay women negotiate religion (Islam) and culture in their understanding of breastfeeding and their responses to media representations. The study adopts a cultural anthropological approach, exploring women's relationship with breastfeeding in specific cultural context, but also linking with debates about media influence. The thesis unpacks the complex relationship between media and audience by examining breast and formula feeding in both general and specialist media, as well as exploring mothers' discussions about infant feeding (which include their responses to media prompts and them making collages) in focus groups. The study suggests that culture and religion play an important role in women's understanding of breastfeeding and the media. In particular, this thesis identifies how women negotiate Islamic rule about *milk kinship* and the notion of bonding, which affect how they feel about *wet nursing* practice. In addition, mothers recognise their responsibilities as Muslim women (through the rules of *aurat*) which shape feelings of modesty and the way they look at space (both media and *real* space). Women also discuss ideologies of motherhood through the '*types*' of women who would breast or formula feed, and identify with their role as mothers in their responses to media stories about infant feeding risk. The study therefore locates Malay mothers as audiences whose readings link to everyday lives, embodied experiences, and identities.

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List of Terms and Meanings

Aurat –	Islamic rules regarding dress code and body parts that need to be covered from opposite sex and non-Muhrim. Most Islamic legal systems define female *aurat* as modest dressing covering everything except the face and hands in public. It is recommended that women wear clothing that is not form fitting to the body.Aurat should be covered when in the presence of someone of the opposite sex (other than a close family member and *muhrim*), a woman should cover her body and dress in a way that does not draw sexual attention to her. In private, and in the presence of *muhrim,* the rules on aurat are more relaxed. However between husbands and wives, most scholars stress the importance of mutual freedom.
Muhrim/Mahram -	Those which are within the prohibited degrees of marriage, such as family members (which includes uncles, aunts, in-laws, as well as milk siblings).
Milk Kinship -	Milk kinship, formed through nursing a non-biological baby, which then renders their relationship similar to blood ties. This will also affect *muhrim* relationship with extended family
Hijab -	Hijab is the term used by many Muslim women to describe their head cover/scarf that may or may not include covering their face except their eyes, and sometimes covering also one eye. The Arabic word "hijab" can be translated into veil
BFHI -	The Baby Friendly Initiative is a worldwide programme of the World Health Organization and UNICEF. It was established in 1992 to encourage maternity hospitals to implement the Ten Steps to Successful Breastfeeding and to practise in accordance with the International Code of Marketing of Breast milk Substitute
WHO-	World Health Organisation
UNICEF-	United Nations Children Fund
UNDP-	United Nations Development Programme
EBM -	Expressed breast milk
BPA -	Bisphenol-A

IBFAN - International Baby Food Action Network

ICDC - International Code Documentation Centre

CHAPTER ONE - Introduction

Breastfeeding is complex not because of its biological nature but because it is deeply embedded within society's social context and cultural practices (Britton 2009, pp.310). In her article entitled "*Breastfeeding: A natural phenomenon or a cultural construct?*" Cathryn Britton (2009) writes about breastfeeding as a social experience (pp.307) and highlights that culture plays an important role in how a woman understands her breasts and their functions in everyday life (pp.310). The way the media portray breasts and breastfeeding can help embed cultural discourses and reinforce meanings attached to them. My study examines how women negotiate their own infant feeding practices in the context of Malay culture and the Malaysian media in the 21st century.

This study uses detailed analysis of magazines and press reports, alongside in depth focus groups. In the analysis I identify patterns and themes that emerged from the various focus groups. I also use deviant case analysis (Frankland and Bloor, 1999) to identify examples of opposing views expressed by research participants. Livingstone (1998a) highlights the importance for media researchers to view audience reception studies as a *relationship* between audience and the media and to position this relationship within the wider ethnographic context (pp.238). This study therefore, links findings in the broader anthropological debates about breastfeeding and cultural context, as well as linking to existing debates about media influence.

1.1 My evolving interest in this issue

This study grew out of my personal passion for breastfeeding. When I first began my PhD I had only just become a mother (Diya was 13 months when I enrolled). However, despite much enthusiasm, I was not successful at breastfeeding. Feeling rather disappointed I took on a personal pursuit, embarking on a journey to find some kind of answer for myself and wanting to help other mothers who are 'confused and lost' just like me. I wanted to explore this personal interest in broader social context.

My initial hope was that my project would contribute towards improving breastfeeding rates in Malaysia. However, what took me by surprise was that this aim changed

completely through the following three years. I became less interested in 'making a difference' in statistics, as I gained a deeper interest in exploring the rich cultural context that envelops mothers and the relationships they have with the media. I decided to change the direction of my research and suspended my original aim, hopefully a change for the better. The reasons which led me to this decision were that I read more about the broader politics around 'breast feeding promotion' and my supervisor had introduced me to more critical theories about media messages.

Significantly, as I pursued my empirical research, I also discovered mothers' responses towards infant feeding in the media are so much complex than I had anticipated. This complexity inspired me as I discovered more layers and depth of mothers' interpretations of, and reactions towards infant feeding issues in the media. I realised that the uniqueness of my research lies in the exploration of this relationship and process, rather than making assumptions and trying to make a difference in breastfeeding rates in any simplistic way.

Having said that, I am in no way implying that studies which chose to pursue focussed practical aims are less important. In fact, as a pro-breastfeeding individual, I envied researchers who could help more mothers (like me) to be successful at breastfeeding. Nonetheless, what I hope to achieve at the end of this project is to unpack and explore the complexities of some cultural issues in the Malay society. Some of these cultural issues may influence how women respond to the media and media representations of breastfeeding, as well as being the context in which they make their own infant feeding choices.

During the course of my PhD, I became pregnant for the second time and gave birth to another lovely baby girl. This time around I was able to breastfeed the way I wanted to (Icha was 23 months and still breastfeeding at the time this manuscript was submitted). I conducted the focus groups in my early trimester and analysed my findings while breastfeeding. Throughout the process I became immersed in my research findings and was able to relate to some of the voices I replayed in the focus group transcripts. It was a wonderful experience being able to breastfeed, and also an interesting one, as a Malay and Muslim woman living in a Western country. This has also affected my feelings and how I experience breastfeeding in public. Accomplishing this project was a journey of

discovery for me and has changed the way I look at myself, motherhood and my relations to others.

My research progressed through a natural but reflective evolution as readers will see in the methodology chapter (chapter four). Kitzinger (2004b, pp.168) uses a diagram of a spider's web as a metaphor to explain the different stages in research that connect and interact with one another. She suggests that the *spider's web* is a more functional outlook to explain research process than the traditional linear 'ladder' model. As she explains further:

> "Research is embedded in a web of processes involving the socioeconomic conditions of production, disciplinary divisions, academic routines, historical context, knowledge paradigms, and interrelated decision about questions, foci, and methods of enquiry." (pp.168)

This outlook allowed me to revisit my findings at different stages in my research and inspired questions I have about breastfeeding and the media. I am cautious that I am somewhat an *insider researcher* and I had thought about this issue and the issues of objectivity and reflexivity. This is explored in the methodology chapter (chapter four).

1.2 Research method

In my preliminary work I interviewed three individuals involved in producing or moderating the public profile of infant feeding practices. The interviews were very helpful to position my research in light of media production issues. For example, the interviews helped correct assumptions made at media production level around the political-economy pressures and operational matters. I also observed women's discussions in online forums, particularly conversations about infant feeding issues in the media. This has helped generate the questions and creative exercises I conducted in the focus groups and narrowed the focus of study.

My main methodology consists of two parts. In the first part, I examined a sample of images in breastfeeding stories, as well as the overall discourse surrounding breastfeeding. I also explored three specific issues on infant feeding reported in 2008. The second part of my method then looked at mothers' responses towards these infant feeding issues and images of breastfeeding in the media (by conducting focus groups with Malay

mothers in Malaysia). In the focus groups I introduced media prompts such as news headlines, advertisements and media clips, as well as having the mothers participate in group exercises constructing collages and commenting on pictures of celebrity mums. In these exercises I was able to observe some creative ways on how mothers construct and understand motherhood through the values attached to both infant feeding methods.

1.3 An introduction to the Malaysian context

The latest statistics (2005-2009) revealed that only 29 percent of infants in Malaysia were exclusively breastfed in the first six months of life. Furthermore, only 12 percent of them would carry on to breastfeed until they reach the age of two (UNICEF, n.d, http://www.unicef.org/infobycountry/malaysia_statistics.html). This is considered poor compared to other countries such as Norway, Sweden and even Indonesia, a neighbouring country which shares many commonalities with Malaysia such as language, religion, economy and geography. The Malaysian government however, has never directly opposed or discouraged breastfeeding. In fact, Malaysia was among the earliest to respond to global calls for breastfeeding-friendly environments by adopting promotion on breastfeeding programmes in local hospitals. This is implemented through the Baby-Friendly Hospital Initiatives (BFHI – see page xii for more details) which is endorsed by The United Nations Children's Funds (UNICEF) and The World Health Organisation (WHO). Through this policy, the Malaysian government assures that its healthcare providers are actively advocating breastfeeding and discontinuing the routine practice of giving formula feeds to newborns.

The first Baby-Friendly Hospital in Malaysia was declared in 1993 and within just four years, all 114 government hospitals followed suit. Malaysia was even recognised by WHO as the third country in the world, after Sweden and Oman, to have successfully accredited all its government hospitals as baby friendly (UNICEF, 2002). Aside from BFHI, the Malaysian government also pledged their commitment through adopting the International Code of Marketing of Breast Milk Substitutes with the aim to protect, promote and support appropriate infant and young child feeding practices. The Code is a set of recommendations to regulate marketing of breast milk substitutes like formula milk, feeding bottles and teats. It is part of the response and awareness regarding poor infant feeding practices which can negatively affect children's growth, health and development.

Unfortunately, this policy has yet to be thoroughly implemented. For example, not all maternity unit staff were trained in line with the recommendations of BFHI. Furthermore, many hospitals lacked strong breastfeeding support (in relation to both physical and emotional care).

1.3.1 The changing role of breastfeeding: From hero to zero?

In Malaysia, breastfeeding once played a significant role in improving child mortality rates (Butz et. al. 1984). According to their research, infant mortality was particularly common before the 1980's in rural areas confronting sanitation problem and poor water quality. Exclusive breastfeeding helped reduce infant mortality from illnesses such as diarrhoea and pneumonia caused by contaminated water. Kramer et. al. (2001) furthermore indicated that this correlation can be seen in both rich and poor countries.

Butz and colleagues (1984) conducted a study in Malaysia from 1976 – 1977 and concluded that mothers who exclusively breastfed for six months experienced lower infant deaths compared to those who did not. Their research also demonstrated that breastfeeding was strongly associated with infant survival in homes without piped water or toilet sanitation. Montgomery et al. (1986) also conducted a similar study in Malaysia and found that breastfeeding has direct influence on children survival regardless of their health condition at birth. Breastfeeding therefore, increased infants' chances of survival despite complications and health problems that may occur during and after birth.

It was apparent that exclusive breastfeeding helped save many Malaysian babies at that time. Fortunately today, the quality of water supply has improved tremendously and Malaysians are now able to enjoy clean piped water, better sewerage systems and septic tanks at home. Almost 100 percent of people in Malaysia are now enjoying improved drinking water and sanitation facilities, including in rural areas (UNICEF, n.d, accessed online at http://www.unicef.org/infobycountry/malaysia_statistics.html). This is associated with a steady decline in recorded infant mortality (from 52 deaths per 1000 births in 1970 to 18 deaths per 1000 births in 1990) This number continued to decline and as of 2009, infant mortality under one year old is recorded at six deaths per 1000 births (UNICEF n.d accessed online at: http://www.unicef.org/infobycountry/malaysia_statistics.html).

Improved piping system throughout the country has also made supplemented feeding (including formula milk) safer to consume. Therefore, breastfeeding was no longer seen playing a crucial role to save infant lives and parents have a choice to feed formula milk safely to their children. As a result, breastfeeding rates failed to improve; rather it remained low until today.

1.3.2 The economic change

The 1970 -1980's era was also a time when Malaysia underwent massive improvement with its economic growth. This healthy development among other things opened up thousands of opportunities for women to be employed and improve both the country's productivity as well as their household earnings. Furthermore, the implementation of Malaysia's New Economic Policy in 1970 also assisted women's employment as the government facilitated the flow of Malay women into work sector. As a result, there was a sharp rise in the proportion of women in paid employment from 1957 to 1980. During this time, women's participation in the workforce rose from 29.9 percent to 39.3 percent (Amarjit Kaur 1999, pp.19). According to a recent report by the United Nations Development Programme (UNDP) almost 50 percent of women in Malaysia are now in the workforce (UNDP, 2010).

This positive growth has however, been associated with some difficulties for working mothers to sustain breastfeeding.[1] Long hours at work affected the frequency of direct feeding sessions and expressing milk is challenging particularly if the work place is not supportive of breastfeeding mothers. In addition, equipment to assist pumping is expensive.

Human lactation is based on a demand-supply process. Therefore, to prolong milk supply, mothers need to constantly express milk out. Failure to maintain consistent breastfeeding sessions/expressing milk will interrupt milk supply and eventually stop milk production. As a result, many working mothers stop breastfeeding either by choice or gradually due to

[1]Many working mothers send their children to day care, unprofessional nannies or maids to look after their children while at work. The Government has called for all employers to provide a nursery within office compounds which allows breastfeeding mothers to feed their children on demand. However many fail to implement this.

decreasing milk supply. In order to cater for infant nutritional demand when breastfeeding has decreased/stopped, supplementary feeding is introduced. Formula milk has become an obvious choice for many working mothers. Malaysian babies as early as three months (many even earlier) are introduced to formula milk, cow's milk, rice and porridge (Manan, 1995). In his study, Manan also discovered that some mothers in rural areas introduced evaporated milk and condensed milk because they cannot afford formula milk. However, many of these supplemented feeding are unsuitable and may cause severe health complications. The World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months of life and to continue breastfeeding (with complementary food) until the age of two. WHO also recommends that, ideally, no other food or liquid (including water) should be introduced in the first six months of life.

1.3.3 Being a Malay Muslim

Malaysia is home to multiple races and people with different ethnic backgrounds. The country therefore, promotes a diversity of religions and faith. However, Malay is the largest race (constitutes about 50 percent of population) and Islam is the official religion. Malaysia is known as an Islamic country and all born Malays are Muslim by constitution. It is therefore, expected that all Malays are raised and governed by Islamic teachings. Because of this, Islam plays a dominant role in the Malay culture.

The history of Malaysia documented the influence of Islam and various cultural blends in the makeup of the Malays. This is mainly as a result of inter-race and religious marriages between the original Malays and merchants from different countries that came to trade goods in the Strait of Malacca. Because of this, many *may* claim that Malay is no longer a genuine race, but rather a melting pot of various races and ethnicities. Even the Malaysian constitution (Article 160) defines a Malay person as someone who is born to a Malaysian citizen, professes to be Muslim, habitually speaks the Malay language and adheres to Malay customs. This definition is loose enough to include people of diverse ethnic backgrounds as long as they are Muslim. It could also be argued that religion defines Malay more than the race itself.

Nonetheless, Malay people are very proud of their roots and they embrace cultural traditions as part of their Islamic identity. This is why many Islamic rituals blend together

with Malay traditions, which are then negotiated and accepted as a customary tradition practised in contemporary Malay society today. Islam is so ingrained in Malay society that religious rituals are often regarded as part of the culture itself. For example, Eid is the biggest and most important festival celebrated by the Malays. In fact, the only festivals celebrated by Malay people are mostly related to Islamic celebrations.[2]

However, Islamic rules are negotiated in many Malay cultural traditions and practices. For example, Muslim women are required to wear *hijab* or headscarf as part of their *aurat*. However, not all Malay women do. In fact, many prominent Malaysian female figures such as ministers and political leaders, as well as all present and past Prime Ministers' wives do not wear *hijab*. Traditionally, the Malay female costume does not necessarily include *hijab* and before 1980s (before Islam had a strong influence), most Malay women do not wear them. In fact Malay traditional costume such as the *Kebaya* is tight fitting and accentuates womanly curves. Although Islam promotes loose-fitting clothes, the *kebaya* is popularly worn by many Malay (and non-Malay) women, even by those who donned the *hijab*. Wearing the *hijab* it is often considered as one's personal choice rather than a religious imperative. Significantly, unlike in many Islamic countries, those who choose not to wear them are not reprimanded or penalised.

Negotiation of religion is also seen in the political administration whereby as a state, Malaysia passes its own legislation. The Malaysian *Syariah* law is a revised version of the Islamic regulations which is deemed more suitable to the Malaysian environment, community and current time. These are some examples of how Islam is integrated into the Malay culture, which then would influence some social practices in Malaysia.

1.3.4 Being a working mother in Malaysia

Women's rights and awareness of gender equality in Malaysia are still in the infant stages. Awareness and support for women in the workplace was only initiated after the Women National Policy was introduced in 1985 and strengthened through the establishment of The Ministry of Women, Family and Community Development which

[2] There is a lot of Malay cultural festivals in Malaysia but only a few are celebrated nowadays. Cultural performances such as *Mak Yong, Wayang Kulit, Kuda Kepang* etc. involve spiritual rituals that oppose Islamic teachings. As Islamic influence becomes stronger in Malaysia, more and more traditional celebrations are diminished.

was set up in 2001. However, a gender gap in the work force is still evident with only 50 percent of women in the work force, compared to 79 percent of men in 2008 (UNDP, 2010). There is also a significant gender pay gap between female and male workers, with wage differentials of as high as RM1744 per month (equivalent to GBP348) for senior administrative posts with the same job scope (UNDP, 2010).

The Ministry of Women, Family and Community Development struggles to fight for women's rights, especially rights for working mothers. For example, despite years of effort, maternity leave for Government employees remained at 60 days (paid leave). This is the common standard for most companies in the private sector as well. The Ministry has submitted two memorandums thus far for the leave to be extended (first to 90 days and the second one to 84 days of paid leave). As a result, the government now allows for 300 days of paid maternity leave for mothers, to be divided among all her children with 60-90 days for each child birth. In addition, mothers in the government sector can also opt for unpaid leave up to five years. In the UK, a female employee has the right to 26 weeks of *Ordinary Maternity Leave* and 26 weeks of *Additional Maternity Leave* making one year in total. The combined 52 weeks is known as *Statutory Maternity Leave.* However some employers have their own maternity leave scheme which could be more generous than the statutory scheme. The recommended maternity leave suggested by the International Labour Organisation is a minimum of 84 days.

1.4 The Malaysian media landscape

While Malaysia has more than 15 multi-language mainstream newspapers, six television channels and a satellite TV provider, the Malaysian media are very much controlled and regulated. For example, many Malaysian mainstream newspapers are owned by two major conglomerates which are *Media Prima Berhad* and *Utusan Group Berhad.* Both of them are linked to Malaysia's ruling political party *Barisan Nasional.* Another popular English-language newspaper (with daily circulation of 300,000) *The Star* is affiliated with the Malaysian Chinese Association, the second largest party in the *Barisan Nasional* alliance. The party also owns several Chinese newspapers. Oppositional parties also have their own newspapers, mainly interested in political issues and are aimed for party supporters. The government does not own any newspaper directly but operates two television channels and seven radio stations with nationwide reach. Malaysia also has a

direct-to-home- satellite television service ASTRO which currently broadcasts more than 55 channels including the BBC, HBO, Sky, as well as producing in-house channels featuring local content. However, ASTRO is a subscribed provider and has only reached about 35 percent of homes throughout the country. ASTRO is operated by MEASAT Broadcast Network Systems which also has some connections to the government.

1.5 Organisation of thesis

This thesis is organised in a way I hope makes it as readable as possible. The next two chapters represent my literature review and explore the framework for this study. In the first literature review chapter (*chapter two*) I discuss the broader cultural and anthropological debates about breastfeeding. This maps out some social and cultural issues about breasts and breastfeeding in society and also includes an exploration of studies about breastfeeding and the media. In the second part of my literature review (*chapter three*), I provide an overview of media influence theories and explore the role of media in everyday lives. Therefore, in effort to examine media-audience relationship, I began with exploring the broader issues of religion, cultural beliefs and women's infant feeding experiences before linking them with the debates about the media effects and exploring media role in women's lives. This approach is different from the traditional media studies which often begin with studying the media and media influence on audiences (refer page 46 for details).

The literature review chapters are followed by the methodology chapter (*chapter four*). In this chapter I outline the evolution of this study and discuss some methodological context and decisions. I also explore some ethical issues and the way I analyse and interpret my data.

Chapter five, *six*, *seven* and *eight* each present different themes from my findings:

- *Chapter five* examines how breastfeeding is located within the Malay culture and Islamic beliefs. I explore two issues (i.e. milk kinship and wet nursing) and how these issues interact with mothers' perceptions of breastfeeding, bonding and sexual relationships. I also explore how the women negotiate the concept of *aurat* and breastfeeding. *Aurat* is a term associated with modesty (see page xii for detailed definition).

- *Chapter six* builds on *chapter five* to explore mothers' thoughts about the representation and display of breastfeeding in different fora. In particular, I look at how women relate to these different fora as *public space* (with ideas concerning *aurat,* shame, exposure and the potential gaze of men). I also examine women's own experiences breastfeeding in different locations (from inside their own homes, to restaurants, to prayer rooms) and with different people sharing that space (husbands, brothers, older children and strangers).
- *Chapter seven* then explores women's discussions about the types of women who would breast or formula feed and how this relates to their ideas of motherhood. This is explored through participants' responses to images of celebrity mums in the media and the collages that women construct of breast and formula feeding women.
- *Chapter eight* turns attention to debates about health risk. It investigates three infant feeding issues which caught media attention in 2008 (i.e. melamine contamination in formula milk in China, toxins in breast milk and risks of bisphenol-A baby bottles) and mothers' responses to these issues.

The concluding chapter (*chapter nine*) recaps the key findings and explores some contributions of this study to the body of literature – theoretically, methodologically and empirically. It also discusses the limitations of this study and my reflections on methods and theory. It also suggests some avenues for future research on the topic of breastfeeding and the media.

CHAPTER TWO – Breastfeeding, Culture and the Media

This chapter begins with research conducted in areas of infant feeding, specifically studies about breastfeeding in different cultures and in the media. It explores breastfeeding as a social/cultural conduct, and how the media fit into this context. This chapter explores some studies conducted in different cultural settings, which hopes to highlight the different ways culture can influence infant feeding practices and society's understandings of breastfeeding. I then focus on studies exploring infant feeding in the media and look at some of the findings of these studies.

This study argues that culture plays an important role in studies of breastfeeding and the media. In particular it focuses on the role of culture (and religion) in audiences' responses to representations of breastfeeding in the media. It argues that audiences use cultural framework to understand certain media messages. It also suggests that the way media report breastfeeding is sensitive towards the culture it is in. In this light, the study explores how the media mobilises cultural resources as part of women's negotiations with certain ideas surrounding infant feeding.

2.1 Scientific studies about breastfeeding

Studies about breastfeeding are by large conducted by researchers in the medical field. Among other things, these studies explore health benefits of breastfeeding for both mothers and babies. Breast milk is claimed to provide the ideal food for infants as it has the right combination of properties that a newborn would require. On average, breastfeeding babies have fewer infections and are less prone to illnesses in their early lives compared to formula feeding babies. In particular, they have less ear infections (for example see Alho et al., 1990; Aniansson et al.,1994), chest infections (Duran, 1991; Woodwar, 1990) and allergies. Breast milk also seems to reduce chances of getting, leukaemia, lymphoma, diabetes and asthma as children grow older (Scariati et al., 1997 and Goldman, 2000). The main reason for this is because breast milk contains antibodies and other proteins which are passed on from a mother to her baby. UNESCO recommends exclusive breastfeeding for the first six months of life and for mothers to continue supplementing breast milk for up to two years. In developed countries, the

reduction in risk of infection is not only significant, but even striking results are seen in some developing countries all over the world (see for example Cunningham, 1995). A research conducted by Jones et. al. (2003) reviewed 42 breastfeeding rates in developing countries and suggests that exclusive breastfeeding for six months, with supplementary breastfeeding to 12 months, could prevent 1.3 million deaths in children under five every year.

The benefits of breastfeeding are not only seen on infants but also extend to their general health later in life. Studies conducted with adults that have been breastfed demonstrated that on average they were less likely to have or develop diabetes, obesity, high blood pressure, high cholesterol level, eczema, leukaemia and asthma (Hoddinott et. al., 2008). Breastfeeding is also proven beneficial in other areas. For example, studies have linked breastfeeding babies with less "cot death" (or better known as sudden infant death syndrome (SIDS) (Scariati et. al., 1997; Cunningham, 1995), higher intelligence (Cockburn et. al., 1996), and better emotional bonding with the mother (Manan, 1995).

It was also claimed that breastfeeding mothers find it easier to lose weight after giving birth because of the energy used to produce milk. In terms of financial benefits, breastfeeding does not incur any cost, although those who express milk do have to spend on feeding equipments such as bottles, sterilisers, milk storages and for some, a deep freezer to store their milk.

2.2 Understanding cultural issues of breastfeeding

Aside from the scientific studies, breastfeeding is also explored in the field of sociology, anthropology and cultural studies. Researchers have focussed on for example, investigating social context of infant feeding in specific cultures. In her book, Maher (1992) argued that breastfeeding is no longer seen as natural because attitudes in regards to infant feeding practices are socially determined. She compiled several studies adopting ethnographic approach to examining cultural norms and infant feeding practices in several societies (Nepal, Tunisia, Iceland and Iran). The book then concludes that breastfeeding is conditioned by cultural priorities, which is not always to the advantage of women and children. Maher proposes that breastfeeding should be seen as a cultural product which defines gender, social relationships and sexuality.

In a very recent book entitled *Infant Feeding Practices: A Cross-Cultural Perspective*, Pranee Liamputtong (2010) compiled studies about breastfeeding in different parts of the world. Her book explores some shared cultural beliefs about breastfeeding across various cultures and similar social treatment towards breastfeeding mothers. Her book discussed breastfeeding in both Western and Asian cultures, exploring some social regulations of the lactating body in different countries. This includes for example, a universal acceptance that breastfeeding is a private activity therefore breastfeeding in public is considered taboo and inappropriate. Such social regulation is salient across many societies that it permeates a mainstream discourse for breastfeeding behaviours in public areas.

Nonetheless, several studies published in Liamputtong's book also illustrated particular cultural contexts of breastfeeding that are related to specific societies or cultures. For example, Yimyam (2011) explores the concept of '*yu daun*' in Thai society, which refers to the period after a woman has given birth, whereby she is relieved from housework duties for a month to focus on taking care of her newborn baby (which may include breastfeeding). The woman therefore, receives physical and emotional support from families and friends to assist her while she recovers and bond with her baby. However, despite this special period (which may encourage breastfeeding), there are also other cultural beliefs associated with breastfeeding that may discourage the practise such as believing that there is no milk in the first few days after birth, and breast milk being perceived as an inadequate source of nutrition. The study suggested that such cultural beliefs may hamper mothers' effort to breastfeed.

In a different context, Meliksah Ertem (2011) explored how Islamic culture in Turkey interferes with early stages of breastfeeding. For example, the Turkish society believes that colostrum (early production of breast milk) is bad for babies. The culture also believes that a newborn baby should not be fed before his/her third *azan* (call to prayer) and that sugar water should be introduced before breast milk in order to 'clean' the digestion system. Nonetheless, despite these interferences, the culture supports that breastfeeding thereafter should be continued without interruption. Therefore, regardless of the challenges in the early stages after birth, 95 percent babies in Turkey are breastfed.

The social and cultural meaning(s) attached to breastfeeding involve a complicated framework beyond its original biological context. It is therefore essential to look at the context of history and social constructions of breastfeeding and the way breastfeeding is being framed in a particular society. Significantly, breastfeeding does not only take place in the form of a reproductive phenomenon, but is also a socio-cultural phenomenon that should be analysed with greater depth and understanding. In the following discussion I will try to outline briefly some issues that could help construct social meanings attached to breastfeeding.

2.2.1 Issues of the body and bodily experiences

Bodily changes that happen throughout pregnancy, childbirth and breastfeeding can influence mothers' relations to infant feeding choices. The hormones that come into play, the enlarging breasts, experiences with milk letdown and sore nipples are some examples of bodily experiences that mothers undergo and respond with while breastfeeding. These experiences contribute significantly towards mothers' feelings and why they feel the way they do about breastfeeding.

In addition, mothers also have to negotiate their lactating bodies to serve the wider complicated set of social codes. This includes for example, negotiating breastfeeding in public locations. A study by Bentley, Dee and Jensen in 2003 revealed that mothers' fear around breastfeeding in public is related to concerns about personal security. One example in the study reveals how a pregnant couple fearing that breastfeeding in public would instigate rape. In a different situation, Newmann (2006) found out that women in Western countries worry that breastfeeding would limit their outdoor activity (because they are not able to breastfeed in public). According to Newmann, this social taboo is the main reason why many mothers either stop breastfeeding or resort for private (and often unsanitary) places to breastfeed when they are out in public places. Indeed, overcoming social embarrassment is a common issue for many mothers even though some countries or states have already recognise the right to breastfeed in public (Marcus 2007)[3]

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[3] Marcus (2007) discussed two breastfeeding and law cases in the US. In October 2006, a family was removed from an airplane and forced to delay travel until the following day because breastfeeding was seen offensive by a flight attendant. In 2003, another set of parents lost custody of their children for six months and were arrested and charged

2.2.2 Sexual-related connotations of breasts

Many cultures attach sexual meanings to female breasts. In such cultures, there is a certain degree of expectation that women should self-master and self-control the scrutiny of their breasts by maintaining the balance between being desirable yet respectable at the same time. Lactating removes sexual connotations of breasts, both physically and emotionally. Cindy Stearns (1999) suggested that maternal and sexual aspects of womanhood are expected to be independent of each other, making breastfeeding a potentially precarious site of boundary transgression (pp.321-322).

Henderson et al (2011) argued that because of the sexual connotations of breasts, many men regard breastfeeding in public as inappropriate and to some degree feel threaten to their manliness because of the potential of exposing their partner's breasts (to other men).

> "Fears about being required to, and perhaps failing to, protect their partners from unwanted (male, predatory) attention can be related to deep-seated anxieties about masculinity and perhaps being placed under pressure rather publicly to perform an appropriate protective role." (pp.68)

The study also suggested that the dominant emphasis of breasts as sexual objects in the media may also add difficulties to breastfeeding in public and hinder breastfeeding efforts.

Ward et al. (2006) argued that men are uncomfortable with breastfeeding because breasts are often endorsed as sexual objects in dominant discourses. In their study, Ward et. al. examined 656 men and their attitudes towards breasts as sexual and reproductive functions. Their study concluded that men who frequently read popular men's magazines, and actively engaged with TV content and characters were more accepting of traditional gender ideologies constructing women as sexual objects, than those who are not. These men were also found less supportive of public breastfeeding (both in general and for a potential partner), and believed that breastfeeding interferes with marital/sexual relations. The study maintained that sexual portrayals of women's breasts and bodies in the media make it difficult for men to embrace breasts' reproductive functions.

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with "sexual performance of a child," a felony carrying a penalty of up to 20 years' imprisonment. This occurred after a technician who processed a photo of the mother breastfeeding her one-year-old contacted Child Protective Services

In Western culture, the sexual significance of breasts rivals, if not exceeds, its biological significance (Forbes et al, 2003). Carter (1996) argued that breasts are often perceived as object for sexual pleasures, and enjoyed by grown men, not babies. However, this Western ideology has been accepted and assimilated in many cultures all over the world. Indeed, as Dettwyler (1995) argued, the use of the breast for sexual pleasure of men and women is learned through western culture. She maintained that sexual discourses around the breasts are so pervasive that it has limited some women's ability to successfully breastfeed.

Discourses surrounding nature and sexuality overlap with social constructions of motherhood (Wall, 2001, pp.604) creating a dilemma within mothers themselves as to which role their bodies should perform. The sexualised status inscribed on breasts also contributes to mothers' feeling vulnerable to nurse in public spaces (Kukla, 2006b). As Kukla explained, "Breastfeeding [in public space] opens women to offended, sexualised and even violent and punitive gazes," (pp.163). This permanent sexualised status inscribed on breasts also generates other dilemmas such as the designation of public and private space and the notion of domesticity.

2.2.3 The conceptions of motherhood

Many studies discuss breastfeeding as a social and moral conduct that define a mother. For example, Elizabeth Murphy in 2000 wrote about risk discourses of infant feeding and explained how such discourses helped construct moral aspects of motherhood. In her research she found out that mothers tend to blame others (including their own babies) and outside circumstances for their failure to breastfeed because of the pressures put upon them to become, and to be seen as "a good mother". Murphy suggested that the way mothers talk about their decision to formula feed "endorsed the ideology of motherhood, resisting any interpretation of their feeding practices that suggest that they had failed to live up to this ideology" (pp.319).

For example, a study by Mabilia (2005) explored how breastfeeding practices are defined through specific cultural beliefs that shape social interpretations of motherhood. Mabilia explained that the Gogo community in Tanzania forbids lactating mothers from having sexual intercourse during the course of breastfeeding. This is because they believe that

having sexual intercourse will affect their milk, causing their babies to be ill. Interestingly, because of this belief, mothers who have ill babies are deemed as 'bad mothers' because they are thought to prioritise sex over the health of their own babies (pp.67). This is an interesting process in which cultural beliefs and taboos related to breastfeeding affect the social definition of 'good' and 'bad' mothers.

Therefore, breastfeeding does not only take place in women's bodies, but it helps construct the notion of 'good' and 'bad' mothers (Kukla, 2006a, pp.7). She argued that our idea of the maternal body (including breastfeeding) is contextualised by the surrounding discourses which dominate and constrain our definition and the meaning of maternality (Kukla, 2006a, pp.8). The discourses around infant feeding also tend to repackage our definition of what motherhood is, and certain expectations that it brings. These expectations include responsibilities towards children's health and upbringing; a duty that has now been conferred a civic value as much as its domestic significance (Kukla, 2006b, pp.164). The context of infant feeding choice is no longer seen as one's rights, but a moralised and constrained one that tends to label individuals' moral state as either 'good' or 'bad' mothers.

Maclean (1990) also suggested that breastfeeding serves as a society's measure stick for defining a good or bad mother (pp.52). The power of such discourse lay not so much in enforcing women to breastfeed, but in shaping the moral context in which the infant feeding decision is treated, reflecting the maternal identity.

Joyce Marshall and Mary Godfrey (2011) who conducted a study with mothers in the UK suggested that although public health discourse often associates breastfeeding with 'good mothering', it competes with other normative values of 'good mothering' held by individuals or society in which women surround themselves with. This is an example of the myriad social influences that *may* affect how women perceive breastfeeding and motherhood, as well as how they relate to their infant feeding experiences.

Social discourses surrounding issues of breastfeeding today and risks associated with formula feeding operate a moral directive for 'good mothering' (Murphy, 2000, pp.295). The notion of choice has become "more directly tied to notions of success and failure [as a mother]" (Knaak, 2005, pp.212). This context of choice has changed over time which

may also have affected breastfeeding trend. An inquiry into the problem of 'choice' should consider both the inner body experience as well as the external institutions. It is therefore crucial to explore mothers' experiences and examine dominant media discourses of infant feeding in order to understand how the contextualisation of mothers' decision making operates.

2.2.4 The increasing concern over health and risk.

There is some evidence that the media can affect people's perceptions of health (see for example Ramirez et al., 1999; Rogers, et al., 1999) and risk (Morton and Duck 2001). These scholars also suggested that the media may contribute to how public understand their own health and assist them in health decision making in the broader context.

Knaak (2005) revealed that the discourse of infant feeding 'choice' has changed over time as breastfeeding rates dropped dramatically over the last century (pp.198). She examined the evolution of infant feeding discourse in a famous childcare book *Dr. Spock's baby and child care* and discovered that the "choice of infant feeding has become constrained discursively to the point where it has become more a directive than a choice" (pp.211). The following year, Kukla (2006b) wrote about how mothers' infant feeding decisions act as "ethical contours of mothers' caretaking practices and responsibilities, as they are situated within cultural meanings and institutional pressures" (pp.157). Upon a close critical reading of a nationwide campaign for breastfeeding in the US, she concluded that the campaign contains unrealistic comparisons to formula feeding risks (pp.174). The ad campaign used risk aversion as a means of promoting breastfeeding by featuring heavily pregnant women log rolling and riding a mechanical bull at a bar with a tagline that reads: "You'd never take risks before your baby is born. Why start after?" Kukla, (2006b) suggested that such unrealistic association to risk "constitute unethical assaults on new mothers' autonomy and agency." (pp.175)

Significantly, mothers often serve as an important layer of the health care system with special responsibility care for health of their families. Society therefore sees mothers as being responsible for their family's health decisions and outcomes. As Kukla, (2006b) explained:

> "In our social discourse, we tend to treat 'maternal choices' as though they were morally and casually self-contained units of influence with primary control over children's health," (pp.157).

Specifically, the perceived risk (accelerated by actuarial calculations) urged mothers to breastfeed in order to protect babies from a number of risks in childhood and later in life.

However, it is important to think carefully about these maternal duties and mothers' responsibilities for their children's health outcome. Indeed mothers are not independent individual agents therefore, making choices are not straightforward and self contained, but involves deeper associations with moral accountability (Kukla, 2006b, pp.177) and social pressures.

2.3 Biocultural perspective of breastfeeding

My discussion thus far demonstrates the importance of understanding culture and social interpretations of breastfeeding, as much as it is crucial to understand the biological processes involved. Indeed for any health campaign to be successful it should take into account how culture and society interact with mothers, and how this influences the relationship mothers have with other social issues.

An emerging literature has taken on board a biological-anthropologist perspective to studying breastfeeding. In their book *Breastfeeding- a biocultural perspective*, Patricia Stuart-Macadam and Katherine A. Dettwyler (1995) compiled a number of articles that have acknowledged breastfeeding as both a cultural and biological product. They argue that,

> "much literature has focused either on cultural aspects, such as the style of breastfeeding, and the cultural milieu in which it occurs, or biological aspects... it is essential to approach the topic of breastfeeding with a perspective that views breastfeeding within a biocultural, cross-cultural and evolutionary framework." (pp.1)

In their book, Stuart-Macadam and Fildes (1995) argued that breastfeeding involves a complex interaction between biology and culture, both of which influence maternal and infant health. Quandt (1995) furthermore acknowledged in her research that culture plays an important role towards mothers' breastfeeding behaviours and that breastfeeding should not be understood as a health issue that is independent of cultural codes and

conduct. Research (for example, Tao et al., 1988 and Yoo et al., 1992) showed that Asian women are less prone to having breast cancer because they traditionally nurse for long periods, in which through prolonged lactation, a biological reaction to breast tissues that is less carcinogenic is produced, which then reduces cancer risks. In addition to this, a study in North America (Newcomb et al., 1994) demonstrated that breastfeeding has lesser rate preventing breast cancer when compared to similar study conducted among Asians. Comparing breastfeeding practices across different cultures *may* help researchers understand better the biological/scientific results (such as the health benefits of breastfeeding) in different society or culture.

2.4 Politics of breastfeeding: Some feminist critiques

Breastfeeding is a relatively new area of interest in feminist scholarship compared to other womanly biological processes for example, pregnancy and child birth (Blum, 1993, p.291; Carter, 1995, p.1; Stearns, 1999, p.308; Wall, 2001, p.592). However, similar to pregnancy and child birth, Kahn (1995) argued that lactation needs to be addressed as a core component of reproductive experience.

> "A critique of patriarchal institutions and structures of meaning must advocate not only the suppression (that is, access to birth control and abortion) but also the expression of the childbearing function, which includes pregnancy, childbirth, and lactation." (pp.91)

Breastfeeding however, is a contested area of study in feminist scholarship. On one hand, some feminists see breastfeeding as a sexually oppressive burden on women. Breastfeeding ties women to gendered traditional role in family institution, reducing women to biological determinism (Bobel, 2001, pp.130). Therefore, some feminists believe that formula-feeding is a form of physical liberation for mothers, and that it presents an equal opportunity between mothers and fathers to provide for their children.

On the other end of the spectrum, some feminists believe that breastfeeding liberates women from being gender stereotyped sexualised bodies. Breasts are predominantly identified as sexual symbols but breastfeeding serves a different purpose for the breasts and challenges the stigmatisation about breasts as sexual objects. It also provides an

avenue for women to embrace their nurturing bodies and disagree with the idea that breasts are just for sexual pleasure.

Wall (2001) explained that the contested feminist exploration with breastfeeding emerged within a historical context of third world mothers exploited by infant feeding formula manufacturers, as well as the increasing medicalisation context of women reproduction issues (pp.592). Many women see breastfeeding as an empowering experience, for example, promoted through La Leche League, a voluntary organisation run by and for women to promote good mothering through breastfeeding.

Van Esterik (1989) argued that the (empowering) experience of breastfeeding comes from being able to control one's own body and challenges medical hegemony (pp.70). However, La Leche League's effort to promote mothers' rights to breastfeed and their definition of 'good mothering through breastfeeding' does contradict with some feminists' effort to push for gender equality.

Therefore breastfeeding should not just be treated as women's rights without thinking about the implications it has on women. Wall (2001) in her words explained this,

> "Yet, the celebration of breastfeeding can also reinforce essentialist tendencies within gender discourse, and the understandings surrounding it have the potential to shape new restrictive subject positions for women as well." (pp.593)

Van Esterik (1994) argued that breastfeeding, although empowering, is often complicated in gendered principles such as division of labour and (re)productive issues (pp.41). The problem with breastfeeding is that it puts women into yet another way in which their bodies can be subjected to patriarchal power. Muers (2010) argued that feminists should acknowledge the complexities and constraints that women go through with breastfeeding but at the same time, breast milk should also be recognised as an incomparable food for the baby (pp.7). Therefore, it is only fair to consider both views whenever breastfeeding is discussed. Although this thesis is not going to go in depth into feminist explorations about breastfeeding, this brief discussion hopes to map out some of the issues and politics around breastfeeding.

2.5 Breastfeeding and the media

Taking into consideration the significance of culture and social pressures in understanding issues surrounding breastfeeding, this study explores culturally constructed sub-text of infant feeding in the media and the ways in which mothers interpret and respond to the underlying meanings that are embedded within them. As Kukla (2006b) stated, to analyse breastfeeding is to examine breastfeeding as a practice deeply immersed in rich normative and symbolic layers situated in culture (pp.163). This may include analysing current media discourse in relation to infant feeding and how it is constructed. In addition, the experience of mothering, being shaped by cultural and moral constructions of breastfeeding may also influence the way women understand infant feeding in the media.

2.5.1 Media representations of breast and formula feeding

Bridges (2010) suggested that the media play an important role in influencing people's decisions through health promotion messages (pp.60). The media carry certain agendas in their health reporting which are able to influence public opinions and stimulate people to think about their decisions and why they are crucial (Westwood and Westwood, 1999). The media are also argued to influence people's knowledge and attitudes on health, as well as promoting health consciousness attitude to people (Hotham, 1995). Hotham's survey on people's perceptions of popular magazines in Australia suggested that the media are influential sources of information about health and lifestyle. This 'health consciousness' attitude as Hotham argued, can later result to behavioural and social change.

Media stories cover both positive sides of breastfeeding, such as the health benefits (for example, see Arora et. al., 2000) and negative sides of breastfeeding, for example risks of transmitting HIV virus (Hausman, 2003, pp.37). Young (1990) revealed that overall message of infant feeding in parenting magazines and manuals changed over time. For example, breastfeeding, as portrayed in American magazines in the 1950s, was described as the preferred method. However, this changed in the 1960s whereby mother's or breast milk was portrayed as equal to formula milk. The pattern of infant feeding discourse changed once again when breastfeeding was re-emphasised in the 1980s. This fluctuation continues and formula feeding was again prevalent in society as suggested by Ondrack

(2006) where images of bottle feeding are found dominant in everyday context, from nurses' uniforms to children books and Christmas ornaments. In addition, formula milk companies often use advertisements to promote their products and advocating bottle feeding as the practical and normal choice for families.

Van Esterik (1994) vocalised her concerns over television news which often portrays negative angles in stories associated with breastfeeding. The media also discriminated women's decision to breastfeed (Bartlett, 2005a pp.35). In addition, breastfeeding in television programmes are often sexualised and medicalised (Bartlett, 2005a, pp.32).

Wolf (2001) argued that news producers are involved in perpetuating myths about breastfeeding. For example, negative cases of breastfeeding such as infant starvation and risks of transmission of illnesses (such as HIV from a mother to her baby) appeared frequently in the news, while positive stories are less portrayed. This *sensationalistic* journalism according to Wolf, affects positive breastfeeding messages and able to influence mothers to opt for a 'less risky' formula milk over breastfeeding (pp.7 and 201).

Bridges (2010) also suggested sensationalistic journalism in breastfeeding stories in her study. In particular, Bridges examined how Australian media report stories about a member of the Victorian State Parliament Kirstie Marshall who was asked to leave the chamber of the Legislative Assembly for breastfeeding her baby (her baby was 12 days old at the time). She reported that many media headlines following this case were "sensationalistic with negative connotations" which often do "no favours for breastfeeding mothers" (pp.62). Bridges also discussed how a television personality was heavily criticised in the media for breastfeeding her six week old son on a chat show *The Panel*. These case studies do not only demonstrate media negative treatments over breastfeeding but also support negative stigmatisation towards breastfeeding in public / appearing in the media. Furthermore, in a recent research examining the sale and promotion of formula milk and promotional brochures, Newman and Pitman (2006) revealed that breastfeeding mothers in print media are often portrayed as "brazen harlot" while formula feeding mothers are shown as "innocent convent girl" look (pp.31).

Studies about breastfeeding in the UK media also revealed similar findings. A study by Henderson, Kitzinger and Green (2000) suggested that breastfeeding stories in the UK

media are portrayed in a negative light (pp.197). This contrasts to representations of formula feeding which are common in the media and are seen as part of everyday lives. Their analysis of a month's television sample reveals only one scene of breastfeeding and nine scenes showing breast pump (that was not in use) while representation of formula feeding accumulated to 170 scenes (which include scenes showing babies' bottle feeding, formula preparation and baby bottles not in use). Breastfeeding is also seen as a socially marginal act, stereotyped with particular types of women for example the middle class or celebrities (pp.198) while baby bottles are accepted as a universal symbol for 'normal families', babyhood and represent positive male role. Their research also found that representations of formula feeding often suggest that it is hassle-free (except when describing the amount of time consumed by sterilising bottles). In contrast, breastfeeding was seen as physically and emotionally burdening (42 references). Overall, this study suggested that the media in the UK do not promote breastfeeding as a positive experience.

Similarly, a study done in the US found that media representations of breastfeeding is limited and often portrayed negatively (Bentley, Dee and Jensen, 2003). In their research they discussed for example, how a television programme *Chicago Hope* portrays breastfeeding as harmful. In one particular episode in this medical genre drama, a mother was convicted for homicide because she had 'starved' her baby due to insufficient milk production. In this episode, the mother's lawyers blamed the hospital's "Baby-Friendly Contract," in which the mother had "signed a statement saying she would do everything she could to breastfeed her baby" (pp.307). This episode showed a negative health impact of breastfeeding, misrepresentation of the management of breastfeeding and of the Baby Friendly Hospital Initiative.

Another example of negative media representation on breastfeeding would be discussion in the newspaper on the inability to produce milk or 'insufficient milk production'. In particular, the same study discussed news coverage of a legal trial of Tabitha Walrond, a mother who was convicted of negligent homicide because her two month old son died from malnutrition[4]. The newspapers (*New York Times* and *Wall Street* Journal) blamed

[4] The story featured in *Chicago Hope* was generally based on the case of Tabitha Walrond

Walrond for failing to live up to her responsibilities as a mother[5]. In addition, the *Wall Street Journal* also ran a story about white mothers being the 'victims' of medical establishment that promotes breastfeeding. The study also revealed positive depictions of formula feeding, for example in *Working Mother* magazine (December/January 2002) where actress Vanessa Williams was featured formula feeding her baby on the front cover. Examples in this study reiterate how breastfeeding is being portrayed negatively, and associated with particular 'types' of women, while formula feeding is perceived as a norm in the media.

The media are also seen portraying mixed messages about breastfeeding. For example, the media may highlight benefits of breastfeeding yet at the same time discourage women to breastfeed. This 'mixed messages' can be observed for example in *Parents Magazine* (a parenting magazine in America) whereby the magazine supports breastfeeding, yet at the same time continue to reinforce many issues that discourage breastfeeding such as associating it with 'old fashioned', 'uneducated' and lower social status women (Foss and Southwell, 2006, pp.3). Mixed messages are also observed in the Australian media for example, in Henderson's (1999) study, she noted that although breastfeeding is promoted as the best and most natural source of food for babies, it was also described as problematic in many ways. Henderson's study assessed the accuracy of statements made about drugs and environmental influences during pregnancy and revealed that the polemic relationship between power and knowledge of breastfeeding practices may influence mothers to choose formula feeding.

2.5.2 Media reception of breasts and formula feeding

There is a general assumption that the media can influence people's perceptions of breastfeeding. However, Foss and Southwell (2006) suggested that in order to analyse media effects, researchers should examine

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[5] Despite previous breast reduction surgery, Walrond had not been told that such procedures might result in insufficient breast milk production. As a recipient of public assistance, Walrond had also run into numerous bureaucratic obstacles and was denied care when she sought medical attention for her.

> "Beyond the confines of a single, carefully-planned campaign evaluation... instead look at the impact of an array of media content on health beliefs and behaviour." (pp.1)

Their research which examined US popular parenting magazine (Parents' Magazine) in a span of three decades demonstrated a negative statistical correlation between frequency of 'hand feeding' advertisements (which refers to breast milk substitutes such as formula milk, cereal, and feeding equipments) and breastfeeding rates. This means that when the number of 'hand feeding' advertisements increases, the number of breastfeeding women drops. They go on to suggest that this evidence

> "may help explain why historically, breastfeeding rates were higher in some decades than others, despite similar external forces that should have positively affected breastfeeding." (pp.6)

They also argued that advertisements may have influenced breastfeeding trend and have some impacts on the decline in breastfeeding numbers especially towards the end of the 20th century.

> "Such advertising may have strengthened and perpetuated ideologies against breastfeeding, which may explain why breastfeeding rates fluctuated even when many of the previously documented reinforcing factors remained the same." (pp.7)

However, their study also pointed out that despite statistical evidence, there is no way to prove how the advertisements can have any causal relationship with breastfeeding rates. Indeed, frequency alone is inadequate to prove any link to changes in human behaviours especially when the relationship between mothers and these advertisements was not investigated.

Potter et al. (2000) argued that the media, through different discourses are able to reinforce human behaviour. Their study analysed the contents of Canadian women magazines and suggested that the ways the media describe certain infant feeding behaviours and relay "information about the consequences of [such] behaviour" is fostered through media messages (pp.202). However, this study cannot suggest the influence of media on behaviour but findings from this study may reflect societal values.

Arora et al. (2000) revealed that 90 percent of mothers in their study reported that their decisions to breastfeed are influenced by books, magazines and television. Another study

by Robinson and Thomson (1989) revealed that parents include newspapers, magazines, television and books as sources of knowledge about breastfeeding. They went on to suggest that knowledge about breastfeeding, along with attitudes, role models and embarrassment, are some leading factors influencing parents' decision to breastfeed or not.

Trust and Farrar in 2008 examined people's attitude towards breastfeeding after showing them an American reality based TV programme *Bring Home Baby*. The study revealed that participants who were breastfed respond positively towards breastfeeding shown in the programme (pp.22) and public breastfeeding in general. The study also found out that participants who are commonly exposed to formula feeding in the media are less comfortable with public breastfeeding. The study went on to argue that

> "If participants constantly view images of bottle-feeding as the norm, which are socially rewarded, then they may fail to foster positive breastfeeding attitudes, especially attitudes toward modelling this behaviour in the public space" (pp.25).

In a different study, Henderson et al. (2011) found that people sometimes negotiated media reports in their understanding of infant feeding. For example, a focus group respondent mentioned a media report on mastitis (bacterial infection to the breasts as a result of blocked milk ducts) in his overall opinion as to why formula feeding was seen as a better choice. In a different example, the study demonstrated how a man attributed to media stories in his understanding of 'transmission' of illness (such as cancer) and drugs through breast milk.

Overall, there is much room to explore about people's responses to portrayals of breastfeeding and formula feeding. Kitzinger and Kitzinger (2001) noted that there is a need for more research exploring the prevalence and the effects of breastfeeding images in the media.

The studies discussed thus far do not suggest that the media are against breastfeeding. Nonetheless, the ways in which breastfeeding is portrayed in the media often reflect negative associations, while formula feeding is contextualised as the norm in media discourse. It is therefore the need for studies to look into how people respond to these

representations but at the same time acknowledge their interactions with surrounding cultural discourses.

Studies about infant feeding in the media have mostly focused either on the content or on audience responses. There was no particular study that attempts to systematically explore both media content and audience reception on breastfeeding, or trying to conceptualise media-audience relationship in a more holistic way. Furthermore, studies on infant feeding and the media often lack engagement with cultural framework and how cultural interpretations have an impact in the way people understand issues of infant feeding or how they respond to breastfeeding in the media. Therefore this study emphasises the importance of investigating social and cultural factors when analysing media/audience relationship. Including cultural inquisitions in media analysis may result to a greater understanding of the framework in which the media operates. Examining social and cultural framework also gives a better understanding on people's interactions with breastfeeding in the media.

CHAPTER THREE – Debates about Media Influence and Audience Studies

In this chapter I will provide a brief review of media effects theories and explore relevant approaches underpinning audience studies. I will also discuss recent studies exploring media influence and observe the different ways that the media are claimed to have impact on people's understanding of risks and health. At the same, this chapter acknowledges that audience have the power to negotiate media messages into their overall understanding of an issue. However, my review of media influence theories in this chapter should not be misunderstood as the theoretical aim for this study. Instead, my intention is to offer ways of thinking about media influence and later link my findings to the existing work in this area.

3.1 Media effects, active audiences and beyond

Early works on media influence often focused on media's effects on human behaviour (for example see works of Cantrill et al, 1940; Lasswell, 1927 and Lippmann, 1922). The idea that the media can influence human behaviour gained ground during the 1930's, when dictators successfully used the media as a propaganda tool in countries like Germany and Russia. The emphasis of studies at the time was to find out what the media can do to people (Katz, 1959, pp.2) and this brought about the first theory of media effects – the *hypodermic needle* – envisioned by scholars of the Frankfurt school in 1923 which suggested that media content is injected into audience thoughts and thus would influence people's behaviours. The theory assumed a causal link between mass media and mass audience, suggesting that the media has a "*magic bullet*" effect that could result to media-inspired behaviour. Studies adopting this approach sought to link media representations and mass behaviour, as there was a growing concern over the media's (harmful) effects on society. This concern gave rise to studies supporting strong media effects and sets the atmosphere for most media research that took place between the 1940's and the 1960's (for example see Bandura and Walters, 1963 and Lazarsfeld et al.,1944).

However, the *hypodermic needle / magic bullet* theory is flawed in many ways especially in that followers of this theory often ignored the fact that audience themselves are active producers of meaning. The media/audience relationship does not exist in void but is influenced by many things, including cultural beliefs, social context and political economy of a society. Media audience consists of individuals who have different social and cultural backgrounds which make it problematic, if not impossible, to conceptualise one mass audience. It then renders attempts to measure media effects as difficult and complex.

Some researchers tried to improve our understanding of this link by including additional layers/stages into media effects process. Such was done by, for example, Katz and Lazarsfeld (1955) when they introduced opinion leaders into the process – a model which was known as the *two steps flow*. This model argues that media effects on audience are mediated by different key individuals who tend to be people with most access to the media and are assumed to be media literate. They are known as *opinion leaders* who are sought to explain and diffuse media content to others. Although this model reduces media "direct effects", it still simplifies the process involved between media and audience, and maintained audience position at the receiving end of this relationship.

Another social theory which tried to explain media effects was developed by George Gerbner (1960-1970) known as the *cultivation theory*. The theory proposed that the media have long term effects on audiences, nurturing certain ideas through representations and media discourse. The cultivation theory sprung from a large-scale research project called *Cultural Indicators*, a project that was designed to explore media processes and track effects (particularly violent programming) on audiences (Miller 2005, pp.281). A part of the study investigated the relationship between audience attention to media messages and their conceptions of social reality (Morgan, 2009, pp.70; Shanahan and Morgan, 1999, pp.6-7). Gerbner's findings in 1970 suggested that exposure to television over time, subtly "cultivates" audience perception of reality. The theory also suggested that any impact television has on heavy users will also, in time, impact on the entire culture. Gerbner et al. (1986) later noted that this impact does not necessarily imply a unidirectional process but rather, it is a complex development built through subtle interactions between medium and its publics (pp.23). Miller (2005) reiterated this point

by explaining that the impetus of cultivation theory was not to prove specific media effects on behaviours, but to highlight the media's overarching influence on the way people think about the world (pp.282). Gerbner's idea was widely accepted however, similar to the direct media effect theories it supports the notion that audiences are vulnerable and easily manipulated. Cultivation theory asserts power to the media and regards audiences as subjects with limited interpretations, down playing their social and cultural context, as well as their ability to generate own meanings.

The many limitations of *direct* media effect theories have prompted researchers to switch focus. Theorists such as Katz, Blumler and Gurevitch (1974) argued for a model that acknowledges audiences as powerful receivers. They proposed *uses and gratification* theory which challenged the traditional way of looking at media-audience relationship by asking "what people do with the media" rather than "what the media do to people" (Katz 1959, pp.2). This approach suggests that people have specific needs and often use the media to satisfy these 'needs' or gain specific gratifications. Blumler and Katz, (1974) proposed four broad audience needs that are fulfilled by the media. These included *diversion* (a form of escapism from everyday life), *personal relationships* (where viewers build communities through conversations about television or how they relate to the characters), *personal identity* (where audiences explore, reaffirm or question their identity in regards to the characters identities) and *surveillance* (where the media are referred for information about what is happening elsewhere). These four needs are argued to represent ways audience establish their relationship with the media.

While the *uses and gratification* model provides a useful framework for thinking about audience relationship with the media, the fundamental structure of this theory is questionable. The theory focuses heavily on audience use of the media rather than how audience make meanings of media content, which should be the key to understanding media-audience relationship. Therefore, *uses and gratification* theory does not foregrounds itself in the theoretical debate, rather it focuses on the methodological approach of media studies, offering a way of doing media research, as opposed to contextualising the relationship (McQuail, 1994; Severin and Tankard, 1997). Therefore, studies adopting this approach are more focussed on examining audience psychological needs and often overlook the importance of socio-cultural elements of audience itself.

All the theoretical approaches discussed thus far have only emphasised power on either the media or audience. One of the pioneer works to break away from this over emphasis of unilateral power was Stuart Hall through his *encoding/decoding* model. Hall (1980) argued that media producers 'encode' specific meanings in media text, which is distributed to audiences who will then decode and (re)produce these meanings through their own understanding (pp.128). Hall suggested that the media (television) is an iconic sign because it possesses some of the qualities for the object in which it represents (pp.131). The process involved to produce and interpret these iconic signs is known as *encoding/decoding*.

Hall did not just chart a middle ground between audience and the media, but also introduced media producers into the relationship and their roles in this equation. Hall argued that producer's agendas and assumptions are encoded in media text and that this process shapes the *preferred meanings* of the content, albeit embedded in codes and conventions of a particular medium to hide the text's own ideological construction (pp.134). Such meanings limit and guide audience interpretations, although specific frameworks outside text such as socio-economic frameworks (for example, gender, education and ethnicity) do play a role to influence audience's interpretations. Hall's approach is in line with a social constructionist framework, where previous knowledge and experience of the media or the subject discussed play an important role to help construct people's perceptions.

While Hall's notion of *preferred meanings* does not suggest that audience is homogenous, their interpretations will however, be consistent to producer's intended ideas (pp.135). However, he suggested that audience can encode preferred meanings in a slightly different manner, which is a negotiated understanding that

> "acknowledges the legitimacy of the hegemonic definitions to make grand significations (abstract), while, at a more restricted, situational (situated) level, it makes its own ground rules – it operates with exceptions to the rule." (pp.137)

Hall's encoding/decoding model suggested that the meaning of a text lies somewhere between the producer and the reader. One of the reasons why encoding/decoding model is significant in media studies is because it balances the relationship between the media and

audience, returning some power to the media while maintaining the notion of audiences as active participants in the meaning making process.

Hall further developed a model for types of audience decoding. The four identified decodings or readings are (1) *Dominant* – when the audience recognise and agree with the preferred meaning offered by media text (2) *Oppositional* – when an audience understand the preferred meaning but disagrees because it contradicts their own set of beliefs and attitudes (3) *Negotiated* – when audience oppose or adapt to the preferred meaning and (4) *Aberrant decoding* – when audience give meanings deviant to the preferred meaning. Morley (1981, pp.6) however noted that this model is limited because preferred meaning is itself an unclear concept. This is because the model may overlap text and producer's intentions (as the preferred meaning), when they actually involve different processes and that preferred meaning may not always be embedded in the text. It is therefore difficult to conceptualise *preferred meaning*, one which can be easily confused with something that is agreed by majority of the text's audience.

Kitzinger (1993) further argued that oppositional reading is sometimes a problematic term because people do not necessarily understand the preferred meaning. In her research she found that people's understanding sometimes intersect with pre-existing knowledge and mental pictures of other things, particularly when an issue is new and has not received much media attention. In her study, she found that some people did not understand the preferred meanings of HIV media awareness campaign and used their pre-existing knowledge of AIDS as a way to understand and decode media messages about HIV (pp.280). In their responses to a HIV advert (which contained a slogan of eyes-nose-mouth), focus group participants interpreted the opposite of what was intended by the producers. Instead of reading the advert as a statement that says it is impossible to tell if someone has HIV, "participants interpreted it as saying that there *were* ways to tell if someone had 'the Aids virus' (Kitzinger, 1990, pp.330).

Nonetheless, despite limitations to Hall's types of audience readings, encoding/decoding model continues to serve as an advantageous model in media studies. Among other things, Hall's encoding/decoding model led to an increasing interest in exploring audience as active participants. A significant body of work developed in the UK focused on audience studies, but positioned within cultural framework (for example, see Ang

1985; Morley, 1980; Radway, 1987). The foundations for this body of work is championed by Hall himself at the Birmingham Centre for Contemporary Cultural Studies (BCCCS) and his colleagues such as David Morley (1980) who in his *Nationwide Audience Research* explored how people from different (sub)cultures respond to the same media output (the BBC channel current affairs programme *Nationwide*). His *Nationwide* study adopted a semiotic approach to understanding audience responses to media text. Morley compiled audience responses from various different class and social/cultural backgrounds after they watched an episode of the news/current affairs programme *Nationwide*. Through these responses, he tried to observe whether the participants obtained a *preferred reading* from the programme.

In a way, Morley's work put Hall's *encoding/decoding* model to the test. From his findings, Morley (1981) argued that *encoding/decoding* model is insufficient because it underestimates the variety of determinants in decoding a reading (pp.56). Morley argued that people may decode according to Hall's audience decoding positions but this process intersects with sociological demographics such as age, gender and also the context for viewing the programme (Morley 1980, pp.26; Morley 1992, pp.99). This proposed that the meaning of text is interpreted within audiences' sociological and cultural framework which may influence their knowledge, prejudices and resistance towards a discourse. Members of a given sub-culture will tend to share a cultural orientation towards decoding messages in particular ways and that their individual "readings", whether dominant, negotiated or oppositional are framed by shared cultural formations and practices' (Morley, 1981, pp.51). This 'shared' cultural interpretation may (or may not) cut across different groups from different economic backgrounds and social class (Morley, 1980). In his body of work, audience are seen to actively consume media for pleasure, reinforcement and identity construction and this builds a framework that focuses on media consumption and the role media play in popular culture. By emphasising on this framework, the meaning of a media is not in the text, but is in the reading. Morley opened up possibilities for audience reception studies and looked at the relationship between media and audience, in relations to other social context. His study was therefore considered one of the significant milestones in the history of media studies.

Researchers continued to explore reception studies and studying audience became a popular trend for media researchers in the 1990s. Expanding Morley's approach which looked at how people from different cultural backgrounds interpret representations in media, researchers were interested to explore people's personal and socio-cultural context as an integral part for understanding the rich range of meanings decoded and understood by media audience (for example see Ang, 1996; Katz and Liebel, 1985). On the whole, these studies adopted a "culturalist" perspective and were concerned with exploring audience active choices, consumptions and interpretations of media materials. Such research emphasised audience interpretations of the text based on their individual cultural background and life experiences. In essence, the meaning of a text is not inherent within the text itself, but is created within the different processes involved in the relationship between the text and the reader.

For example, Katz and Liebel (1985) conducted a cross-cultural study on television soap Dallas in Japan, Israel and Russia. They concluded that various ethnic groups differed in their interpretation of foreign television programme, in which they referred to as 'critical distance'. From the research, Liebes (1988, pp.281) suggested that each group has a selective perception towards what they watch and that this played a part in the forms of retelling and the talk they generated about a television program. A basic acceptance of the meaning of a specific text tends to occur when audience share traits and cultural background, which then may lead to the text, being interpreted in similar ways.

Culture has an interpretative function for members of a group who share that particular culture. For example, the way people understands an issue, a sign or symbol can be influenced by their surrounding community and how that community sees it. Although breasts are predominantly associated to sexual connotations, it can also be a symbol of maternal and source of food. In the previous chapter (refer page 13-14) I have discussed how different culture share specific and unique interpretations toward breastfeeding practice.

Nonetheless, an individual's personality, upbringing and experiences are intertwined in his/ her process of understanding. Developments in cross-cultural audience studies have deepened our understanding of media reception in different cultures and the different relationships audiences have with the media. Significantly, this process plays a role in the

development of other issues for example, production of identity and popular culture (for example see Gauntlett, 2002). Audience are able to use their existing cultural frameworks to (re)construct meanings from a media text, therefore it is vital that media scholars observe audience interpretations in order to gain better understanding of the culture to which that audience belong to. This rethink of media-audience relationship was coined as the *New Audience Research* (Ang, 1996; Morley, 1990).

Curran et. al. (1996) saw this cross-cultural interpretation as a revolutionary thought for dispersion of power within the media-audience relationship. However, Fiske (1987) argued for absolute power of the audience. As Fiske commented on Morley's *Nationwide* study:

> "Its value for us lies in its shift of emphasis away from the textual and ideological construction of the subjects to socially and historically situated people. It reminds us that actual people in actual situations watch and enjoy actual television programmes."
>
> (Fiske 1989b, pp.63)

Fiske was enthusiastic about Morley's study because he claimed that *Nationwide Research* established ethnography as a legitimate tool for understanding audiences (1989a). He also believed that Morley's research has inspired many media and cultural studies researchers to abandon semiotic analysis of text or individuals, and shifted focus on human beings in their social settings, a radical move but an obvious component for audience studies. Such researchers delved into the social background of audiences and became interested in how people decode text. This then became a significant body of work in the early 1970s to mid-1980s; mostly studies that are qualitative in nature, working on small groups of targeted socio-economic backgrounds (for example see Nightingale, 1996). Fiske (1987) promoted 'active audience' theory (pp.62-83) in which he suggested that audience are active beings who are constantly trying to produce meanings inside media text. He stated, "Text are the product of their readers. So a programme becomes a text at the moment of reading" (1987, pp.14). Fiske maintained that the media texts are produced by industry and they "are the site of conflict... between production and reception" (pp.14). He reiterated that there is no such thing as a homogenised audience, but rather a collection of pluralised audience with various backgrounds, capable of producing resistance readings to the preferred dominant culture.

This multiplicity of meanings created by audience construct a 'semiotic democracy' (pp.236, 239) in which people are 'culturally competent' and do not need media experts to help them understand.

Fiske's overall idea of *active audiences* (1987, pp.62-83) seemed to suggest that Hall's framework of audience readings (dominant, oppositional, negotiated or aberrant) is irrelevant. Because Fiske suggested that audience can decode in diverse ways and thus produce a wide range of different meanings, theoretically there can never be one consensus reading. Fiske's idea caused problems for many researchers because the theory suggested that audience are too complex and therefore it is almost impossible to discover why people think and behave as they do. As a result, many researchers abandoned media influence studies and backtracked into researching text (Nightingale, 1996).

Active audience theory was criticised by Morley despite Fiske's credits towards his *Nationwide* audience study. Morley wrote in 1990 (in Curran, 1996) that Fiske's theory is overhyped when in fact it is ideologically weak. Morley saw Fiske's *semiotic democracy* as "old pluralism re-heated" (pp.267) and only wanted to deny any sort of hegemonic power in the media.

Despite Morley's criticism, active audience theory is significant in a way that it helps explore how individuals resist or re-interpret the media. It was unfortunate that Fiske (through his semiotic democracy argument) overemphasised audience power, which suggested that texts have no fixed meanings and therefore reject concepts such as media power and influence. Philo and Miller in their research (see Miller, 1994; Philo, 1990 and 1996) have all suggested that although people have different responses toward media outputs, they also have a very clear understanding of what was the intended message and that they can reproduce it very accurately. Yet, audience are able to criticise media accountability using processes of logic and reasoning, as well as consideration through their own experiences.

3.1.1 New influence research

The evolution of media studies as I have reviewed thus far reveals the distinctions between the approaches of media effects research and studies exploring active audiences / reception studies. Kitzinger (2004a, pp.24) noted that the polarity between these two

media scholarships has split media researchers into two groups, moreover with the existing geographical and cultural borders between them which historically underpins media studies framework. Studies emphasising media effects and media power over audience are more popular in the United States, whereas researchers in the Western Europe are more interested in the way audience use and interpret media messages. This gap continues to widen as researchers focused on the differences, rather than finding a way to bridge media effects and audience studies (Morley, 1998, pp.477).

Nonetheless, a group of scholars have attempted to revive Hall's encoding/decoding theory and try to (re)connect audience studies with media effects studies (for example see reception work conducted by the Glasgow Media Unit, Kitzinger, 2004a; and Miller et. al., 1998). These studies revived the approach of Morley's *Nationwide* research and differentiate themselves from the over-emphasis of audience power in most active audience studies. This approach (also referred as the 'new influence' studies) acknowledged that the media have some influence on people and the focus is to identify what and how audience develop or interact with these influences. Kitzinger (2002, pp.276) asserted that the new influence studies has little connection with the hypodermic needle theory and that exploring the ways audience interpret media messages will help reveal ways in which media effects actually operate. The *new influence research* therefore acknowledged some media effects on audience by theorising ways in which audience interpret media representations and construct meanings.

In previous work, Kitzinger has called the body of work "new effects" studies however, the powerful and often negative association with previous "direct effects" research has caused her to abandon this name and therefore coined *the new influence* studies (2004a, pp.192). From the name itself, *the new influence* study; it is clear that media power is restored, as these researchers reclaimed the notion of media influence and separated themselves from the works of active audience studies. Two studies claimed by Kitzinger as examples of *new influence* research studies of the 1990s are *Nuclear Reactions* (Corner et. al., 1990) and *Enlightened Racism* (Jhally and Lewis, 1992). In *Nuclear Reactions,* Corner and colleagues examined television representations of nuclear energy and explored how audience respond to these representations. Their study (funded by the UK's Economic and Social Research Council), adopted a theoretical assumption that both the

media and audience have the power to influence meanings. Corner et. al. (1990) explained:

> "For just as programme analysis without connection with viewer activity is severely limited in explanatory range, so is a reception study that is not connected back to a detailed engagement with the signifactory forms of particular programmes and generic conventions." (pp.2-3)

In the *Enlightened Racism* study, Jhally and Lewis (1992) investigated audience understandings of a popular television comedy, *The Cosby Show.* The study (funded by Bill Cosby himself) adopted a similar approach to *Nuclear Reactions* study where they argued that both audience and the media are both powerful sites of meaning making. While explaining their theoretical premise, Jhally and Lewis (1992) argued:

> "We assume that the significance or meaning of television in pop culture is a product of the interplay between television program and the attitudes that viewers bring to it. We accept therefore that television is influential. But we also predict that the precise nature of its influence is unpredictable: it will depend upon viewers who have thoughts, interests, and opinions before they sit down in front of the screen." (pp.9)

Significantly, both the *Nuclear Reactions* and *Enlightened Racism* studies conducted content/textual analysis of their media sample and explored the power of audiences through focus groups.

In *Nuclear Reactions,* Corner and colleagues (1990) concluded that both the media and audiences have equal power in the relationship. In their words,

> "our findings suggest that, there is a good deal more at issue than many traditional approaches have assumed, they also suggest that taking the power of television seriously is as important as recognising the considerable extent to which it falls short of being omnipotent." (pp.108)

However, in *Enlightened Racism,* Jhally and Lewis (1992) concluded that their findings suggest that the media have more power. Specifically they argue that *The Cosby Show* embeds audience with the message of the American dream. Through unrealistic representations of black people (as an upper-class family), the sitcom sends the message that racism no longer existed and that individual, regardless of race, can succeed if they work hard (pp.73). The research concluded that

> "there is semiotic space for resistance and evasion of the dominant messages, but, we would argue, that space is limited and, in political terms, largely (though not wholly) unsuccessful." (pp.115)

For this, Jhally and Lewis were criticised (for example see Inniss and Feagin, 1995). However, in response to this criticism, Jhally and Lewis (1994) asserted that researchers should equally explore media and audience power however; findings *may* incline towards one side. Researchers therefore, should not only analyse data with an unbiased eye but must also report realistically on the outcome of their research. I would argue that the emphasis of *new influence* framework is not to find the balance between media-audience relationship, but to explore how the relationship operates.

Although the impetus of *new influence* research is to bridge the gap between two major approaches of media research, most empirical work do not necessarily find a link between media and behaviour in any context. In fact studies attempting to prove this link consistently failed to do so (Barker and Petley, 1996; Norris et. al, 1999). Gauntlet (1998) argued that any research hoping to prove media effects on human behaviour is doomed to failure (pp.143). On the other hand, the *new influence* research embraced the different ways audience may interpret what they see/hear/read in the media and acknowledged the limitations of these interpretations, as well as the possibilities for shared mainstream interpretation particularly when dealing with repetitive and relatively closed text (for example see Kitzinger, 1999; Livingstone, 1999). This suggests that although people can individually respond actively to media messages, people's predisposed collective needs, beliefs and interests may influence their responses.

Studies in health for example, suggested that media influence on risk assessment can operate at several different levels. Studies showed how media effect theories can be useful for understanding people's reactions to certain health and risks stories. Newell (2000) for example, found that agenda setting theory is able to explain how the media shape the kinds of discussions people have about global warming. The media are also argued as being able to 'cultivate' the sense of danger (Weaver et al. 2000). In addition, media 'frames' can assist audience to identify health problems and prompt ideas for the causes and solutions. However, the ways in which the media 'frame' risks do not always produce a certain effect on people. This is because of the mediation of information and interactions people have with other sources such as information received from influential

people, close networks and other reading sources. Boyce (2007), for example, found out that despite a change in the number of parents accepting MMR vaccines for their children, most parents still continue to consent this vaccinations because of the interactions they have with other parents, family members or their GP.

Studies into people's interactions with media representations of risk and health messages suggested various ways that the media may impact on people's understanding. Hughes and Kitzinger's (2008) investigation into genetic modifications in the media for example, suggested that visual images may have a particularly powerful impact on public understanding of danger. This impact sometimes undermines the overall message of a media story (see also Corner et al. 1990). Their study on audience's nuclear reactions suggests that the structure of a story may have greater impact than the (lack of) facts and figures principal to the story/an issue. Henderson and Kitzinger (1999) suggested that people tend to absorb media messages that engage their imagination, and this may be powerful in terms of them then reproducing meanings and disseminating it through interpersonal communication (pp.571). Their study examined media coverage of breast cancer and audience's engagement with these media stories. Among other things, the study discovered that 'soft' framing of news (such as through 'human interest' stories) is able to influence public understanding, albeit some may invert or downplay information from the fact-based news. As such, it was suggested that audience's engagement with the 'soft' media reporting in risk stories *may* influence the way people understand a disease or health issue.

Seale (2002) argued that the ways in which people understand health issues involve a process of selecting and constructing a unique composition of different health stories through media usage and experience (pp.25). This process, or 'intertextual experience' as he described it, should not be overlooked in studies of media and health because people are not only exposed to a single health story, but interact with various different health issues across different media. As a result, audience's understanding of a particular health issue may (or may not) overlap or be influenced by their interpretation of other health stories in the media. Seale therefore believed that when analysing any forms of media health issue, it is important to understand audience's interactions and experiences with other health stories in the media.

Nonetheless, human experience is often a missing link in many media influence studies. Joan Scott (1991) argued that experiences are socially constructed through discourse and that "it is not individuals who have experience but subjects who are constituted through experience" (pp.779). Philo and Miller (2001) however disputed this by stating that "language does not create new experiences, and new experience does not only occur if the subject has an appropriate language category with which to name it" (pp.62). They went on to acknowledge that not all experiences have established meanings, each experience is unique and individuals give their own meanings to the things they have gone through. This explained how the meanings we produce through our experience and how those meanings might change in the future.

This argument of experience and meaning making is important in understanding how people actively make sense of what they gather from the media. Kitzinger (1994) who studied women responses to issue of male violence suggested that experiences help re-define media output. In her study, she demonstrated how a group of women relate to their experiences when they respond to a poster against male violence. The poster (which included a statement that fifty percent of girls would encounter some form of abuse), set off a discussion about participants' own experiences in one focus group. The women in her study did not just address the issue of male violence at random but gave deep felt explanations which portrayed what they have encountered in real life (such as being raped when young).

Experience is therefore a significant part of the media understanding process whereby people construct meanings of what they see/read/heard from the media. Although one's experience is complex and often understood in small segments, they still represent legitimate responses.

Significantly, media studies incorporating people's experiences as part of the process of understanding an issue in the media could provide a deep analysis of audience and media reception. Empirical work therefore has to include and explore people's experiences and observe how this may influence the way people make meanings. Media influence should never be constructed independent of any account of people's experience.

3.2 Audience research

Exploring audience's responses to the media contribute to an understanding of the complex layers of media effects. Kitzinger (2004b, pp.169-170) suggested *four spheres of concerns* that stimulate audience research. They are, firstly, *market imperatives* (which are more commercially driven and audience are treated as objects of commodity), secondly, the *concerns about morality and sex as well as violence* (focusing on the unbecoming influences of media on audience), thirdly, the *responses to technological developments* (exploring the implications of new media on audience) and finally, questions about *culture, politics and identity* (examines media role for inducing public understanding and looking at how people respond towards media text while negotiating with their social and cultural background). Kitzinger then emphasised that these four spheres were not meant to limit any research areas but seen as a basic *reflective tool* to steer and frame a research. The different ways of positioning audience influence the way we view the media and its role in the society. This consequently also broadens the ways and possible approaches that we can adopt to analyse audience in media studies.

Despite this, the conceptualisation of audience is not as straightforward as it seems. Denis McQuail in his book Audience Analysis (1997) stated that the word "audience" is always associated with (passive) receivers in the history of media studies. He explained:

> "The word "audience" has long been familiar as the collective term for the "receivers" in the simple sequential model of the mass communication process (source, channel, message, receiver, effect) that was deployed by pioneers in the field of media research." (pp. 1)

He suggested that this underplays the reality of how audience are actually made up, which in reality, diverse and complex. McQuail claimed that research observing audience itself is challenging because most audience are not observable. He noted that audience often overlap spheres which influence media use, such as compounded by individual's lifestyle and interests. What researchers often do is fragment groups of people and later generalise them as "media audiences" in their findings, although this conceptualisation remains problematic. Therefore, McQuail suggested that the term 'audience' needs to be treated as an ambiguous concept in media research.

Shaun Moores (1993) similarly reiterated that 'the audience' is not a homogenous group therefore, any effort to observe media audience in research is somewhat complicated. Moores continued to suggest that researchers should adopt a plurality of audiences, whereby any sample should include several groups of people, divided according to their media consumption and/or by their social and cultural positioning (pp.2). Moores' idea of the plurality of audiences builds upon Janice Radway's (1988) work on the origin of the word 'audience'. Radway argued that the original term 'audience' was derived from interpersonal communication studies whereby;, 'the audience' refers to the act of hearing in face-to-face interaction. However, the contemporary use of the word audience includes consumers of electronic mediated messages, whereby the audience is both distanced and dispersed, but reachable through media technology. Because of this imperceptible nature, it consequently increases the difficulty of determining who or what actually constitutes media audience (pp.359).

Moores (1993) emphasised on this difficulty when he stated that "The conditions and boundaries of audience hood are 'inherently unstable' (1993, pp. 2). However, this vagueness and fabrication of the term audience are maintained by media industries and media academics for specific purposes (Hartley, 1987). Hartley explained, "in all cases the product is a fiction which serves the needs of the imagining institution. In no case is the audience "real", or external to its discursive construction' (pp. 125). Moores however asserted that audience is 'real' but entangled in different layers of lived experience which is ambiguous. Therefore, scholars (such as Ang, 1991) argued for a distinction between "television audience" as discursive subjects and actual audiences in social world (pp.13). Ang proposed that the constructed audience driven by economical impetus in media industry is imagined and therefore unreliable, whereas the audience studied in social reality remains legitimate. Therefore, audience's actual lives and lived experience are significant to studies of media influence.

3.2.1 Media in everyday lives

Gauntlett and Hill (1999) stressed that media scholars should pay attention to what people have to say about their own television viewing experience, how media play a role in their everyday lives and the "practicality of television in domestic space," (pp.9). Gauntlett and Hill's study *TV Living* involved 500 participants, each documenting their TV viewing

experience in a diary, three times a year over a five years period. The study "assumes that through close study of people's everyday lives over time, we will acquire a picture of broader changes in society which are having an impact at the individual level," (pp.18). Gauntlett and Hill's study therefore paid attention to the adjustment in attitude towards the media as an effect from personal life changes. Also significantly, *TV Living* has adopted a different approach to media studies by abandoning recognised theoretical model and instead, following participants' own responses, rather than imposing an agenda on them. This approach concurred with Barker's (1998) view about studying media audience, in which he argued that researchers should engage with what "concrete audience do and say with their media," (pp.190). It also enables researchers to genuinely analyse audience and their responses in real setting.

3.3 Cultural-anthropological approach to studying the media

Robert Peck (1967) argued that media studies discipline is an interdisciplinary field in which behaviour, culture and social sciences are discussed. Therefore, he suggested that in order for researchers to understand the role of media in society, it is critical to include a cultural-anthropological analysis in their studies. The media, as Peck argued, do not exist in a communication vacuum, but an extension to an already dominant system of social communication. Therefore, integrating culture and anthropology as a fourth realm in the existing production-content-reception process of the media could provide a greater understanding of media influence process in a particular society.

Studies adopting media anthropology approach are interested in how a way of being (such as woman, ethnic, social identification, etc.) is implicated in media processes. They identify how culture shapes people's understanding through the media and explore this through the way people/media audience response to them (Osorio 2001, pp.100). The exploration of media influence through a cultural anthropological framework may also provide a fresh perspective to understanding media-audience relationship.

3.4 Positioning my research within this debate

This research is similar to "new influence studies" in the way that it acknowledges both the media and audiences as powerful sites of meaning making. However, unlike the traditional media studies approach, it highlights the importance of cultural

anthropological framework in its analysis. While I am concerned with the role of media representations in influencing mothers' perception of breastfeeding, I also acknowledge mothers as active meaning producers and wish to explore how their religious rules, cultural beliefs and physical bodies are implicated in this process. This study therefore adopts Gauntlett and Hill's (1999) approach to studying media in everyday lives, particularly in the way that their study has allowed participants' responses to lead their research findings. However, unlike *TV Living*, this study is not particularly concerned about media consumption. Rather, it is interested with looking at how women use religion, culture and their own infant feeding experiences as part of their understanding of media messages and infant feeding issues. Therefore, this study hopes to offer several contributions to the literatures on media studies as well as understanding breastfeeding in specific cultural context.

3.4.1 Theoretical

Theoretically, my research findings hope to enhance understanding of media-audience relationship but positioned through a specific cultural context, and to a lesser extent, embodied experiences. This study also suggests that the ways in which researchers view media influence should also involve an understanding of the complex embedded issues surrounding specific culture.

3.4.2 Empirical

There is limited study about breastfeeding and the media in the Muslim community. Most research about breastfeeding and the media (as discussed earlier in chapter two) are limited to Western context and in developed countries. This leaves a big gap for studies in the developing nations, particularly in South East Asia. Many studies are also focused on audience in general, and they do not explore in detail specific sub-context such as race and religion (although researchers such as Henderson et al., 2001, have focussed on other context such as low-income groups and fathers).

My research hopes to contribute towards understanding media/audience relationship in the Malaysian context, particularly breastfeeding and health issues in general. My research allows me to examine Malay mothers as a specific group and their relations with their bodies and also as Muslims living in a multiracial country, exposed to different

media outlets. In addition, my research findings hope to complement other studies about breastfeeding in Malaysia (which often focussed on health promotion and scientific evident in general).

CHAPTER FOUR – Methodology

This chapter explores the methodology employed for this study and the evolution of each data collection technique. The way my research method was designed and conducted unfolds in several stages, albeit some overlapping one another, in relation to the questions I have throughout my research. The development of each stage was often guided by the findings emerging from the previous stage(s). In this chapter I hope to demonstrate this process and explain the technical details of the work I conducted for this research.

Preliminary process

While I began to read literatures in relations to breastfeeding, I also started to conduct informal research by analysing issues of *Pa&Ma* in 2007. Reading the magazines gave me some ideas on how the media would report breastfeeding and formula feeding stories. Among other things, I was able to notice the lack of breastfeeding images and how breastfeeding is often contextualised in medical discourse.

From there, I was curious about some issues of production for example, how and why the pictures were selected as well as the economic pressures of advertisers and readers. I then planned an interview with the editor of *Pa&Ma* magazine. The interview was conducted in early 2008 via telephone and the conversation was recorded. Among other things, the editor talked about the magazine's permanent breastfeeding column *Laktasi Q&A* (in a 'question and answer' format) which dealt with different issues and problems related to breastfeeding. The editor also mentioned some operational issues regarding photo shoots and selecting breastfeeding pictures for their stories.

Building from the information I gained from the interview, I became interested in looking at what people discuss when they talk about breastfeeding. However, I knew that I was still unequipped to design an audience research at the time as I had not narrowed down the focus of my study. Therefore, I went online to explore discussions in Internet forums. I had already known about *susuibu.com*, a Malaysian forum where parents discuss issues

surrounding breastfeeding[6]. I monitored the discussions in the forum, particularly those revolving around issues of the media. Some of the issues however, are focussed on formula feeding therefore I decided to look for a (Malaysian) formula feeding forum on the Internet. Unfortunately, there was no specific forum dedicated to formula feeding mothers but I was able to find an online forum (Asian Mom Network) that was created and managed by a formula milk company in Malaysia *Mead Johnson.* The forum was dominated by formula feeding mothers[7]. I observed the discussions in the forum and compared those with the discussions in the breastfeeding forum before deciding the focus for my study. At this stage I was also able to interview the moderator of *susuibu.com* and the president of Malaysian Lactation and Breastfeeding Expert (PPLM).

Although I did not explore in depth the discussions in these online groups, I have included some conversations in my research findings at several points in this thesis. Therefore, I will discuss how I approached and used the online discussions.

According to Rier (2007), online forums provide a natural pool of data for social scientists to observe human interactions and study social issues. She explained,

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[6] www.susuibu.com is hosted by a pro breastfeeding mother cum a lactation expert Kamariah Mohd Alwi. It was launched on 8 Mac, 2004 and describes itself as a website that specifically dedicated to giving guidance about breastfeeding and sharing of breastfeeding experiences. This forum offers an interactive platform for discussions among members, people soliciting lactation counselling, as well as an online shop selling breastfeeding aids and equipment. *Susuibu* has more than 10,000 registered members which are mostly mothers who are breastfeeding or those who supports breastfeeding. Although the racial distribution of members in this network is not indicated on the members' profile page, it is estimated that this forum is dominated by Malay women who are mostly working mothers. This is assessed through their stories, as well as how these mothers described and represented themselves in the discussions.

[7] *Asian Mom Network* (https://www.meadjohnsonasia.com/amn/index.cfm/navi_section/amn) is dedicated as an avenue for Asian parents to share tips and views about parenting from a uniquely Asian perspective. Although the forum is dedicated for Asian parents, it allows members to access the discussions that are exclusively posted by and for members from their country of choice, which in my research, involves forums that specifically meant for members from Malaysia. *Asian Mom Network* has a more balanced racial distribution even though there is seemed to be more Chinese mothers in the discussion. This assumption is made based on the nick names used in the forum (usually reflecting a Chinese name) and the distinct tone of language used. This forum is mostly dominated by formula feeding mothers, although there are some breastfeeding mothers participating in some discussions.

> "online support groups constitute natural, colossal, floating focus groups, offering an unusual opportunity for researchers to tap into specific segments of public opinion, and to watch how it forms, as it forms." (pp.244)

Mothers in both forums discussed various aspects of infant feeding which include for example, weaning stages, infant nutrition and digestion issues. However, there were also quite a few *threads* (self-contained discussion units) that discussed other issues such as parenting issues, maternal health and relationships. Both forums were active at the time I started collecting my data and are still lively with daily postings to this date.

I observed *threads* which contained discussions related to the media. Specifically, I looked at discussions about infant feeding issues, as well as other media stories such as celebrity mothers and their infant feeding choices. I traced back each selected discussions from the beginning of the *threads* to provide me with an understanding of the process, sequence of the stories and how people mobilise infant feeding stories in their discussions. Among other things, I was able to observe discussions about some key media risk issues for example, melamine contamination in dairy products in China, BPA baby bottles and Toxin in breast milk. These are among the issues that were also observed in the media samples and prompted in the focus groups.

The formal research

Findings from the preliminary stage contributed significantly to my research design. For example, the observation of issues discussed in both online forums and in the interviews with media producers helped devised questions and framework for my study. After performing a pilot focus group with a group of Malaysian mothers here in the UK, I flew to Malaysia in the summer of 2009 to conduct the focus groups. While I was there, I took the opportunity to acquire *Pa&Ma* magazines published in 2008 and some examples of breastfeeding pictures in Malaysian newspapers. When I came back to the UK, I continued researching breastfeeding stories in the media. My analysis of the media and reception studies helped develop themes in my findings chapters. The next two subchapters will discuss in depth the two main methods deployed in this study, which are the media analysis and the focus groups.

4.1 Media analysis

This study explores issues of infant feeding in both general and specialist media. In particular, I chose to analyse Malaysian mainstream newspapers (for the general media sample) and *Pa&Ma* magazine (for the specialist media sample).

Newspapers

I selected *five* newspapers which I thought would best represent Malaysian newspapers. They are *Harian Metro* (highest circulation of Bahasa Malaysia tabloid), *Utusan Malaysia* (highest circulation of Bahasa Malaysia broadsheet), *The Star* (highest circulation of English language newspaper), *The New Straits Times* (a popular English language broadsheet) and *Berita Harian* (a popular Bahasa Malaysia broadsheet). All the five selected newspapers represent a fair distribution of Malay readers, both geographically and also in terms of social class.

Newspapers content was accessed through online archives from three different websites. Three of the newspapers' archives (*Harian Metro*, *The New Straits Times* and *Berita Harian*) are available online at *www.emedia.com.my*. Media stories from *The Star* were accessed from *www.archives.thestar.com.my* and Utusan Malaysia news were accessed from *www.utusan.com.my*. Collecting materials from the online archives saved time and cost, and I was able to access these websites from the UK at any time. However, it was limited in the way that I was unable to retrieve images. Only two newspapers (*The Star* and *Utusan Malaysia*) included images in the news archives, but even so, there was no assurance that all images in the print version were attached in the online archives. Searching using these archives was also limited to key word search. Therefore, I had to use a variety of terms, in different spellings, in order to search for news related to infant feeding. This includes for example, *breastfeeding, breast-feeding, breasts feeding, nursing, milk, formula, powder milk, artificial milk, formula feeding, bottle-feeding, expressed milk, mother's milk, breasts milk, breast-milk etc.* This key word search was also performed in Malay language.

Pa&Ma Magazine

Pa&Ma magazine was the only Malaysian parenting magazine published in Bahasa Malaysia at the time this study was conducted [8]. It has a local circulation of 39,103 copies between July 2008 and June 2009 (Audit Bureau of Circulations, 2010). I chose *Pa&Ma* as my specialist media sample because it focuses issues on children, parents and families, which included issues of infant feeding. Analysis from the magazine also provided a comparison with the stories in the general media sample. I was able to collect all 12 issues of *Pa&Ma* in 2008, which enabled me to analyse text and pictures of breastfeeding and formula feeding.

Next I will review some techniques for analysing the media. These techniques and strategies have guided some of the media analysis in this study.

4.1.1 Analysing the media

In my study I analysed media stories and explored how the media report key issues of infant feeding risks, as well as how the media discussed breastfeeding and formula feeding. In addition, I also focussed on some breastfeeding visuals (even when there were not many images of breastfeeding in the media). I also explored some literatures which I found helpful in studying media images.

Media visuals are useful because they are capable of communicating various meanings to their audience. Unlike words that can directly convey specific and different meanings to their readers, visuals have subjective dispositions that are open to various interpretations. Visuals are often used in the media not just to support a particular story, but also to tell their own story. Visuals are therefore, used to capture different sides of a story, which sometimes cannot be described by words. In other words visuals or images have the capability to reach beyond what media texts are able to.

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[8] There was however several international parenting magazines from Singapore and western countries which had successfully penetrated the Malaysian market. However, these magazines do not have a wide reader mainly because of its' price which was often twice or three times more expensive compared to Pa&Ma.

Newton (2001) explained that visuals play a role to construct knowledge and understanding (pp.135). Therefore, Newton suggested that studying visuals is a method to analyse the ways in which an event or experience is worked into human understanding. The meanings behind visuals, whether direct or covert, are examined by looking at how they are constructed, disseminated and celebrated. Blumer (1969) explained how visuals are interpreted by looking at the symbolic interactions between visuals and the reader (pp.8). This interaction, he said, tend to shape how people make meanings towards things. Meanings are derived from social interaction that is negotiated through an interpretative process as people deal with things they encounter.

Lester (2000) discussed five principle theories to studying *visual communication* (pp.43). These theories can be categorised into two, which are *sensual theory* and *perceptual theory*. The *sensual theory* suggests that images are interpreted according to the information gathered by a human's sensual organs. This form of analysis tends to look at the optical view and is more concerned with how the brain perceives an object through visuals.

The *perceptual theory* on the other hand, is more concerned with the meanings that human associate with the images they see. The *perceptual theory*, according to Lester, encompassed of two main tools for analysing images, which are *semiotics* and *cognitive*. *Semiotics* in short is the study of signs and meanings (Barthes, 1973, 1993). Semiotics suggests that everything exists as a sign and has additional meanings beyond what it generally represents. Signs (which include objects, words, images, sounds and gestures) are constructed to convey certain agenda. However, these meanings can only make sense and are considered valid if the reader is aware of the meanings behind these signs. Therefore, meanings behind signs are learned and they vary in different cultures and context.

For instance, in Malaysia, colours are often associated with political parties. The Malaysian newspapers also subtly used colours to symbolise the political party they support, even though they claimed to be objective in their news reporting. However, because this (colours association to political party) only makes sense in Malaysia (and to those who are familiar with the context), people of different places and cultures may just treat a colour as just a colour. In fact, they may well have other different kinds of

interpretations because colours may mean something else to them, or linked to some other cultural context. Therefore, even if colour symbolises something, it does not necessarily carry the same meaning across all cultures.

Cognitive, on the other hand, deals with how these signs are being interpreted by the receivers. People do not automatically generate meanings, but are influenced by many things such as his/her memory, expectations, selectivity, salience and culture, among other things. One is able to associate signs with other meanings because of how their mind operates. In the media particularly, the audience play a big role to reinforce meanings behind signs.

A sign is a part of media production process. A representation is developed by the producers, channelled through a medium and interpreted by the receivers. Therefore, signs are always (de)constructed at different levels in this process. Kress and Van Leeuwen (2000) explained that a media producer produces a sign based on the meanings that he/she wishes to express and this is conveyed through the semiotics mode (pp.6). The producer is therefore in control of what he/she wants the readers to see; albeit this does not necessarily mean that the audience would. This links back to the debates on media influence, particularly Hall's (1980) encoding/decoding theory.

Both *semiotics* and *cognitive* aspects suggested by Lester (2000) are important to understand how visuals are constructed and interpreted. In the social science field, particularly in the media and cultural studies, images are examined from the *semiotics* approach by looking at how signs in the media are used to convey certain meanings. The cognitive aspects on the other hand, are analysed through audience studies, whereby researchers examine how readers construct and negotiate meanings from what they see in the media.

Semiotic Analysis

The studies of signs usually refer to a wider system of meanings and not just the interpretations of the signs individually. This wider system of meanings suggests that signs are ideologically constructed to communicate a bigger idea, therefore signs should be analysed critically. Scholars such as Hall (1980), Williamson (1978) and Barthes

(1973) suggested several different approaches that researchers can adopt in semiotic studies.

Stuart Hall (1980) who used the term *code* for analysing meanings of signs suggested that signs are interpreted differently by different groups of people (pp.136). Audience who are unfamiliar with the meanings behind a specific code would not be able to make sense of the visuals the way those who *are* familiar with it. *Code* allows the researcher to be aware of the *wider ideologies* at work in a society. Therefore, signs should be analysed by looking at the economy, political power, social systems and other struggles that surround the *codes* which exist within a particular group of people. Sometimes a *code* is able to transcend cultures and understood widely. For instance, the ideology that women should perform domestic roles (while men are supposed to provide for their families) is a general ideology that cut across most cultures. In this case, such ideology is known as the *dominant code.*

Williamson (1978) who studied meanings in advertisements suggested that signs are related to particular *referent systems* (pp.103). The *referent systems* are very similar to the *dominant codes.* However, *referent systems* are characterised in a more rigid way than the *dominant codes.* Hodge and Kress (1988) suggested that the referent systems see signs in an abstract binary principle, for instance, food is either raw or cooked (pp.30). Rose (2001) on the other hand, argued that *referent systems* are sometimes too general and suggested that it can also be accessed through *codes,* which themselves explain signs (pp.90).

On a different perspective of studying signs, Barthes (1973) argued that signs can be a form of myth (pp.117). The notion of *myth,* according to him does not suggest that a particular sign is false nor is it defined by the object that is used to convey certain message. However, a *myth* represents the ways in which a message is being conveyed using signs. Myth, he argued, is built upon what a sign originally stands for (*denotive*). *Denotive* meaning is known as the first order semiological system and myth is known as the 'second order semiological system' (Barthes 1973, pp.123). *Denotive* signs consist of a signifier (object used to represent something) and a signified (what is being represented). This is known as the first order analysis. The second order analysis presents the *denotive sign* as the signifier and then accompanied by a second level signified.

Barthes (1973) cleverly explained the first and second order analysis by describing how a French magazine used the image of a Black man in a French uniform saluting to a French flag, to convey race equality and undivided support to France (pp.125-127). A *second order* analysis of this particular image revealed how the history of meanings became distant and instead, the myth inserts itself as the truth. The myth that this particular image was trying to promote was that French imperialism had never happened.

Barthes (1977) suggested that signs which work at the *denotive* level are easy to decode (pp.18-20). This is mainly because at the *denotive* level, signs are distinguished depending on how close it represents a physical object. However, a second level of analysis will provide researcher with different *denotive* meanings of an image. The second level of analysis invites researchers to analyse all possible meanings that an image may connote. The second level analysis therefore, presents a complex analysis examining visuals and what meanings certain images try to convey.

Some images incorporate text to explain and anchor which meanings that the particular visual carries. However, some texts are used as complementary to images, whereby in this case, both text and image are described as having a relay-function (Barthes 1977, pp.38-41).

In addition, Lester (2000) suggested three kinds of signs which are the icon, indexical and symbol signs (pp.48). Each sign is differentiated by the way we understand how the signifier and the signified is interconnected.

The first of the three signs is *icon. Icon* is a type of sign that can be represented by an image itself, an illustration or a diagram. An icon is a signifier that represents the signified by having characters or likeliness to it. Sometimes an icon does not have to be the actual picture but is still able to connect readers with the object that it is trying to signify.

Secondly, the *indexical sign. Indexical signs* are more culturally specific where the relationship between the signified and the signifier is understood naturally within that culture. An indexical sign does not necessarily represent the signifier directly. For instance, in Malaysia, a schematic design of a baby bottle sign in shopping malls represents baby changing facilities and not feeding rooms.

Thirdly, is the *symbol sign.* Unlike the indexical signs, the *symbol signs* have a conventionalised yet subjective relationship between the signifier and the signified. For instance, baby pictures, which are often used in commercials, sometimes used to represent an abstract notion, such as 'the future' or hope.

The Practical Method of Visual Analysis

Semiotic analysis offers various different analytical techniques for analysing images. Semiotics is a qualitative method and a very subjective tool of analysis. As a method, semiotics draws upon the work of many major social theorists such as Roland Barthes (1973), Michel Foucault (1970) and Karl Marx (1945), among others. These renowned scholars discussed series of ideas on how to analyse images and tracing how these images work in relation to broader systems of meaning.

Semiotic analysis adopts a particular framework or idea which centres the analysis altogether. What a visual means and how it is worked upon is traced back in relation to a particular perspective. For instance, the influence of Marxism in semiotics is linked to the idea of ideology. Ideology, according to Marxist approach is a knowledge that is constructed in a particular way to legitimise unequal power relations. Therefore, images are analysed by looking at the ideology and power relations that signs (in the images) brought in.

Photographs, according to Barthes (1993) can be inferred in two ways (pp.27-28). First, is the level of *studium*, which interprets signs carried in the photographs. *Studium* is an analysis from a culturally informed reader by giving meanings from how a particular culture understands an image. The second kind of reading, which is called *punctum* (pp.43-45), involves interpreting meanings that is unintentional and cannot be generalised with the photograph. However, not all semiologists agree to Barthes idea (that photographs carry meanings beyond signification). Hall (1980) for instance, argued that photographs are seen and understood through the meanings which are articulated through them (pp.131-132).

Interpretations of visual images, according to Rose, (2001) can be constructed at three premises (pp.16). They are, firstly, constructed during the image production process (taking pictures and editing), secondly, at the site of the image itself (where the image is

published), and lastly, the premise where the image is seen by audiences. Although each premises involve different aspects, in order to understand an image, Rose (2001) suggested three modalities that contribute to a critical understanding (pp.16). These modalities are technological (refers visuals as apparatus that is designed to enhance understanding), compositional (qualities that contributes to the visual such as colour, size, spatial organisation etc.) and social (referring to a range of economic, social, institutions, practices and political relations that surrounds the image). As Rose (2001) explained,

> "A semiological analysis entails the deployment of a highly refined set of concepts which produce detailed accounts of the exact ways the meanings of an image are produced through that image." (pp.70)

Therefore, every sign has a deep meaning embedded in them. Advertisements for instance, are not produced simply to promote products, but to implant other ideas or ambiance that are able to connect the product to something else. Coke advertisements for example, kept on highlighting the lifestyle of the young, active and popular. These ideas are actually contradicting the contents of this carbonated drink, which is high in sugar and calorie, thus bad for health.

Semiotic analysis is able to provide us with a critical view to penetrate what the whole concept or idea is all about. In this analysis, regardless of whichever lens that a researcher use to analyse visuals, his/her analysis is still however, as ideological as the advertisements themselves. This is because, whichever perspective or stand that we researchers try to adopt in our analysis; is also based on a body of knowledge or a specific standpoint as well.

Semiotic studies focus on the ways in which a sign is used to explore on the social differences such as class, gender and race. However, Rose (2001) argued that semiotic analysis has its own problem (pp.73). Each semiological term has its own theoretical baggage and therefore each semiotic study has its own analytical terms to explain the categories used in their analysis. Therefore, a researcher should not only study all the possible meanings of signs in his/her research, but also able to explain the signs' relation to a wider context.

Analysing Human Signs

Dyer (1982) suggested a checklist for exploring the potential signs and meanings behind images of human bodies (pp.96-104). Dyer developed four main subcategories for signs used to describe human representations, which are (a) *the representations of bodies*, (b) *the representations of manner*, (c) *the representations of activity* and (d) *the props and settings*. These four subcategories are useful particularly for analysing breastfeeding bodies in the media.

Representation of bodies. Dyer touched on seven aspects of body representations which are able to convey certain constructed meanings. Firstly, he explained about *age* and how age may carry meanings beyond numbers. Age can construct maturity, wisdom, innocence, experienced, stable, etc. For instance, an image of an adult in a bank advertisement can represent the responsible person who banks at a particular bank. Secondly is *gender*. This category often looks at how men and women are stereotyped in images, for example, by looking at the roles played, how men and women are being represented and what are the characters and qualities that are associated with them. Thirdly, is *race*. Race can be determined or generalised according to the skin colour and how people dress. By analysing body representations of race, we are able to examine the roles played by different races and their status and position in the society. Fourthly is *hair*. Dyer suggested that hair (especially women's hair) is used to signify seductive beauty or narcissism. I would also like to suggest here that hair is sometimes not used directly in images (especially in some cases to represent Muslim women). In this case, the absence of hair should not be overlooked because the head scarf is still being used to represent the same seductive beauty that is more desirable according to the Muslims (because the hair is not exposed to the public). Fifthly, is the *body* itself. A researcher should analyse how a body is being represented in images by looking at body parts, face (or absence of), as well as other parts of the body. Particularly for my study, I analyse the ways the breasts are shown (or hidden), mothers' facial expression, body language, as well as skin colour to symbolise race.

Dyer also touched on representations of body *size*. *Body* size for instance, represents what is important and what is not. Size also can suggest superiority and subordination in society. Finally Dyer mentioned about *looks*. Beauty is determined by the face, the hair,

the clothes, etc. The whole package of an image of a person suggests whether he/she is beautiful, approachable or alienated.

Representations of manner. The three types of manner representations according to Dyer are *expressions*, *eye contact* and *pose*. *Expressions* are used to display emotions such as happy, shock, sadness, etc. *Expressions* can also be examined by how emotions are being conveyed. *Eye contact* can also convey human manners. Exchanging *eye contacts*, or by looking at someone with a specific eye language is able to convey whether a person is being submissive, coy or confrontational. In the context of breastfeeding bodies, it *may* also represent bonding moments with the baby. Body *pose* also expresses body language that describes mannerism. *Pose* for example, can describe respect or rudeness.

Representations of activity. Human activities such as *body movements, touch* and *positional communication* describe activeness or passiveness of a character. Actions suggest spatial arrangements, relationships, proximity, etc. Actions are also able to describe the effects of these activities.

Props and settings. Props such as objects may be able to help describe or associate humans with characteristics. This is because objects have particular cultural significance that may connote other elaborate meanings. Other than that, *settings* used in an image may create a certain ambiance to the whole picture and represent humans in a different light.

Interpretations of visuals require some guidelines that could help researchers understand meanings behind signs, such as what Dyer had suggested in his checklist above. However, it is also very important for a researcher to have a deep understanding of the subject/object that he/she wishes to study, especially the different knowledge about signs and its meanings in a culturally specific context.

All the issues discussed in the visual studies reviewed in this chapter suggest that it is important to analyse visuals in a critical light. Researchers should be able to analyse the relations between the *signifier* and the *signified.* This includes the signs used in media visuals and what they *can* promote. Researchers should also be critical of the qualities these signs have and question why they were framed in such a way.

In this section I have tried to explore several ways of understanding how images are worked upon. I have also briefly touched on several ways of examining images and its' meanings and tried to link with how I could analyse breastfeeding images. I also delved into the methodological tools and implications using different tools of analysis.

4.2 Audience reception

Focus group is a well utilised method for audience study and researching media influence. Focus group helps researchers explore media influence by observing audience acceptance, rejections and negotiations shared during the discussions through for example, "asking questions, exchanging anecdotes, and commenting on each other' experiences and points of view," (Kitzinger and Barbour, 1999, pp.4). The focus group therefore, generates participants' interactions, which then result in better understanding of audience's insights in the social processes involved in knowledge production, explained through their own language and motivation (Kitzinger, 1994; Wilkinson, 1998).

Focus group methodology is not only used widely in market research (Morgan, 1998, pp.39-42) but is also increasingly utilised by academics to explore issues in the social sciences. However, there is a concern that social scientists may "uncritically adopt market researchers' model of research rather than adapting and expanding them, to take into account our own purposes and theoretical traditions," (Kitzinger and Barbour, 1999, pp.1).

My research looks into different strategies which can be explored in focus groups in order to study mothers' responses to breastfeeding issues and the media. Because mothers' responses to infant feeding issues often include their personal stories and experiences, it would be very easy for the discussions to drift off away from my main focus (i.e. the media). Therefore, I relied quite heavily on media prompts and creative exercises to help mothers focus on discussing the media.

Prior to the focus groups in Malaysia, I had the opportunity to conduct a pilot group with Malaysian mothers who lived in Cardiff. This pilot group helped me prepare myself as a moderator and reassess the focus group's design and questions. Among other things, I found that my respondents were more focussed on telling their breastfeeding experiences

and personal stories rather than concentrating on discussions about the media. This was a problem because my focus and research framework was to examine their responses to media stories and representations about breastfeeding and formula feeding. I was still interested to hear about their feeding experiences, but looking from a different perspective - in relations to what they had seen and read in the media and how they relate these infant feeding discourses with their cultural beliefs and religion.

In the pilot group I also found out that using visual exercise was helpful to get mothers' to focus their discussions about the media. Specifically, I conducted a visual exercise where mothers had to categorise pictures of women and babies into either breastfeeding or formula feeding folders. The exercise gave me some ideas to explore with media prompts and collages in the *real* focus groups in Malaysia. In particular, I conducted three exercises which I will explain in detail next. These exercises were of course complemented by verbal discussions about issues related to infant feeding, personal experiences, cultural beliefs and religion.

4.2.1 Engaging audiences in creativity

Visual exercises and prompts stimulate the brain in a different way. As Gauntlett (2004) noted,

> "When visualising a concept or a problem, we might picture a number of things at once, and perhaps see them as interconnected, but language forces us to put these into an order, one first and then the others, with the former often seeming to act upon or influence the latter." (pp.12)

Gauntlett pointed out that media research so far has only treated people as audience of particular text, forms or genre, often isolating other media sources and the lived experience of people. Gauntlet argued that people are exposed to different media sources which constitute a significant part of their experience and understanding (pp.3). Gauntlet's approach explored audience relationship with the media through creative visual methods, in which he claimed to have helped overcome the limitations of language based methods in previous studies. He argued that visual materials are non-linear and therefore, research participants are not focused on giving the 'right answers' but engaged in different cognitive processes that will produce different perspectives on the issues discussed. He explained that creative methods allow participants to interpret materials

given to them, a formula which invites them to be part of a creative process. This will generate different sets of findings inspired by the participants themselves as opposed to confining them to a predetermined structure.

However, Gauntlett was not the first to adopt creative methods to studying audiences. An influential study conducted by Ien Ang in 1985 utilised an unconventional approach to assess people's responses to a popular soap opera *Dallas*. By putting up an advert in a Dutch magazine *Viva* which invites people to 'write and tell me why you like watching it [Dallas] ... or dislike it' (pp.10) Ang's method engaged audience to produce their own interpretations which revealed different kinds of relationships people have with the programme. Although Ang stressed that the responses should not be taken as representative of the *Dallas* audience (pp.10), her method allowed people to respond in an open and uncontrolled setting. Indeed, the strength of this study lays in the course of conduct as the 42 letters received revealed that each one has a unique relationship with the programme (pp.26). The method however, has limitations of its own as Ang asserted that letters are not to be taken at face value but should be read as an artefact of audience's deeper connection with, and attitudes towards, the media. Ang considered the letters as texts produced by people's ideological framework and suggests that "we must search for what is behind the explicitly written, for the presuppositions and accepted attitudes concealed within them" (pp.11). The way Ang devised her study enables her to attain deeper insight into audience and their experiences watching *Dallas*.

Inspired by Ang's study, Gauntlett and Hill (1999) have also adopted similar approach in their longitudinal study. In their five year study (1991 to 1996) 509 participants were asked to log their media habits in a diary three times a year. These diaries were also supplemented with open-ended questionnaires in which participants are able to reflect on their personal lives and media consumption. Through this study Gauntlett and Hill examined people's everyday lives and look at how this influences their interpretations of the media. Their study did not impose any boundaries or framework upon their data, which allow their findings to be inspired by the participants themselves.

This approach to generate data can also be constructive for research interested in media influence. The Glasgow Media Group (for example see Kitzinger, 1993 and Philo, 1990), utilised a variety of creative methods which allow them to observe media influence in

unconventional ways. Eldridge, Kitzinger and Williams (1997) stated that although audience are actively constructing own meanings from what they receive from the media, this critical consciousness does not negate the possibility of media's influences (pp.160). The Glasgow Media Group devised a technique called the "news game" (pp.161) in which participants were asked to write and criticise a media report from materials such as news photographs and headlines. For example in Kitzinger's study on *Understanding Aids* (1993) participants were given thirteen photos which they could use to produce a news piece. Kitzinger discovered that participants reproduced terms and attitudes used by the mainstream media such as 'promiscuous, irresponsible drug users or gay people' and 'innocent victims' (pp.277). In her analysis, she argued that visual representations are forceful lens through which many people view and understand the reality of AIDS. Kitzinger's research also acknowledged that media representations may overrule contradicting 'informed' opinions and observations based on personal experience.

Although the *newsgame* was an excellent approach to observe audience's understanding of the media, one criticism was that the outcome may not reflect participants' way of thinking but as a result of what they think they are expected to do. Therefore, it is important that researchers reflect on this issue when devising and conducting creative exercises, as well as in their overall findings. MacGregor and Morrison (1995) improvised the news game approach, in which they asked participants to edit and produce an audio-visual news report based on what they would want to see, as opposed to what they think journalist would produce (pp.146). This provided a clear direction for the participants to produce their own interpretations of the media materials. MacGregor and Morrison stated that this method is "not a methodological solution looking for a research problem, but a real tool capable of producing significant results in any situation where tangible viewer contact with the text can unlock new insights into the dynamic of how audio-visual texts are read" (1995, pp. 148). The study was therefore successful in producing a more consequential results through the creative process involved as "positions articulated in discussion which would have been reported as definitive in focus groups were modified as a result of the active engagement with the text." (pp.147). The study demonstrated advantages of creative methods in generating valid findings for reception studies.

Also improvising the *newsgame* approach, Henderson (2007) designed and conducted a *script-writing* exercise in her study about public understandings of sexual abuse in British soap opera *Brookside*. In the exercise, focus group participants were presented with a set of *still pictures* extracted from an episode of *Brookside* and asked to "produce dialogue to match the photographs" (pp.156). The study found out that groups who had knowledge of the story were able to reproduce correct storyline (through the dialogue scripts) even when they were not provided with any information of the story plot. She also observed that scripts produced by participants who had no knowledge of the story have mainly simplify the relationship between the abuser and his victim. The study argued that television soap may have facilitated audience's understanding of complex social issues such as child abuse.

Gauntlett (1997) through his *video critical* project worked with primary school children from seven schools, getting them to make documentaries about 'the environment'. Instead of prompting participants with ready materials or sources, he encouraged participants to create their own content. Gauntlett argued that the process of video-making is a valid method in his study as his preliminary discussions with students pointed the predominance of television as source of information regarding environmental matters (pp. 96-97). The videos are therefore considered valid to represent participants (re)constructed views and interpretations from what they have acquired from media sources. This can also be presumed to represent a degree of media influence (pp.85).

In light of this, Gauntlett (2004) proposed *creative visual research,* a method that hopes to include audience experiences in their responses. In his method, he invited audience to use creative and visual elements as well as their imagination (pp.1) to explore their relationship with the media. Gauntlett argued that creative methods allow audiences to influence the research itself, not limiting them to confines of predetermined structure of research. His exploration of this method using videos (1997), and Lego construction (2007) for example, allowed him to overcome shortcomings of verbal and written responses which are limited by confines of language. I admire Gauntlett's approach in studying 'actual' audience in lived experience, However, his method is often grounded in the audience per se and this often caused an imbalance in studies of media-audience. This

nonetheless could be improved by analysing relevant media representations that may have inspired audience responses through creative visual research.

Silverman (2001) for example expressed concern about the validity of findings generated by visual methods because of its subjective nature. Visuals extend the range of researchers interpretations, therefore need to be supported with participants' own explanations in order to understand the right underlying message that these visuals carry. Guillemin (2004) for example combined both visual and interviews to study people and their health condition. As she argued, "through the process of producing a drawing, the drawer is simultaneously constructing knowledge about the drawing," (pp.274) and that "it is not the drawing alone that is analysed but also the participants' interpretation of their drawing," (pp.287). It is therefore suggested that visual findings are best analysed alongside findings from other methods. By combining language and visual methods researchers could gain a deeper understanding of media/audiences relationship.

4.2.1 Headlines and advertisements prompts

The first exercise I conducted in the focus groups invites research participants to respond to several news headlines and advertisements about infant feeding. The selection of these headlines was inspired by mothers in the two online groups, *susuibu.com* and *Asian Mom Network*. I also selected three advertisements, (one for a formula milk, one for a breast pump and one for a baby bottle). These advertisements were selected randomly from *Pa&Ma* magazines in 2009. The advertisements also came out several times in some other magazines and some in television format. Below are the news headlines and advertisements used in this media prompt exercise:

Newspaper Headlines	Source
a) "Melamine in mothers' milk. More formula milk companies suspend production"	*Utusan Malaysia* 18 September 2008
b) "Consumer Association of Penang Urge Ban on BPA baby bottles"	*Utusan Malaysia* 14 June 2008
c) "What's in our drinking water: Toxins in mothers' milk"	*The New Straits Times* 11 May 2008

Table 4.1: Headline prompts used in the focus groups

Figure 4.1: Breast pump advertisement prompt used in the focus groups

Figure 4.2: Formula milk advertisement prompt used in the focus groups

Figure 4.3: Baby bottle advertisement prompt used in the focus groups

Even though I used media headlines to prompt discussions, it should be noted that since these infant feeding issues concerns directly on parents, particularly the melamine issue, the issues raised are actual concern from the parents. For example, when women responded to the news headlines, they were describing their own efforts to protect their children from these risks. Therefore, it was notable that the issues prompted were actual concerns and have already had an impact on the respondents before the study was conducted. As for the advertisements, they were used to prompt and focus the discussions towards breastfeeding and formula feeding in the media. Other issues that were not prompted but were discussed in all the groups include responses to issues of milk kinship and wet nursing.

When approaching research participants with these media prompts, I would usually ask them if they have read or heard about each news/advertisement before and if so, how did they come across them. I then asked them what they remember about the news/advertisement and their responses to them. I would also encourage the research participants to relate the news/advertisements to their personal experiences and explore how the issue has affected their decisions and responses, especially with regards to infant feeding choices for their babies.

In the second exercise I showed research participants media cuttings of local and international celebrities that I had selected randomly from Malaysian magazines. This includes Hollywood and British celebrities, as well as several Malaysian celebrities. I invited mothers to comment on each picture and ask about celebrities' infant feeding style. Not all groups were familiar with the international celebrities; in this case I would focus on the local celebrities that they were familiar with. I found this exercise helpful to encourage mothers to talk more about what they had read or seen about these celebrities in the media and relate this knowledge to their understanding of breastfeeding and formula feeding. Furthermore, the mothers felt really relaxed to discuss behaviours and values attached to both feeding choices because it did not involve their personal decision directly, but was focussed on a specific celebrity. Interestingly, there are several formula feeding mothers who had actually condemned celebrity mommies who formula fed their babies.

After conducting the two exercises, I would usually take a *five-minute-break* and continue with discussing topics which include issues about the female body, mothers' breastfeeding experiences and inviting them to talk about cultural and religious aspects of breastfeeding. I would usually let the respondents take over the flow of discussion from one topic to another, but I made sure that they would try to relate to issues surrounding the media. The two prior exercises proved helpful because I found that my respondents were comfortable and willing to talk about sensitive and private issues regarding their breasts and breastfeeding.

The last 30 minutes of the focus groups were allocated for my third exercise, which engaged mothers in a collage project. Each focus group was divided into two smaller groups and mothers were asked to create a collage of a breastfeeding woman and a formula feeding woman. To accomplish this, each group was provided with three local magazines (The June 2009 issue of *Keluarga*; May 2009 issue of *Harmoni* and *Wanita*) and two international magazines (The May 2009 issue *New Weekly* and April 2009 issue of *OK!)*. Research participants were also given scissors, glue and art paper. They were asked to choose and cut out pictures/body parts from the magazines and construct a complete collage of (a) A breastfeeding woman and (b) A formula feeding woman. After completing their tasks, each group was then given the opportunity to present their collages and discuss with the whole group about their project.

The objective of this exercise was to observe participants' interpretations of both infant feeding styles, conveyed through their choices of characters, body parts and values attached to both breast and formula feeding women. Although the results of this exercise were somewhat expected as the majority of the pictures resembled stereotypical qualities of breast and formula feeding mothers, it also revealed some unexpected pattern. This is specifically discussed in *chapter seven.*

Group size

According to Morgan (1998), focus groups conducted for market research often encompass larger groups of participants, usually between eight and twelve people (pp. 71-74). However, Barbour and Kitzinger (1999) felt that this number is too large to allow academic researchers enough time to explore participants' responses, especially on

complex topic (pp.8). They suggested that academic researchers should work with smaller groups around six people per group (pp.8). I however, decided to work with a still smaller group, mostly four to five respondents per group because it was easier to manage, especially when dealing with mothers who brought along their children. It also gave more opportunities to mothers to talk in depth about an issue. Having smaller groups allowed mothers to be more engaged in the discussions and help them feel secured to talk about sensitive and private issues concerning breastfeeding. However, I did have two bigger groups (Group 8 and Group 5 with six participants) and the smallest group was Group 7, with just three participants.

I limited the focus group sample to just mothers with children below the age of *two* because I assumed that this group would be more interested and aware of the latest issues regarding infant feeding, compared to mothers with older children. I also assumed that all the mothers in this category would still be breastfeeding or formula feeding (or both). The focus groups were designed to observe responses towards infant feeding issues in the media and to explore how these media messages may (or may not) have any impact towards infant feeding choices and behaviour. Therefore, I believed that mothers with children below the age of two would fit well as my respondents.

4.2.2 Recruitment

My respondents were mainly solicited using my friends and family members. Because I am also a mother, it was easier for me to find respondents that would fit into my requirements through my personal contacts. However, it was not easy to arrange for a suitable time and location for them to meet because they had young children and therefore, I had to "expect the unexpected", such as late turn ups or last minute cancellation. It was hard to arrange for weekday sessions as most mothers were working and the weekends were usually spent with family. I did not want the fathers to join in, or be around during the focus groups because certain issues discussed are considered private. For example, I wanted my respondents to be comfortable talking about their breasts and sexual issues. Therefore, having men around (even their own husbands) would make this complicated.

Even though I used my personal contacts to arrange the focus groups, I tried to include a variety of background and demographic selection of respondents. There were in total ten mothers in the focus groups that I personally knew prior to conducting the focus groups. However, I made sure that mothers in each group knew each other, or that at least each one knew one other person in the group. The respondents were not aware of what was the focus or purpose of my study. The focus group respondents were only told that I was interested to hear about their experience as mothers and issues related to infant feeding. More importantly, although I included people that I personally knew in the focus groups, they all fall under the category of women I wanted to talk to. Therefore, this would not jeopardise the validity of data collected for this study.

There were advantages and disadvantages of mixing breastfeeding and formula feeding women in focus groups. However, the study considers that breastfeeding women and formula feeding women are not separated groups in society. They exist in the same culture and because this research emphasises that, it is important to have the mix between both groups to allow debates and negotiations observed in real setting and how culture and media are negotiated in discussions about infant feeding. It also allows me to observe issues of motherhood and discussions about sexuality between both groups.

Because I had asked friends and families to arrange for some of the focus groups, I was not 100% in control of the selection of respondents. This resulted to two respondents who did not fit into my category specifications (one in Group 2 and another one in Group 8). Both respondents have no children below the age of *two*, although they do have children under the age of *five*. As I was not aware of this beforehand, I had included them in the focus group discussion. Nonetheless, I believe that the contributions made by these two mothers are still relevant to my research and for that reason, I decided to include both of them in my transcripts and analysis.

4.2.3 The conduct and composition of the focus groups

All the three exercises in the focus groups were designed to encourage respondents to explore their opinions and decisions. I reassured them that there was no right or wrong answers to these exercises and that I was more interested in the process rather than the result (see Appendix A for focus group guidelines). I would let research participants be as

creative as they wanted to be in their discussions and not constrain them with what I wanted or expected them to say or do. The open discussion in the focus groups was often inspired by the mothers themselves although I did encouraged mothers to focus on issues in the media. My skill as focus group moderator improved as I conducted more and more focus groups – I learned to be more natural with my body language and avoid imposing statements. I also tried to encourage silent/less talkative mothers to speak by addressing them with specific questions or asking them to comment on the opinions of other group members. However, the respondents in all the focus groups were overall, very chatty and willing to speak up. I believe that the exercises introduced at the beginning of the focus group helped mothers to feel relaxed and interact with each other comfortably.

In terms of location, I let the respondents decide on the best place for me to meet them. This of course depended on their availability and convenience, but I was happy to accommodate their needs. Some focus groups meetings were held in respondents' home, some at their offices and one was held in a cafe. Different locations have different advantages and disadvantages but overall, all the locations chosen worked well and I was able to have the focus groups running smoothly throughout. I also gave the freedom for the mothers to bring along their children as some of them are still breastfeeding and I wanted to create as much a baby-friendly environment as I can.

The focus group sessions lasted for two hours. It was quite a long time for a discussion and although I had already informed mothers about my time frame before they agreed to participate, towards the end, some mothers were already feeling restless. This often happened when mothers brought along their children to the focus groups. Nevertheless, nobody left the focus group before the session ended.

In all the focus groups, I served finger food and drinks, and they were all welcomed to help themselves throughout the discussion. Serving food and drinks is an appreciative gesture on my behalf for their collaboration and I was particularly concerned if the children attending the focus groups would get restless or hungry. At the end of each focus group, I presented the mothers with a small gift containing baby clothes. This cost me some money but I was happy to give them a small token of appreciation for their time and effort.

However, having babies and children around in the focus groups was not always easy. For example, I had to pause in the middle of the focus group discussion whenever a baby started crying because my voice recorder could not pick up participants' voices. I also had to make sure that everybody was fully focussed on the discussion and not distracted by their babies. There were a couple of instances where one or two mothers had to temporarily leave the room to attend to their upset infants. In these instances, I would either (depending on the situation), have small breaks, or continue on with the discussion. The groups held at office premises were often easier to manage because they were conducted in proper rooms and there were less distraction.

I began the focus groups with some introduction of myself and my research, although I would describe vaguely my research intentions to the participants. As much as possible I allowed participants to generate unbiased responses about infant feeding and not be influenced to 'say the right thing' or what they thought I wanted to hear. I then explained about the structure of the focus group and what would be expected in the next two hours. I also requested them to read, understand and sign a consent form before beginning the session (see Appendix B) and I ended with a short questionnaire about their personal details (see Appendix C).

I conducted nine groups in different locations throughout the peninsular of Malaysia. Because it was hard to arrange separate groups for breast and formula feeding mothers, I decided to mix them in the focus groups. I found that there were some advantages and disadvantages of this decision. One of the disadvantages of having mixed groups was that some mothers (particularly formula feeding mothers in group 1, 2, 3 and 4) felt rather ashamed to talk about their formula feeding experiences. This was apparent in groups with a majority of exclusive breastfeeding mothers, who are often really passionate and vocal about breastfeeding. However, I would still try to include everyone in the discussion by asking each of the participants' experiences with infant feeding.

Consequently, putting together the breastfeeding and formula feeding mothers has some advantages. Among other things, it provided the opportunity for me to observe the exchange of ideas and interactions between the breastfeeding and the formula feeding moms.

Only Malay mothers were included in the focus groups because I wanted to concentrate on issues that are exclusively related to the Malay culture and Islam. I am aware that this will restrict or contextualise my findings to a particular ethnicity, but I hope that I may be able to expand my sample to non-Malays in the future. In terms of distribution, I tried to include women from different states and economical background. The focus groups were conducted in *six* different states (out of 14 states in Malaysia). The age of the women ranged from 24 to 44, with the majority falling between the ages of 25 to 30 years old. A general description of the focus group participants are given in Appendix D.

4.2.4 Transcription and translation of the focus groups

The focus groups were recorded using digital recorders and fully transcribed. However, it was not possible to transcribe mothers' discussions during their collage exercise because it was hard to distinguish the voices between the two groups. I also decided to analyse the focus groups in Malay to provide a more accurate context of discussion. I had however, translated some discussions to English for the purpose of this thesis. My translations have considered the most accurate way to described mothers' responses in English. As much as possible I tried to maintain the original conversation but slight changes occurred where I adjusted them for better grammatical comprehension in English. There were quite a few instances where respondents used broken English in the focus groups. In such cases, I will try my best to provide the most accurate translation to avoid any confusion with the intended meaning.

4.2.5 Analysis of the focus groups

The selection of responses was based on the themes identified throughout the focus groups. In my analysis, I identified patterns and themes that emerged from the various focus groups but also use Frankland and Bloor's (1999) deviant case analysis to identify examples of opposing views expressed by mothers. The focus group analysis also highlighted group interactions whenever possible by offering snippets of groups' discussions, rather than isolated comments (Kitzinger, 1994; Wilkinson, 1998).

For most part of my analysis, I accepted mothers' opinions at face value. However, there were instances where mothers expressed ideas and beliefs that contradicted to their earlier comments in the discussion. In such cases, I explored this contradiction and looked at the

reasons behind this change of views, which was often motivated by the ways mothers wanted to present themselves in the focus group setting.

In terms of selecting quotations for my analysis, I selected responses that were unambiguous and representative of thematic category in my findings. I also took note of the flow of different individuals in the discussion – an individual mother's stand on an issue, and whether she changed her mind or shifted the direction of her arguments. I constructed themes based on my observation of mothers' interactions with the media and issues brought up by mothers in their interpretations of infant feeding issues in the media. I would then try to categorise these selected quotes into themes using *Nvivo* software.

In my analysis, I identified the focus group mothers according to their current feeding practice (for their youngest child) at the time of my research was conducted. It should be noted that these mothers have different infant feeding experiences with each of their children. All the research participants in the focus groups had however, experienced breastfeeding (even if it was only for the first few days after birth).

Throughout the focus groups I was able to observe verbal and non-verbal responses in both of the visual exercises and the open discussions. However, because I did not use any video recordings for the focus groups, I tried to take short notes whenever possible, particularly if there was any interesting behaviours or gestures from the mothers. I relied heavily on the focus group transcripts for my analysis but kept a copy of the voice recordings in case I needed to revisit any particular focus group or the moments I was unsure of.

I was also interested to analyse the interactions between the respondents especially the exchange of ideas and opinions about certain issues. It was very interesting to observe how people accept, reject or negotiate certain ideas, and merge their personal interpretations and others' in the process. I learned that there was not always a direct explanation for people's interpretation or beliefs about any particular issue as it involved a larger understanding of the complex relations between individual background, social and cultural conditioning, religion, and many other aspects that helped create the unique individuals that we are.

4.3 Issues of research ethics

In this section I will highlight some ethical issues in my study. In the first part, I will explain some issues of objectivity and reflexivity being an *insider researcher,* as well as how I handled and secured focus group data. The second part will address some ethical issues about studying online communities.

4.3.1 Focus groups

A reflection on objectivity

The term 'insider research' is used to describe studies conducted by researchers who have direct involvement or connection with their research settings (Robson, 2002). This includes, for example, studies conducted in the researchers' own work place or community. (Titchen quoted in Jarvis, 1999) suggested that the 'blurring of boundaries' between a researcher and his/her research setting may evoke questions of objectivity and validity of findings. Such boundaries are often obscured when the researcher becomes the subject of study. However, insider research could also be extended to include cases where the researcher is biased to the emotional/political/sexual connections with the subject(s)'. Examples include feminist research carried out by feminists (Devault, 2004) and gay research carried out by homosexuals/lesbians (Leck, 1994).

However, there are also many advantages of insider research. It is argued that research participants may feel comfortable to talk openly with familiar faces, or people that they can relate to (Tierney, 1994) Therefore, insider research has the potential to increase validity due to the added richness, honesty, fidelity and authenticity of the information acquired. However, an insider researcher should also try to minimise the impact of biases on his/her research and make his/her position vis-à-vis the research process transparent (Hammersly, 2000). By making the research process visible and honest, it is argued that readers can construct their own perspectives which are 'equally as valid as our own' (Cohen et.al., 2000, pp.106).

As a mother, I am cautious that I, myself is somewhat an insider *researcher.* As much as possible, I tried to stay objective and remain subdues during discussions I had with mothers, making effort not to elicit responses or generate 'right' answers. Some of the

focus group participants (mostly those who I had already knew/met personally) were aware about my interest in breastfeeding.[9] However, I had not disclosed or discussed about my own infant feeding experience during the focus groups, although two mothers (Focus Group 2 and 5) did asked me afterwards.

Also, most of the research participants had already knew/assumed that I was a mother. However, in one group (Focus Group 8) research participants did think that I was still single. This has affected the way they responded to me when discussing sexual relationships and intimate bodily issues. I noticed that some women commented on others to 'tone down' their discussions about marital and sexual relationships because they were worried that I would be embarrassed hearing them. However, I immediately clarified to the group that I am a mother, and this made the participants became more opened to discuss sexual and intimate issues.

I believe that my identity as a married woman and a mother worked to my advantage because I could relate to the issues mothers discussed in the focus groups and somewhat made the women felt at ease when discussing their personal stories. However, as a mother, I sometimes overlooked certain issues of infant feeding that might be unfamiliar to non-mothers and this sometimes affected the questions I asked (or failed to ask) in the focus groups. In this thesis, I have tried to make my own opinions and interpretations as a mother transparent.

Handling and securing focus group data

I used two different voice recorders to tape the focus group discussions. One of the recorders belonged to Cardiff University's School of Journalism, Media and Cultural Studies, while the other recorder was my own. All the voice files were transferred into my personal computer at home which was password protected. I made sure that I deleted all the files before I returned the tape recorders back into the common pool. The voice recordings had also been transcribed and secured in my personal computer. I also made back-up copies of these materials in a portable hard drive which was also password protected and physically secured. Each research participant also signed a consent form in

[9] Although at the time the focus groups were conducted I haven't had my second child, therefore had only little breastfeeding experience. I had introduced formula milk to my eldest daughter from day one and stopped breastfeeding before she reached two months old.

which they agreed that the information they have provided in the focus group can be used in research findings and written up in books or journal articles. The participants were also informed that they could have access to the information at any time and that in accordance to the Data Protection Act, the materials may be retained indefinitely. I will however, delete the materials in 2014, five years after the focus group was conducted, in order to protect the anonymity of the focus group respondents. In this thesis I have also changed all the research participants' names, in order to protect their identities.

4.3.2 Studying online groups

The boundaries between public and personal space in the Internet is quite unclear. Barnes (2004) believed that even if the Internet is considered to be a public space, many people still treat it as a private medium and utilise it for personal purposes (pp.209). Therefore, researchers should never assume that all information available on the Internet is public or that it can be used as research materials before obtaining consent from relevant party(ies).

For practical and ethical reasons, I have decided to inform moderators of both forums about my intention and requested their permissions to conduct my observation. I was given the permission to observe and participate in *susuibu.com*. However, throughout the process of negotiating access for *Asian Mom Network*, I was denied from participating in that forum. However, I was given permission to observe the discussions and collect any information that I need for my research (see correspondence email in Appendix E).

In terms of obtaining individual consent from the members of both forums, Barnes (2004) stressed that it is necessary and ethical for researchers to obtain participants' consents whenever human subjects are involved in a study (pp.209). Smith (2004) also agreed that many social researchers believe that covert observations fail to appreciate individual rights (pp.231). This is a valid concern, particularly in online research where the boundaries between public and private space is still very unclear.

As much as the information published in the Internet may seemed very private to some, most websites have copyright notices which caution people that information published in the web is accessible to a larger audience and therefore, everyone should be careful and aware of other people who may use their information or postings for other purposes.

Nonetheless, Barnes (2004) also underlined that researchers need to refer and respect the guidelines and privacy policy in discussion groups that they wish to study.

Bassett and O'Riordan (2002) recognised the difficulty for researchers to gain individual consent especially when involving a large number of participants. However, they also believed that this difficulty should not deter researchers from doing online observation, especially when participants are informed by clear statements on the web / forum that any text published is deemed for public consumption.

In my case, both forums have *privacy policy* and *condition of use statement* which cautioned forum members that any information published in the forum is considered public and may be used by any party for personal or commercial use. However, members can choose to be anonymous or use private messaging for any information that they do not wish to disclose to the public.

4.4 Conclusion

This chapter has explored the research methods I employed in my study. I explained the stages of my research which were developed in an evolution, rather than a direct step-by-step method. My queries in each of these stages inspired how I developed my research design and my choice of sample. It also guided the way I approached audience and the way I devised the focus groups. I also explained my media samples in detail and techniques for analysing visuals. This chapter also described my focus groups in detail (sample, method and analysis). I had also addressed some ethical concerns in the focus groups and online groups, as well as measures taken to secure my data. The next *four* chapters will present my key findings in this study.

CHAPTER FIVE – Religion, Culture and Bodily Issues of Breastfeeding

This chapter explores the role of Islam in the Malay society and how it influences breastfeeding practices and mothers' understanding of religious issues related to breastfeeding. I aim to unpack some religious beliefs and cultural meanings associated with breastfeeding and examine how Malay society infuses Islamic teachings in their overall understanding of breastfeeding issues, and as part of negotiating their identity as Malay Muslims. To accomplish this, I examined discussions related to Islam and Malay customs in the focus groups. This chapter also presents some bodily issues of breastfeeding discussed in the focus groups.

Hoover and Lundby (1997) argued that media, religion and culture should be viewed as "an interrelated web within society" (pp.3). Findings in this study suggested that religion plays a significant role in the (re)construction of breastfeeding culture in Malay society. Religion is an important element in societies where faith and obedience to God are fundamental to their culture and daily lives, a society like the Malays. Findings in this research suggested that mothers tend to (but not necessarily) overlap Islamic teachings when discussing issues surrounding breastfeeding.

The first two parts of this chapter will address separate (but not exclusive) issues about breastfeeding from the Islamic point of view in the Malay culture. In the first part of this chapter, I will explore issues of *milk kinship* as a result of women breastfeeding non-biological children and how this interacts with the way mothers understand their (sexual) relationship with their husbands. In the second part of this chapter, I explore Islamic rules about *wet nursing* and how the implications of milk kinship interact with mothers' emotional attachments with their babies through breastfeeding, as well as the mothers' understanding of adoption issues. These two issues will provide an introduction to readers who are not familiar with Islamic regulations, particularly those related to breastfeeding. It will also serve as a context in which I will relate to, at several different points in the next three chapters.

5.1 Breastfeeding in Islam

Breastfeeding is mentioned in several verses in the Quran, which include in its very first chapter, *Surah Al-Baqarah*. The verses in *Surah Al-Baqarah* emphasised responsibility for parents to provide breast milk to their children during the first two years of life. The verses state:

> "Mothers suckle their children for two whole years, if they wish to complete the term, and clothing and maintenance must be borne by the father in a fair manner.... If by a mutual consent and consultation, the couple wish to wean (the child), they will not be blamed, nor will there be any blame if you wish to engage a wet nurse, provided you pay as agreed in a fair manner. Be mindful of God, knowing He sees everything you do."
>
> (Translation from the Quran, Surah Al-Baqarah verse 233)
> (Abdel Haleem, 2010)

Summary of this verse suggests the importance of the infant's wellbeing and welfare in Islam. Parents should therefore, provide sufficient nutrition to ensure that their children's growth is well protected. Breastfeeding is also discussed further in various *hadith* (pronouncements of the Prophet) and Islamic teachings. Among other things, Islamic teachings about breastfeeding suggest that:

a) Breastfeeding should be continued even if a couple is divorced. Breastfeeding is a mother's duty but falls on the father's shoulder if they are separated. The biological father should pay for his ex-wife's cost of living (alimony) so that she can continue nursing the child.
b) If it is decided that the biological mother cannot nurse the baby (for example, if she is ill), then a wet nurse may be asked to help. A wet nurse can feed a child only if the mother's milk is not available. The wet nurse then should be paid compensation by the child's biological father.
c) If the mother dies the baby's father should support both the nursing mother and his baby for the period of breastfeeding. The custody of the baby remains in the hands of the nursing mother. If the father dies or does not live at home, his heir must support the mother, thereby allowing her to breastfeed her children.

d) Parents are allowed to wean a child anytime they both feel it is appropriate as long as the decision is made in agreement by both parents and does not jeopardise the child's health.

(The Quran and Hadith from Al Bukhari Muslim, translated by Fath-al-Bari, 1959) [10]

Although breastfeeding is given much emphasis in the Quran and Islamic teachings, there is not a specific rule about the exact time to wean a child as long as his/her wellbeing is not being compromised. It is therefore not considered a sin if both parents decided to wean off their baby from the breasts. However, it is important to remember that the teachings in the Quran had long existed before formula milk (or any other scientific innovation of breast milk substitute).

In the focus groups, mothers recognised that Islam encourages breastfeeding. Mothers talked about Islamic history and teachings, which suggested that breastfeeding is part of Islamic culture. However, when discussing their breastfeeding experiences, focus group participants did not seem to relate breastfeeding with Malay culture or way of life. Nonetheless, mothers would refer to some Islamic teachings and negotiate this with their understandings of infant feeding issues in the society. This could be because breastfeeding and the rules related to it are anchored in the Quran and Hadith. The Prophet himself was breastfed and wet nursed, therefore the culture of milk kinship, wet nursing and breastfeeding have always been associated with Islam and Islamic culture. Whenever breastfeeding is mentioned in the focus groups, participants kept on referring to examples shown by the Prophet and Islamic rulings. It is suggested that Islamic rulings and culture of the Arab society dominate the way Malay society view breastfeeding. However, later in this chapter I will discuss how women negotiate Western concepts of bonding (through breastfeeding) and how this has influenced the culture of wet nursing in Malay society today. Also in this chapter I will discuss how legal adoption through milk kinship is frowned upon in Malay society, even though it is legal in Islam. These are

[10] Islamic teachings are based on two pillars of knowledge, the Quran and Hadith. Hadith is a collection of sayings and deeds of Prophet Muhammad, also known as the **sunnah**. Bukhari lived a couple of centuries after the Prophet's death and worked extremely hard to collect his hadith. Each report in his collection was checked for compatibility with the Quran. Bukhari's collection is recognised by the majority of Muslim community as one of the most authentic collections of the Sunnah of the Prophet.

some of the negotiations between Islamic and Western concepts that left an impact towards breastfeeding culture in Malay society today.

It was observed that although Islamic rulings are obeyed and respected, mothers do not necessarily relate them to their experiences with breastfeeding. This will be explored in the following two issues i.e. milk kinship and wet nursing.

5.1.1 Milk kinship – Milk thicker than blood?

In Islam, milk kinship is considered similar to blood ties. Translation from the Quran, *Surrah An Nisa,* verse 23 reads, 'You are forbidden to take as wives... your milk-mothers and milk-sisters...' (Abdel Haleem, 2010, pp.52). When a woman nurses a child that is not hers, she does not just become his/her milk mother, she becomes just like his/her own biological mother. Her children (if she has any), become the child's brothers and sisters, and her husband becomes another father to the baby. Marriage is therefore prohibited between milk brothers and milk sisters, or between milk children and milk parents. The child also cannot marry their milk uncles, aunts, grandparents and siblings from his milk father's former wives. The child therefore becomes *Muhrim* to his *milk family*, which means that he has now established a legitimate relationship with the family. This then legitimises him/her to many matters that used to be forbidden (*haram*) upon a non-family member, such as matters regarding *aurat* (modesty in Islamic dress code). [11]

The childhood of prophet Muhammad illustrates the traditional practice of milk kinship in Arab society. In his early childhood, Muhammad was sent away to live with his then foster-parents in Bedouin. Halimatussaadiah, his foster mother, nursed Muhammad and became his milk mother. The rest of her family therefore was drawn into the relationship as well. Her husband al-Harith became Muhammad's milk-father, and Muhammad was raised alongside their biological children as a milk-brother. Muhammad's story exemplifies how milk kinship operates and that it was typical to have milk relation with someone outside of the family circle.

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[11] However, milk kinship does not interfere with the question of descent and although milk kinship creates family ties, it does not give any rights to inheritance.

Although milk kinship is common in the traditional Arab society, and that the Prophet himself was wet nursed, this does not influence or nurture the culture of milk kinship in the present Malay society. Milk kinship was once very common among the Malays, particularly prior to the 1970's, before formula milk was introduced. However, since formula milk industry penetrated the Malaysian market, milk kinship has slowly decreased in frequency and wet nursing became less common. Clarke (2007, pp.4) suggested that the rapid growth of formula milk industry has reduced the importance of wet nursing, as well as altered residence patterns and the decline in large mixed households. The socio-economy change in the Malay society has also impacted the ways in which mothers in the present day give meanings to milk kinship (Altorki, 1980, pp.240).

In the current discourse, milk kinship is often associated with risks of incest. Many women in the focus groups were very concerned about this and thus feel hesitant to establish milk kinship with others. Nonetheless, one could argue that the risk of incest would be greater during a time, or in a society where milk kinship is more commonly practiced; unlike observed in the Malay society today.

In all the focus groups, issues about wet nursing and milk kinship transpired naturally in their discussions about breastfeeding. The quotes are identified into subcategories according to recurring themes; wet nursing and milk kinship were identified as some of the themes (refer page 76-77 for more details).

In the focus groups, I asked whether participants would consider letting other women wet nurse their children. Most immediate responses I received from mothers expressed their concerns about the "risk of incest". One mother for example said, "I'm not comfortable with the idea. What if my kids want to marry their milk siblings?" (Acha, 26, BF, Focus Group 4, Town). Another participant in the same group said, "My babysitter has a boy. What happens if my daughter wants to marry him?" (Nani, 29, FF, Focus Group 4, Town). These responses are examples of mothers' fear of incest; although I later found out that they were also related to mothers' fear with the idea of sharing their children with another woman. As Nani later admitted, "I fear that she would love her milk mother more than she would love me" (Nani, 29, FF, Focus Group 4, Town).

Nevertheless, the fear of incest is a valid concern as there is no physical evidence that can be drawn to prove milk kinship ties hence, to avoid incest across milk kinship. It is therefore, not permissible for Muslim women to donate their breast milk to milk banks, nor is it feasible for a Muslim baby to receive milk from them. Milk banks store milk from different women and it is difficult, if not impossible, to trace who the milk belongs to. In fact, having more than one milk mother would be complicated enough in a Muslim society. In one focus group, research participants discussed difficulties and implications of having multiple milk donors in a Muslim society.

Rabiah (29, MF):	I read a blog about a guy whose wife died during child birth. He knew how much his late wife wanted to breastfeed their baby so he requested openly for anyone who would help him breastfeed the baby. Word got out and a lot of mothers sympathised with him. Not long after, mothers from all over the area came to his house and take turn to breastfeed the baby. But this happened in the US.
Moderator:	Do you think this could happen here in Malaysia?
Iza (29, FF):	No I don't think so. It's not in our culture to wet nurse especially when it involves so many women.
Maria (29, BF):	It establishes milk kinship and in this case it is impossible to detect who your child has breastfed from. You don't want your children to end up marrying their milk siblings. God forbids this.

(Focus Group 7, City)

Milk kinship can be established from both direct suckling and from expressed breast milk. Therefore, Muslim mothers must be conscious and avoid any mix-up with their breast milk, especially when they are stored in a communal area, such as at the work place. It should be noted that the rule of milk kinship would still apply even though it was not the intention of the mother to share her milk with another baby. One of the focus group participants experienced this as a result of mistakes made by her health care provider:

Naema (35, FF):	My eldest was born premature. She was seven months gestation at birth and weighed only 1.5kg. I gave her expressed breast milk but the nurses accidentally switched mine with another woman's milk. I found out about it later on, so I had to accept what had happened.
Aminah (29, BF):	Did you find out who the baby's mother is? You do know that it should be at least three full feeds before he becomes your milk child.

Naema (35, FF): Yes. But it didn't just happened one time. It happened numerous times. I was in the hospital for a month, so I saw the nurses making the same mistake repeatedly. They kept on switching my milk with this other woman's. She had a similar name to mine. Maybe that's the reason why the nurses kept on making mistakes. I told the other woman about what happened. She told me that both of us should keep in touch because our children cannot marry each other. I still kept in touch with her till today. You never know what could happen.

(Focus Group 6, Rural)

Although the Islamic law regarding milk kinship is still very much respected and taken seriously by the Malays, it has now been given a different social meaning. The Malay society today (re)located the status of milk kinship and adjusted Islamic rulings to suit the way they understand the role of breastfeeding in family institutions and what breastfeeding means to them. This is largely influenced by how mothers relate to their infant feeding experience and the notion of emotional connection that breastfeeding conjures between a mother and her child.

Seeing that milk kinship can be established through drinking one's milk, many would wonder the implication(s) of a husband suckling his wife's breasts/drinking her milk. This issue remains debatable and controversial in Muslim society all over the world. Some scholars claimed that if a husband suckles his wife's breasts several times in a way that he gets satisfied from drinking her milk, his wife will be forbidden to him. However, majority of scholars believe that only the suckling that takes place during the first two years is considered for establishing milk kinship.

In the *Hadith Al Bukhari Muslim*, translated by Fath-al-Bari (1959):

> "that the Prophet entered upon her while a man was sitting with her. Signs of answer seemed to appear on his face as if he disliked that. She said, "Here is my (foster) brother." He said, "Be sure as to who is your foster brother, for foster suckling relationship is established only when milk is the only food of the child."
>
> (Muslim, chapter 62, verse 39)

Many Islamic scholars argued that this verse suggests the suckling (which may act as a cause of prohibition), is confined to during the first two years of life. After the elapse of the first two years, suckling is no longer a cause of marital prohibition. Although the *Hadith* and Quran *may* suggest that a man suckling his wife's breasts and drinking her milk do not render them unlawful, many couples continue to avoid doing so because there is no substantial evidence other than what was written in the *Hadith.*

When prompted with this issue, women in the focus groups were divided. Majority of mothers who responded argued that breast milk is exclusively for babies while some (6 women) said that it was okay for husbands to drink their wives' milk. Nonetheless, only three women had experienced their husbands drinking their milk (Focus group 1, Focus group 2 and Focus group 4). However, women's opinions often reflect on their personal experience, sexually, and their understanding of milk kinship. I will try to unpack this next.

Breast milk is for babies

Women who argued that husbands cannot drink their wives' milk often expressed their fears, because of the implication it *may* have on marital relationship. One participant for example talked about this,

> "You can't let your husband drink your milk. Islam considers the couple unlawful if he does [drink his wife's milk], and they are automatically divorced forever. That's the scary part."
>
> (Sofea, 40, FF, Focus Group 8, City)

It was observed that the fear of incest through milk kinship *may* have motivated this understanding.

Husbands' opinions regarding this issue were also negotiated in mothers' understanding. In one focus group, research participants discussed this:

> Maria (29, BF): My husband thinks it is fine. He said that nobody actually says that you can't. I think he had read about it somewhere. He said that husbands can [drink breast

milk] but don't 'feed' them until they feel full. But we never did it anyway.

Rabiah (29,MF): We've never done it. My husband said it is not permitted. I've heard somewhere about this too. Even his friend concurred. The milk is meant for the baby.

(Focus Group 7, City)

However, not all mothers thought that it was wrong for husbands to taste their wives' milk. For example, one woman said,

> "He did want to taste my milk, but I said no. He did try one time though... he put some on his finger and tasted it. He said it tasted fatty and sweet!" [laughed]
>
> (Mimi, 38, BF, Focus Group 2, City)

For some couples, it was observed that their understanding of milk kinship was negotiated with their sexual interpretations of breasts. One research participant who remarried while she was still breastfeeding her child (from her previous marriage) told her story,

> "I was still breastfeeding when I got married to my current husband. He was okay with it. He didn't think it was wrong to drink my milk. After all I was still lactating and even when the baby is not at the breasts, they (milk) would still come out. I can't help myself. But my husband doesn't seem to mind."
>
> (Nani, 29, FF, Focus Group 4, Town)

Another woman also believed that there was nothing wrong with her husband tasting her milk. She explained,

> "My husband supports me breastfeeding. At first he was very excited to taste my milk. Some people say that a husband can taste his wife's milk, as long as he doesn't get full by it. My husband was very excited when he had some. He felt like it was a daring thing to do. But that was before the novelty wears off. Now he is not that interested anymore."
>
> (Qaseh, 29, BF, Focus Group 1, City)

In another focus group, women talked about their older children drinking their breast milk.

Julita (39, FF): My husband has never tasted them but my eldest son did ask if he could have a try. He was seven at the time. He saw me breastfeeding and asked for some milk. So I expressed into a cup and let him drink it.

Dina (34, BF): Ahh, that happened to me too. My eldest, she asked for some when she saw me breastfeeding her sister. So I gave her some.

Mimi (38, BF): Yes, I used to give my milk to the older kids, both mine and Dina's children. They all said it tasted good [laugh]

(Focus Group 2, City)

In some cases, women discussed other people's responses to the idea of drinking breast milk. One woman talked about her experience,

> "I stored my milk in the fridge and my brother saw it and said to me: Eww.. What's that? I said: it's my breast milk. And he responded: That is disgusting. What if I accidentally drink that?' And I asked him, why would you feel disgusted? It's just breast milk. And his reply was: 'Of course I'm disgusted. It came from your breasts!"

(Qaseh, 29, BF, Focus Group 1, City)

Qaseh suspected that her brother's response was a result of her family upbringing; that they were formula fed as kids and therefore, it was unusual for them to see expressed breasts milk. Also, of course, this is a *brother* talking, not a husband, so his relationship with his sister's body (and body fluids) is different from a husband.

Overall, the idea of an adult drinking breast milk sparked different responses from research participants throughout the focus groups. Mothers' responses often relate with the idea of milk kinship and how it *may* threat the legitimacy of their sexual and marital relationships with their husbands. This was of course negotiated through their understanding of milk kinship and the 'effects' it may have on human relationships. Nevertheless. these meanings were sometimes negotiated with women's sexual interpretations of breasts, which then transformed breast milk as an object of sexual desire. Drinking breast milk therefore, can be seen as sexual to some men. However, because of this sexual connotations, drinking breast milk becomes an appalling idea for men who are for example, related to the woman (like male sibling), as demonstrated in my example.

5.1.2 Wet nursing

In my earlier discussion, I discussed the concept of milk kinship in Islam. Wet nursing conjures upon milk kinship therefore, a wet nurse has to submit herself to a serious responsibility and commitment to her milk child. Significantly, it is not a status that Islam entrusts without consideration. Breastfeeding plays a primary role to satisfy child's hunger and to ensure his/her healthy growth. Therefore, unless a wet nurse successfully fulfil this purpose, milk kinship between them will not be established. In technical terms, the legality of milk kinship is determined by the number of full feedings. This number however, varies according to Islamic jurists. Some jurists believed that one full feed is enough while some argued that a minimum of three to five full feeds are required.

Accordingly, a wet nurse is considered noble and regarded highly in Muslim society. In traditional Arab society, a wet nurse is usually responsible for raising her milk child, as exemplified by Halimatussadiah and the Prophet Muhammad. In the Malay society however, a wet nurse is not necessarily responsible for her milk child's upbringing. It is also very rare that a child lives with their milk mother (unless the child is an orphan or is legally adopted). Any responsibilities other than nursing the child is often shouldered by the biological parents, although it is likely that families would be living in close proximity with each other, or have some (distant) family ties, such as cousins or second cousins. Nonetheless, many mothers still associate wet nursing with parental responsibilities. One research participant for example said:

> "Sometimes we are not prepared to shoulder the responsibility that comes with it (wet nursing). I once offered my breast milk to one of my relative's daughter when her mother was not around. But I didn't feed her till she's full so technically she's not my milk child. I was just intrigued to know how it feels like. It's not easy when you have a milk kin with someone. You have to maintain your relationship with the child and make sure your kids know about him/her too because they can't marry each other. You might not think about the difficulties now but it does have a big impact on your future life."
>
> (Maria, 29, BF, Focus Group 7, City)

Nonetheless, women in the focus groups have no objection towards milk kinship. In fact, many participants in the focus groups themselves have milk siblings, as a result of other family members (mostly parents or grandparents) who wet nursed or was nursed by other women. However, it was interesting that mothers do not necessarily relate to their milk

kinship experience and still feel uncomfortable with the idea of wet nursing. Although the practice of wet nursing was well received at the society level, not all mothers were keen with the idea of wet nursing other children (or letting other women wet nurse their children). For example, one mother talked about her experience,

> "There is no problem with milk kinship. My mom has a milk mother herself. When she was young she didn't want to be breastfed by her mother. She preferred her aunt. So she was nursed by her aunt. They lived next door to each other so that was convenient. She became [milk] siblings to her cousins. So I have two grandmothers now."

However, she later expressed her hesitance towards wet nursing,

> "I don't feel comfortable with wet nursing or letting my children wet nurse from someone else. I still have the ability to breastfeed them. But even if I don't, I won't let them breastfeed from another woman,"
>
> (Cinta, 30, BF, Focus Group 4, Town)

Similar opinion resonated in many focus groups. However, as much as mothers were unenthusiastic about nursing other children, they were especially reluctant to have other women breastfeeding their children. Many mothers talked about wet nursing and how it would complicate their bond with their children. One research participant explained this,

> "I just feel as though my son will be taken away from me. I am terrified that he will bond with his milk mother, more than me. Unless if I was already dead, or if I was dying, then maybe I would consider letting other women breastfeed him."
>
> (Lina, 29, MF, Focus Group 3, City)

Lina was not the only one who felt that way. Many mothers across the focus groups also expressed their fears, that having a wet nurse may threaten their role as mothers and the emotional bond with their children. The notion of 'another woman/mother' often came up in the focus group discussions and often intimidates most mothers when discussing about wet nursing. For example, one woman said,

> "I won't let other woman breastfeed my children. Even if I was sick and can't breastfeed, I won't. I'd rather give them formula milk. Children develop emotional bond and love for the woman who breastfeeds them.

That's why I would never give my children to other women. I am more willing to give my children formula milk."

(Mas, 24, MF, Focus Group 9, Rural)

In another focus group, one woman said,

"I don't think I am comfortable with letting another woman breastfeed my children. I'd rather give them cow's milk. Bodies react to these things (breastfeeding) you know. I would be jealous. I am afraid that if they get used to it, my bond with my children will lessen. They would love their milk mother more than their own mother."

(Vera, 29, MF, Focus Group 6, Rural)

Another mother reiterated this,

"I would nurse other people's babies but not the other way around. If I let someone else nurse my daughter, she would bond with that woman, not with me. I fear that she would respect and love her milk mother more than she would to me."

(Hannah, 29, BF, Focus Group 1, City)

The extent to which mothers viewed breastfeeding as 'bonding moments' influenced how they perceived wet nursing as a "threat" to their emotional bond with their children. As a result, wet nursing was the last option mothers would agree to. One focus group discussed this:

Aminah (29, BF):	I have a friend who exclusively breastfeeds her baby. One day, she was at work and her baby [at the babysitter's house] couldn't stop crying so the babysitter decided to breastfeed the baby.
Verra (29, MF):	The babysitter has breast milk?
Aminah (29, BF):	Yes. She has a baby of her own too. Anyway, when my friend got to know about this, she was really crossed. She was angry that the babysitter didn't bother to ask her permission first. Plus, she felt that it was unnecessary as she was still able to breastfeed him. It is not like she doesn't have milk anymore. He doesn't need to be breastfed by the babysitter. I would do the same if it was me. Well, if my baby refuses formula and he was really hungry then maybe I would be okay with it. But if it is not an emergency then I don't think

> I would have let anyone else breastfeed my boy. I don't think I could. I guess I don't want to share the bond.
>
> (Focus Group 6, Rural)

Nonetheless, not everyone was reluctant with the idea of wet nursing. Sisters-in-law Dina and Mimi (who attended Focus Group 2 together) shared feeding responsibilities with all their children. They perceived wet nursing as a mutual exchange and do not feel that they need to compete for emotional connection. Their families live under the same roof and they embrace wet nursing as a way of helping each other out and bringing their family closer. They explained this:

> Dina (34, BF): I nursed Mimi's son and she nursed mine. We helped each other. Like the other day when my eldest daughter was hospitalised and I had to take care of her. I had to leave my baby at home.
>
> Mimi (38, BF): When Dina was busy taking care of her sick daughter, I would help breastfeed her son. And she would return the favour.
>
> Dina (34, BF): We do it all the time. Mimi also breastfed my eldest when she was still a baby. If one of us was preoccupied with something, the other would be asked to nurse the kids. I don't feel weird. In fact I treat her children just like my own.
>
> Mimi (38, BF): If you have abundant of milk then why not share it? After all, wet nursing is a noble thing to do.
>
> (Focus Group 2, City)

Dina and Mimi were the only mothers who spoke so positively about wet nursing through their experiences, but this was also within the context of pre-existing close family ties. It was clear that wet nursing experience influences how mothers understand milk kinship and surrounding issues. Mothers who had only experience breastfeeding their own child attached their emotional experience and bonding moments to the meaning of breastfeeding and what it means to them. It then affects the way they perceive wet nursing and the *fear* they have towards losing emotional bond with their child. In contrast, Mimi and Dina, who have experienced wet nursing within a close kinship context, have positive views attached to the practice. Instead of worrying about diminishing emotional bond,

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they talked about the positive relationship they have with their milk children and the emotional attachments they shared together.

Malay mothers are exposed to numerous Islamic convictions which influenced their behaviours and perceptions towards breastfeeding and surrounding issues. Breastfeeding, through milk kinship was seen as an extended social structure between two families, which symbolised substitutes in parental role and emotional connection between a child and his/her milk family, especially with the milk mother. As Muslims, mothers are bound by the rules of milk kinship, but through their embodied experiences with breastfeeding, mothers give different meanings to the culture of wet nursing and relocate its significance in the current Malay society. My findings suggest that religion plays an important role in the conventions of milk kinship in the Malay society. However, the culture of wet nursing has lost its religious significance, especially when mothers attached and emphasised the emotional connection through breastfeeding. This then influenced their opinion and decision to (or not to) wet nurse.

5.1.3 The virgin breasts and adoption

Milk kinship institutes a type of relation which has served as a medium of exploitation for complex social and political networks in the past (Wells 2006, pp.43). Such exploitation may not be apparent in the Malay society however, milk kinship is commonly exercised by couples or unmarried women who want to adopt children. Through wet nursing, adopted children become legal in Islam.

Because milk kinship creates a relationship similar to blood ties, modern Muslim society in Malaysia often viewed milk kinship as a 'solution' for those who wish to adopt. Clarke (2007) referred this as a 'tactical' use of milk kinship (pp.7). Many couples who have legally adopted children would try to establish milk kinship between them and their adopted children. This is to legitimise parent-child relationship as *muhrim*. Therefore, many would either try to find a blood-related wet nurse or induce lactation themselves in order to breastfeed their adopted children. For example, one research participant wet nursed her sister's adopted newborn to help her establish this milk kinship. As she explained,

> "My sister had asked me to nurse her baby. She wanted the baby to be breastfed in order to establish milk kinship. I nursed the baby but I only did it for three days. Just to let her establish a legal bond with her parents. As a result, my children now have another sibling."
>
> (Sofea, 40, FF, Focus Group 8, City)

Adoption has become more common among the Malays, not only by couples who cannot have children, but more recently by single women. Islam only condones sexual intercourse after marriage and as a result, women who have never been married cannot (morally) have biological children of their own. Therefore, adopting is the only morally acceptable option for single women who do want to have children. However, this has provoked different reactions from the public and became a contested issue, especially after a recent case of a young female local celebrity who adopted a baby boy and breastfed him. As one research participant explained,

> "Some celebrities are willing to take drugs and hormone injections so that they can breastfeed their adopted children. This became quite a conversation piece lately. It was even debated in that TV programme, *Forum Perdana*. People say that celebrities are now setting a trend to adopt and breastfeed. Some people are quite critical of that. You know, not wanting to give marriage a chance but willing to do this (breastfeed adopted children). After all, these celebrities are still young. They can get married first before trying to have kids. People question why these celebrities want to have babies when they haven't tried to get married first. It's becoming a trend. Like that female singer Misha Omar."
>
> (Lina, 29, MF, Focus Group 3, City)

However, Islam has no restrictions to artificial milk induction and breastfeeding adopted children. As one woman explained,

> "It is allowed in Islam, but maybe some people can't accept it because it seems unnatural to take hormone injections in order to induce lactation."
>
> (Rabiah, 29, MF, Focus Group 7, City)

Nonetheless, there are also participants who think highly of women breastfeeding their adopted children. As this focus group discussion demonstrated:

Verra (29, MF):	I respect these women (those who induce lactation in order to nurse their adopted children). They are willing to breastfeed even when the children are not their own biological offspring.
Aminah (29, BF):	Yes, it is not easy to induce lactation especially when your body is not naturally programmed to do it.
Verra (29, MF):	Breastfeeding is not easy, even for us mothers.
Aminah (29, BF):	I don't think these celebrities do it for fame. Breastfeeding is not going to make them famous. It is not easy to breastfeed. I believe that they want to experience themselves, not to gain popularity.
Verra (29, MF):	Plus, it is good for them anyway. You know, if they have their own children in the future. The kids would be milk siblings and can't marry each other.

(Focus Group 6, Rural)

From the inputs that I received in the focus groups, I suggest that hesitations towards nursing adopted children occurred in two different areas. First, the process of induced lactation was seen as going against what "nature has intended". Secondly, because breasts are considered sexual objects, the idea of a virgin (or at least unmarried) woman breastfeeding is subconsciously disturbing. The idea that an unmarried woman's nipples are suckled by a baby (particularly if the baby is a boy) before her husband was seen selfish and 'wrong', even when it was done to legitimise their *muhrim* relationship. As one research participant demonstrated this,

> "People question why a woman would choose to adopt a boy when they can adopt a girl? Obviously she would then have to breastfeed her (adopted) son, in order to legitimise their relationship. This would not be the case if she had adopted a girl."
>
> (Rabiah, 29, MF, Focus Group 7, City)

However, this *may* also be an overstatement as *milk kinship* can be established by any family member and not necessarily the mother who has to breastfeed the baby. For example, the baby can nurse from the mother's (married) sister/s or her own mother to establish milk kinship between her and her baby.

5.2 Bodily issues

I now move on to discuss some of the bodily issues raised by research participants (as an effect of lactation and breastfeeding). When I asked how mothers view their breasts when they nurse their babies, many associated their feelings with "maternal" or "motherly". One woman explained how breastfeeding suppresses her sexual libido, "With breastfeeding, I always feel maternal. Even when he (husband) wants it (sex), I just say I'm tired," (Dina, 34, BF, Focus Group 2, City).

None of the focus group participants mentioned feeling sexual when breastfeeding, although some Western literatures have demonstrated that mothers are able to experience sexual pleasures when they breastfeed their baby. For example, in her book Bartlett (2005a) argued that breastfeeding has the potential to be understood as an erotic experience as it involved physical contact and behaviours similar to how a sexual partner would treat breasts in sexual conduct (pp.85). However, she also suggested that personal experience with breastfeeding is unique and that the course in which mothers give meanings to this experience is part of their interpretation and negotiation between their identity as women and mothers (pp.86). In this context, it is interesting to note how Dina (in the previous quote), contrasted "feeling maternal" with feeling sexual (like a wife).

Although none of the focus group participants relate their breastfeeding experience with sexual sensations, they were able to however, identify and merge both sexual and maternal roles of the breasts. Mothers joined together these two roles by letting their husbands 'share' their breasts sexually during the course of breastfeeding. As Latiffah (28, FF) joked, "You have two breasts. The baby latches on one breast while the daddy on another," [laughed]. Consequently another mother cheered on, "They (breasts) are for both of them, the baby and sex. One for each," a remark which prompted all mothers in the focus group to join her in laughter (Sofea, 40, FF, Focus Group 8, City). In another group, one woman explained that some husbands still view lactating breasts as sexual. As she explained,

> "It depends on your husband really. My husband supports me breastfeeding. So he has no problem sharing. He said that they (the breasts) are 'on loan' to the baby when he is breastfeeding."
>
> (Aminah, 29, BF, Focus Group 6, Rural)

Nonetheless, not all husbands seemed able to separate maternal and sexual roles of breasts during the course of breastfeeding. One woman explained, "My husband doesn't go there (breasts) anymore. He said he's uncomfortable with them, with breast milk and all," (Rania, 29, BF, Focus Group 1, City).

5.2.1 My ugly breasts

The physical changes that women's bodies go through as part of pregnancy, child birth, lactation and breastfeeding have influenced women's feedings and how they viewed their breasts. Three mothers (Verra, Qaseh and Rabiah) went through positive changes while others were not so enthralled by it. Verra for example, felt very pleased that her breasts grew fuller after giving birth:

> "I was really happy. I mean, my breasts were always small. I would have never thought that they could get that big. It's like a miracle."
>
> (Verra, 29, FF, Focus Group 6, Rural)

However, I noticed that mothers' positive responses to the physical changes of their breasts (such as engorged or size increase), were always because of the way they make them feel sexual and not necessarily maternal. Yet, not all mothers felt positive with the changes of their breasts. Some felt sad when they no longer feel that their breasts are sexually attractive. One research participant said,

> "I feel messy... you know, with breast milk and ugly nursing bras. They look so stupid. You don't feel sexy in them at all. I think my bras are so ugly. I feel ashamed to show them to my husband."
>
> (Rania, 29, BF, Focus Group 1, City)

Another woman in the same focus group also had a bad experience when she first breastfeed:

> "I used to get really itchy all over my breasts and it got really bad. I have pre-existing eczema. And the baby's saliva (when breastfeeding) didn't help at all. The itching turned into rash and infection. Not on the nipple but around my breasts area. It was itchy, watery and there was pus all over. I became very uncomfortable with my husband. With breastfeeding, I had to endure it because I really wanted to. But at the time, I preferred expressing than feeding him directly. It was a challenge for me to breastfeed, but thank god I survived it."

(Qaseh, 29, BF, Focus Group 1, City)

Another participant explained how her sister's bad experience with breastfeeding emotionally affected her own first experience,

> "I witnessed my sister suffered from mastitis (engorged breast as a result of blocked milk ducts). She only breastfed from one breast so the other one got so engorged and was infected. She had to go for an operation. I was so traumatised by her experience that I felt afraid to breastfeed. Every time my breasts got engorged, I freaked out. I kept on thinking that I would end up like my sister, so after two weeks I stopped breastfeeding. I regret it now, it was a shame that I stopped."

(Khayra, 33, MF, Focus Group 5, Town)

There were more upsetting stories from my research participants about the physical changes of their breasts after breastfeeding has ceased. Mostly they complained about sagging breasts. However, there was also some who were not so bothered by it. One focus group discussed this:

Zaqyah (34, NF):	Breastfeeding does make breasts sag.
Moderator:	How do you feel about that?
Julita (39, FF):	I have four kids now, I don't care anymore. [laughed]. Well, I used to. When I first gave birth, I did feel upset and worry about my sagging breasts.
Dina (34, BF):	Yes. But if you are breastfeeding you just have to let them be that way.

(Focus Group 2, City)

Some women on the other hand felt distressed by negative remarks made by their husbands. One woman told her story.

> "My husband complains about my breasts because they are sagged now. I feel sad. I feel like I have lost my beauty. And I feel hurt that my husband would say such things to me when I have gone through the hardship of pregnancy and childbirth for him, so he can have children. I feel sad that they (the breasts) are not like how they used to be... I guess he's just concerned about my breasts. He really wants me to take care of them. He doesn't want other people to see them all sagged and ugly."

(Sofea, 40, FF, Focus Group 8, City)

Another mother in the same focus group then responded:

> "You can't help yourself from feeling sad when your own husband says that to you. I too felt insecure whenever my husband says things like that. I feel as if he could just leave me for another woman. I genuinely believe that my husband only see my breasts for sexual purposes."
>
> (Heidi, 27, FF, Focus Group 8, City)

These two quotes in particular demonstrate mothers' concerns about their changing breasts, based on their sexual connotation and standards of 'attractiveness'. However, the overall discussion revealed different layers of negotiations mothers go through with regards to the physical changes of their breasts and their fears about not being able to fulfil the sexual expectations of their husbands.

5.3 Summary

In the Malay society, infant feeding exists (and has always existed) in the public realm through the practice of wet nursing and is the subject of public declaration (e.g. from the Quran). Whether mothers shared breastfeeding duties to nourish other children, or performing them to establish *muhrim* kinship, either way *wet nursing* affects issues of wider society, which in turn imposes breastfeeding as a public matter. Even though the popularity of wet nursing culture in the Malay community has decreased quite considerably now, the concept of wet nursing is still and will continue to be present in public discourses because of its fundamental nature in Islam.

This chapter has explored how Islam influences mothers' perception about wet nursing and milk kinship. In particular, I explored how wet nursing can establish *muhrim* relationship and affects surrounding issues such as *aurat*. I also discussed how milk kinship influences mothers' perceptions and negotiations of breastfeeding and bonding. For example, I explored how mothers relate their emotional experience with their children through breastfeeding and attach these values to the act of wet nursing. I also looked at sexual connotations of breasts and how this impact on society's perception of for example, a husband drinking his wife's breast milk. The sexual connotation of breasts also complicates issues of wet nursing especially when involving a virgin (or at least unmarried) woman breastfeeding her adopted son.

This chapter adds to the cultural debates about breastfeeding practise as pursued by scholars of sociology and anthropology (for example, Liamputtong, 2010; Maher, 1992; Meliksah Ertem, 2011; Yimyam, 2011). This study represents a perspective from a Muslim society in the 21st century and how culture plays a role in women's breastfeeding experiences and their responses to religious rulings regarding milk kinship. This is different from Western literatures which are more focussed on exploring the sexual connotation of breasts (for example, Henderson et al., 2011; Stearns, 1999). Although women in this study recognised breasts as objects of desire, they also acknowledged the status of breastfeeding as given emphasis and recognition by Islam. Therefore, negotiations between breasts as sexual organs and as maternal organs are often observed in participants' discussions. For example, when some women talk about the idea of their partners suckling their breasts, they often negotiate between feeling sexual and being a good Muslim (obeying the rules of milk kinship).

Physical changes in breasts as a result of pregnancy and breastfeeding also affect the relationship mothers have with their breasts, how they relate to them and think about breastfeeding. Overall, research participants demonstrated how physical changes affect the sexual meanings of their breasts. Some women felt positive with the physical changes of their breasts (such as engorged or increase in size), but often it was because of the way they make them feel sexually attractive. Mothers who felt unhappy about the changes also relate them to the diminishing sexual attractiveness of their breasts. It was observed that the social interpretation of breasts as a sexual symbol *may* influence the way mothers feel about the physical changes of their breasts, although it does not necessarily affects the way they feel about breastfeeding.

Significantly, this chapter overall suggests that mothers' cultural beliefs and experiences *can* play a big role towards their understanding of issues related to breastfeeding. In the following chapter I will explore how religion and culture (particularly issues of modesty/*aurat*) influence the way mothers understand different spaces, in the media, as well as in physical (*real*) and social spaces. Findings in the subsequent chapters will also resonate with some of the religious and cultural issues discussed in this chapter.

CHAPTER SIX – Locating Lactation: Breasts in the Media, Physical and Social Space

This chapter extends my discussions related to issues of religion and culture in the previous chapter. It explores implications of *aurat* on women's modesty and negotiations of space, by examining breastfeeding as both subjects and objects in media discussions, as well as women's discussions about breastfeeding in different places. I will also explore breastfeeding in different social spaces, for example how breastfeeding is positioned in terms of gender and race. This chapter therefore explores the different locations of breastfeeding (and formula feeding) and the different processes involved when women understand this division of space.

The first part of this chapter deals with locations/space in the media. I looked at for example, images of lactating breasts, both isolated and as a part of the breastfeeding body. I analysed the ways breasts are portrayed in media images, which among other things, include the degree to which skin is exposed (including the nipple). I then questioned the location of breastfeeding bodies as a whole, which included analysing picture settings and where these pictures are located in the media. I also analysed media discourse and manners in which breastfeeding *may* be seen as acceptable/unacceptable in different media space.

In practical sense, I have selected several breastfeeding images in the media for my analysis. I chose to focus only on Malay (or Malay-looking) breastfeeding images in order to understand the subject of public and private space, in relations to the issues raised about religion and culture in *chapter five*. It makes sense to focus my analysis within this framework so that I stay cohesive with the discussions which significantly influence issues of public and private space, and breastfeeding bodies in specific cultural context. Nonetheless, I will provide an overall analysis of all breastfeeding images collected from my sample to contextualise my discussion within the overall portrayal of breasts and breastfeeding bodies in the media.

While discussing locations of breastfeeding images in the media, I also interject participants' responses, mostly with mothers' experiences breastfeeding, to provide a

better understanding of the issue of public and private. Responses were derived from specific conversations about breasts and breastfeeding in the media, as well as discussions that were generated through media prompts. This part of the analysis correlates with religion and cultural issues surrounding breastfeeding that was discussed in the previous chapter. Mothers' negotiations with Islamic rules regarding *aurat* and modesty for example, motivate their decisions to (or not to) breastfeed in public. I will also discuss women's negotiation about modesty and their responsibilities as mothers in relations to breastfeeding in public areas.

6.1 Breastfeeding stories in the media

Breastfeeding in public has grabbed little attention in the media, particularly the general media. Throughout 2008, Malaysian newspapers failed to discuss breastfeeding in public except when mentioned in passing, usually as background or to supplement other infant feeding stories. Although the media displayed no objection to breastfeeding in public, the way in which they reported breastfeeding in public often subtly reinforces the idea that breastfeeding should be in private.

Overall, the newspapers did not play much role to advocate for mothers' right to breastfeed in public. Although this problem remains unchallenged at the mainstream level, specialist media have shown better effort to bring forward this issue into public discourse. Specifically, *Pa&Ma* magazine has dedicated one of its 12 issues to discuss the problems and challenges mothers face to breastfeed outside the home. This particular issue was timed strategically in the month of August, concurrent with the World Breastfeeding Week (held from August 1st-7th that year) and Malaysia's Independence Day (on August 31st). Significantly the issue's editorial piece took advantage of the Independence Day as a metaphor to advocate readers about breastfeeding. An excerpt from the editorial piece read:

> Every year, during this month, people often talk about independence and what it means to them. Independence to me means freeing myself from psychological domination, specifically liberating the mind from accustomed myths about breastfeeding - as difficult, vulgar and shameful.... Therefore,

> this month we are focussing on issues that will help us recondition our thinking, in hopes to improve society's perception of breastfeeding.
>
> (Liza Ali, Editor of Pa&Ma, August 2008)

Three articles discussing breastfeeding in public were featured in this particular issue. Two of them discussed reasons why women do not breastfeed in public and suggested several ways to tackle this problem. Although both articles were very informative and supportive of breastfeeding in public, they also suggested it can be challenging for mothers. The articles also suggested that breastfeeding in public should be performed in a discreet manner. For example, one article read,

> Mothers can breastfeed in prayer rooms. But if you find yourself having to breastfeed in a restaurant then look for a discreet corner. You can also use fitting rooms. Ask the salesperson to provide you with a chair for you to sit down. Your husband can also act as a temporary 'shield'. Ask him stand in front of you when you breastfeed. Alternatively, you can use your baby's pram to shield yourself. Mothers should also wear appropriate clothes to assist with breastfeeding in public areas, including a piece of cloth to help cradle the baby (baby pouch) and a cloth to cover your baby (nursing cover)..... It would be nice if they match the colour of your outfit. Avoid using bright colours that might attract people's attention.
>
> (Rita Rahayu, Pa&Ma August 2008)

Another article in the same issue also advocated for mothers' right to breastfeed in public, albeit discreet. It included several *real* stories from parents and their experiences breastfeeding in public, including a mother who had to breastfeed in a public toilet. Matters regarding modesty/modest dress and *aurat* were mentioned several times to rationalise why breastfeeding should be kept discreet. One father for example explained this:

> Husbands can show support through affirmative words and by shielding their wives when breastfeeding in public. As Muslims, it is our priority to guard our aurat. Therefore, I make sure that even though my wife breastfeeds in public, her aurat is not exposed.
>
> (Pa&Ma August 2008)

In my analysis, I only include images which most accurate to represent breastfeeding. This excludes pictures of baby bottles although they could signify expressed breast milk feeding. I am aware that this decision renders my analysis partial and incomplete

however, bottles are generally associated with formula feeding therefore, including images of bottles could jeopardise the accuracy of my analysis. The two pictures below (refer figure 6.1) are examples of images I would include in (left picture) and exclude from (right picture) my analysis. When analysing these images, I coded the locations of each picture by looking at for example, skin colour (to suggest Malay or non-Malay), background setting, other people in the images, as well as looking at the positioning of these images in media space.

Figure 6.1: Example of images included (left) and excluded (right) from my analysis

The general media

Because of the limitations in my sampling retrieval technique (using online database), I was only able to access images from *Utusan Malaysia* and *The Star* (refer chapter four). Out of 34 breastfeeding related stories accessed from the two newspapers, only three articles managed to include images of breastfeeding. Two of the articles were published back to back on the same day (27 July 2008) in *Utusan Malaysia* while the third article came out in *The Star* on 24 August 2008. It was probably not coincidental that all three

articles were published not far off from the World Breastfeeding Week which in the month of August. A brief summary of these three articles can be observed in table 6.1 next:

	Newspaper	Headline		Breastfeeding Images		
				Models / Mothers	Public / Private Setting	Breast(s) exposed / covered
1.	Utusan Malaysia	Working mothers and breastfeeding: The challenges faced by working moms	Pict 1	International (Distinguished by baby's blonde hair)	No background to suggest public or private	Breast mostly covered. Showing little skin. Nipple covered by latching baby
			Pict 2	Malay (Distinguished by skin colour and background of women wearing hijab in an identified local hospital)	Private space in a public setting. Picture is taken in a breastfeeding room in an identified local hospital.	Breasts are covered by mother's shirt and her breastfeeding baby
2.	Utusan Malaysia	Breastfeeding best for mother and baby		International (Distinguished by both mother and baby's skin colour and mother's brunette hair	Private space. Indicated by mother's sitting position. bare foot and using nursing pillow.	One breast exposed but nipple covered by latching baby.
3.	The Star	More on Breastfeeding		International (Photo sourced from AP)	Private space in a public setting. Picture of women nursing their babies in a nursing room inside a hospital.	Breasts are covered either by babies or mothers' clothing.

Table 6.1: General description of breastfeeding photos in the general media

It is interesting to see that images of breastfeeding and exposed breasts were in fact featured in the general media, even when most research participants were convinced the opposite. Mothers' rationale was that breastfeeding is a private activity and therefore, unsuitable to be shown in '*public space*' such as in the newspapers. Research participants however, claimed that they have seen breastfeeding images in *specialist media* such as health television programmes and parenting magazines. They were also more willingly to accept images of breasts in these "private space/medium", because it was argued that the *specialist media* would only attract specific audiences such as women and parents.

Research participants suggested that people do not always see the media as *public medium*. However, the line between 'public' and 'private' is not fixed, and each mother has her own subjective interpretations toward the degree of exposure and media accessibility. It is therefore, best to position *public* and *private* space at the opposite ends of a wide spectrum rather than viewed as binary oppositions.

The idea that not all media are seen public was also observed through the ways in which media producers locate news and breastfeeding stories. Although breastfeeding pictures do exist in newspapers, my samples revealed that these visuals were located outside the main section. For example, all three breastfeeding pictures in *Utusan Malaysia* were published in the *Health* section, which is a separate insert, almost akin to another mini newspaper, supplementary to the main newspaper. Coincidentally, one research participant mentioned about *Health* section in the newspaper, "You won't find breastfeeding pictures in the media. If there are any, they would probably be located in the health section... at the very end" (Zahra, 37, BF, Focus Group 3, City). In this particular *Health* section, some 32-page-newspaper was compiled in a separate arrangement and inserted in the main newspaper with a layout size that is half the size of the main newspaper.

However, it is important to consider that the media operates within pressures of organisation's political-economy boundaries and profit-making interests which as a result, produce audience segmentation through narrowcasting. As the editor of *Pa&Ma* explained in my interview with her,

> "Breastfeeding is never a main agenda.... Each newspaper or magazine has different approach and motivation. Usually breastfeeding issues are

> considered sub topic and unimportant to the general media. They only become interesting when there is a certain political agenda motivation, or during a timely event such as the World Breastfeeding Week."
>
> (Liza Ali, The editor of Pa&Ma magazine)

Nonetheless, by locating breastfeeding stories and images in the *Health* section (or any other section distinguished from the main body of newspaper) or in the specialist media, producers help create layers and division of space in the media itself. As a result, mothers were convinced that only specific media spaces (such as the *health* section or in parenting magazines) would be appropriate for breastfeeding images and discussions about breastfeeding.

To give an example of how breastfeeding images are portrayed in the general media, I analysed the particular *Health* section in the *Utusan Malaysia* (refer figure 6.2). On the front cover was a picture of a breastfeeding baby with blonde hair, which suggested that he is not Malay. The baby also appeared fully latched to the breast although some skin was exposed. The mother's face and expression were hidden as she was looking down at her baby. The picture setting was also unclear but both of them seemed fully dressed. The headline on this cover page read: "*Working Mother and Breastfeeding*" and the issue was published in conjunction with the World Breastfeeding Week.

Figure 6.2: Breastfeeding and working mothers (Utusan Malaysia, 27 July 2008)

It was interesting that a picture of a non-Malay mother and her baby was used on the cover page, even though there was a picture of a Malay woman breastfeeding in one of the article in the insert (refer figure 6.3). The designation of racial demographics as seen here suggests that it was more appropriate for a white woman than a Malay woman to breastfeed (or at least appropriate to be shown in the newspaper). It also supports the idea of privacy and for Malay women to be discreet when breastfeeding.

Figure 6.3: Mothers receiving breastfeeding support in Pusrawi Hospital's Nursing Room. (Utusan Malaysia 27 July 2008)

Figure 6.3 was featured in the inside cover which showed four women and a baby in a nursing room at a private Islamic hospital in Kuala Lumpur. One woman was seen trying to latch her newborn baby, supervised by another woman, most probably a lactation nurse. This picture was the smallest among the three breastfeeding pictures in the newspaper, despite being the only one showing Malay women in Malaysian setting.

The overall layout of this story is shown in figure 6.4. The article discussed challenges of breastfeeding for working mothers and some suggestions to address these problems. These suggestions were provided by a female lactation expert. The medical professional is used in this story acts as a neutral mediator for discussing breastfeeding. This mediator also plays an important role to contextualise breastfeeding and merit its location in the public discussion (in the media) and in public space (breastfeeding/expressing milk at the workplace).

Mingguan 2 • Kesihatan

AHAD 27 JULAI 2008

Cabaran penyusuan bagi ibu bekerja

"TAK cukup masa dan melecehkan," itu antara alasan yang selalu diberikan oleh ibu-ibu bekerja ketika ditanya mengapa tidak memberi penyusuan badan kepada bayi mereka.

Bukan tidak cukup pengetahuan, tapi ini tidak menghalang kebanyakan ibu menggambil keputusan berhenti kepada susu formula.

"Bekerja bukan masalah untuk menyusukan penyusuan badan. Berapa ramai ibu yang bekerja telah berjaya menyusukan anak mereka, malah ada antaranya bekerja dalam sektor yang lebih mencabar tidak mempunyai masalah untuk terus memberi penyusuan secara eksklusif," kata Ketua jururawat dan Kaunselor Penyusuan, Pusat Rawatan Islam (Pusrawi), Jalan Tun Abdul Razak, Kuala Lumpur, Marjinah Badli.

Menurutnya, tuntutan kerja bukanlah penghalang untuk ibu-ibu menyusukan penyusuan selepas habis bersalin asalkan mereka mempunyai niat dan keinginan yang tinggi.

Kemudahan yang ada ketika ini katanya, amat membantu ibu-ibu menyusukan penyusuan biar pun mereka terpaksa berjauhan dengan bayi untuk beberapa ketika.

Katanya, masalah seperti susu tidak mencukupi, sakit melakukan penyimpanan dan pelbagai lagi boleh diatasi sekiranya ibu mempunyai pengetahuan yang sewajarnya.

"Perlu diingat pengeluaran susu ibu adalah mengikut permintaan. Apabila tinggi permintaan, maka pengeluaran juga akan banyak.

"Sekiranya dari awal lagi kita memilih untuk memberi susu formula kepada bayi, maka badan telah memberi isyarat bahawa permintaan susu rendah lalu pengeluarannya pun menjadi berkurangan," kata Marjinah yang telah terlibat dengan aktiviti penyusuan selebihi 20 tahun.

Bagi ibu-ibu yang bekerja, beliau menasihatkan mula melakukan penyimpanan stok susu dalam masa dua atau tiga minggu sebelum kembali bertugas. Ketika itu juga katanya, ibu perlu melatih bayi mereka menerima penyusuan bukan daripada payudara untuk memberikan keadaan apabila ibu mula bekerja kelak.

Namun, penyusuan ini harus diberi oleh orang lain (bukan ibu) kerana ingatan dan sensitiviti bayi sangat tinggi terhadap ibu mereka.

"Kalau ibu yang berikan, memanglah bayi tak akan minum," jelas beliau.

Proses menggapam susu harus dilakukan oleh ibu bagi menyediakan stok sepanjang ketiadaan mereka kelak. Untuk permulaan kata Marjinah, jika ibu berjaya mengumpul tiga botol kecil susu sudah mencukupi.

Alatan mengepam perlu diterukan oleh ibu sepanjang waktu bekerja bagi menghalang proses pengurangan susu. Ketika ini, pengetahuan dan kefahaman yang mencukupi mengenai penyusuan harus ibu untuk terus memberi penyusuan secara eksklusif.

"Sediakan peralatan yang mencukupi seperti alat mengepam susu, botol penyimpan, beg pemyejuk (cooler) dan pek ais beku," katanya.

Menurut Marjinah, Pusrawi sangat menggalakkan ibu-ibu yang melahirkan bayi untuk memberi penyusuan anak secara eksklusif. Sekitar 60 peratus ibu yang memilih untuk bersalin di pusat rawatan itu katanya, berjaya melakukan penyusuan secara eksklusif selama enam bulan dan diteruskan sehingga dua tahun.

Malah kakitangan Pusrawi juga digalakkan memberi penyusuan badan di mana bilik khas untuk mengepam susu turut disediakan.

Mengapa susu ibu?

"Susu ibu adalah makanan syurga kurniaan Allah SWT pada ibu-ibu untuk diberikan kepada anak mereka. Ia mengandungi kolostrum bermanfaat yang bertindak sebagai imunisasi bagi bayi dalam masa satu jam pertama selepas dilahirkan," kata Marjinah.

Malah dalam surah al-Baqarah ayat 233, Allah SWT berfirman bahawa, "Para ibu hendaklah menyusukan anak-anak mereka selama dua tahun penuh iaitu bagi yang ingin menyempurnakan penyusuan."

Pakar Kebangsaan Penyusuan Susu Ibu turut menggalakkan semua ibu menyusukan anak dengan susu ibu selama enam bulan dan meneruskannya sehingga dua tahun.

Menurut Marjinah, susu ibu adalah makanan istimewa yang menjadi penyambung silaturahim antara bayi dan ibu, membuatkan bayi berasa selamat dalam dakapan ibu dan mengeratkan hubungan ibu-ibu yang melahirkannya.

"Pertama kali menyentuh puting payudara, mulut bayi akan menolak kerana ke kiri lalu meluahkan semula. Tapi ibu jangan berputus asa, teruskan memberi penyusuan dan selepas itu bayi akan menerima, ketika itulah lebih sayang antara ibu dan bayi tersalin," katanya.

Kelebihan susu ibu, kata Marjinah memanglah tidak terkira, ia jauh lebih baik dan selamat berbanding susu formula yang boleh mengundang pelbagai masalah kepada bayi. Sebagai khasiat yang diperlukan oleh bayi sepanjang tumbesaran terdapat dalam susu ibu. Menurut penyelidikan yang dijalankan, anak-anak yang diberi susu ibu secara eksklusif dan menerusinya sehingga dua tahun mempunyai tahap IQ yang tinggi serta mempunyai antibodi melawan penyakit yang kuat.

Berbanding susu formula yang penyediannya merumitkan, susu ibu sedia diberi tidak kira masa menenangkan suhunya yang terkawal dan keberhasilannya yang terjamin.

Selain manfaat kesihatan untuk bayi, penyusuan badan juga berupaya mengeratkan rahim ibu sekali gus membantu mereka mengurangkan badan dengan berkesan.

Dari segi ekonomi pula kata Marjinah, dalam keadaan semasa yang memaksa kebanyakan keperluan harian meningkat, harga susu formula yang terdapat di pasaran juga turut melambung.

"Bayangkan satu tin susu formula dengan berat satu kilogram berharga sekitar RM50. Setiap bulan sekurang-kurangnya empat tin diperlukan, itu sekiranya mempunyai seorang bayi, bagaimana jika lebih?" soal beliau.

Bagi ibu bekerja yang ingin menyusukan anak mereka, Marjinah menasihatkan agar pertama sekali memasang niat yang betul dan perlu yakin dengan kemampuan diri.

"Dapatkan nasihat daripada mereka yang pakar dalam bidang ini dan perlu juga pemakanan. Sekarang ini bukan lagi zaman ibu berpantang makan ikan masin sahi dengan nasi bersama tada hitam. Ibu perlu pemakanan seimbang untuk menyusukan bayi," katanya.

SUSU ibu tahan lebih empat jam dalam suhu bilik, 24 jam dalam beg penyejuk berisi empat pek ais beku, lima hingga tujuh hari dalam peti sejuk bersuhu 32 hingga 39 F, tiga hingga empat bulan dalam bahagian beku peti sejuk.

IBU-IBU diberi pendedahan mengenai penyusuan badan di Bilik Penyusuan Pusrawi.

MARJINAH

BOTOL dan beg penyejuk untuk menyimpan susu.

Figure 6.4: A wider layout of the article which also include a mug shot of a lactation nurse, a picture of a manual breast pump, bottles and cooler bag (Utusan Malaysia, 27 July 2008)

The *medicalisation* of breastfeeding stories may also assist people's understanding about breastfeeding as a health issue. This often over-simplifies breastfeeding and disregards mothers' embodied experiences, as well as social and cultural pressures that surround issues of infant feeding. A picture of a medical professional in small mug shot, detached from breastfeeding images suggests medical authority for breastfeeding. Furthermore, the

story increases the credibility of medical professionals as experts of breastfeeding and renders mothers incapable to breastfeed without the intervention from health experts.

The location of medical professionals/setting as mediators of breastfeeding was also observed in focus group discussions. One research participant for example, explained how breastfeeding images *may* be accepted in a public space if they are framed within medical/health context.

> "Breastfeeding pictures in clinics are there to show that breastfeeding is better than formula feeding. Everyone clearly understands that the purpose is to educate and promote breastfeeding or expressing milk for working moms."
>
> (Dina, 34, BF, Focus Group 2, City)

The presence of medical professionals was also observed in the second article (refer figure 6.5). This article was written by a male gynaecologist (featured in the mug shot) about the benefits of breastfeeding for both mothers and babies. It was notable that although this article was again framed under the context of medical and health, a higher recognition was given to male professional (a certified medical consultant), as opposed to a female professional (a head nurse and lactation counsellor) in the previous article. This reduces female authority and expertise in breastfeeding and may signal the power/control of men and patriarchal system over breastfeeding bodies.

Minggguan 4 • Kesihatan AHAD 27 JULAI 2008

DOKTOR MENULIS

PROF. MADYA DR. SHAH HEZA JOHAN HOOR

Penyusuan badan: Baik untuk ibu dan bayi

PERTUBUHAN Kesihatan Sedunia (WHO) mengisytiharkan tarikh 1 hingga 7 Ogos ini sebagai Minggu Penyusuan Susu Badan Sedunia. Minggu ini mengingatkan semua akan deklarasi Innocenti yang dibuat oleh pertubuhan tersebut bersama Dana Kanak-Kanak Pertubuhan Bangsa-bangsa Bersatu (UNICEF) pada bulan Ogos 1990 bertujuan bagi melindungi, mempromosikan serta memperkasakan penyusuan susu badan kepada bayi-bayi. WHO juga menyokong dan menggalakkan penyusuan badan terhadap bayi baru lahir tersebut sehingga enam bulan pertama.

Semua insan bersetuju yang penyusuan susu badan pada bayi adalah makanan permulaan terbaik dan juga merupakan detik-detik intim di antara ibu dan anak. Selain daripada jalinan perhubungan, susu badan juga mempunyai zat-zat pemakanan mencukupi serta sesuai untuk bayi. Susu badan juga dapat melindungi anak daripada penyakit-penyakit tertentu. Penyusuan badan bayi adalah satu anugerah terbaik yang mengeratkan lagi kasih sayang dan juga menjana kesihatan yang baik untuk bayi dan juga ibu. Penyusuan ini adalah sifat semulajadi, kemahiran meningkat dengan amalan praktis berterusan.

● Kebaikan susu ibu

Tidak perlu diragukan yang susu badan adalah yang terbaik untuk bayi. Ianya mengandungi nutrisi yang optimum untuk tumbesaran bayi, dan segi perkembangan minda dan juga fizikal badan. Ia juga mengandungi zat-zat pertahanan badan bagi melindungi kelemahan pertahanan badan untuk peringkat awal kehidupan.

Di antara sebab-sebab mengapa susu badan mempunyai keistimewaan:

1. Susu ibu mempunyai kolustrum-cecair berwarna kekuningan yang keluar sebelum susu keluar. Kolustrum ini membantu sistem pencernaan bayi dan juga menambah baik sistem imuniti badan bayi.
2. Bayi yang menyusu badan kurang mendapat alergi, sakit usus/pencernaan dan juga asma/lelah. Ini kerana susu ibu juga mempunyai antibodi pertahanan badan.
3. Kesesuaian protein dan lemak di dalam susu ibu berbanding dengan susu formula.
4. Lazimnya bayi yang menyusu badan kurang mendapat masalah penghadaman, pencernaan atau sembelit.
5. Bayi yang menyusu badan juga berisiko rendah untuk mendapat sindrom kematian mengejut bayi.

● Kebaikan susu badan pada ibu

Penyusuan juga memanfaatkan ibu yang menyusu. Di antara faedah yang diterima adalah seperti:

1. Kesesuaian, susu telah sedia ada, tanpa dibeli, tanpa penyediaan dan sudah pun berada pada suhu yang sesuai untuk bayi.
2. Apabila bayi menyusu, rembesan hormon oksitosin dikeluarkan, menyebabkan berlakunya kontraksi seperti mana dialami selepas sahaja bersalin (rengat), ini mencepatkan lagi pengembalian rahim ke saiz dan bentuk asal sebelum mengandung. Pendarahan juga menjadi sedikit dan pendek tempohnya.
3. Penyusuan turut mengurangkan risiko ketapuhan tulang dan juga sesetengah kanser.
4. Perlu diingatkan yang berat badan ibu akan bertambah dibandingkan dengan sebelum bersalin. Jadi aktiviti penyusuan dapat membantu mengurangkan berat badan dengan membakar lebih kalori.
5. Tidak perlu berbelanja lebih dengan membeli susu formula.
6. Menjalinkan hubungan yang istimewa di antara ibu dan bayi.

Semasa mengandung, mungkin sedikit kolustrum akan dikeluarkan dari puting payudara ibu. Sebaik sahaja kelahiran, badan memberikan *isyarat* supaya payudara membina dan membuat susu, kemudiannya susu ini akan menggantikan kolustrum. Amat penting supaya anak menghisap puting payudara kerana ini akan mengisyaratkan pada otak ibu supaya mengeluarkan hormon-hormon tertentu untuk susu dikeluarkan dan seterusnya pengeluaran susu dari puting.

Payudara ibu akan membengkak, rasa berat dan sensitif pada sentuhan, mungkin juga sakit sehinggalah susu dihisap oleh bayi. Susu bukan lagi kolustrum, yang keluar pada mula-mulanya mengandungi lebih air dan manis rasanya, ini memberikan kepuasan dari kehausan dan juga tenaga dari gula, protein serta mineral. Kemudiannya susu menjadi lebih berkrim dan pekat. Semua ini sesuai untuk tumbesaran bayi.

● Permulaan penyusuan badan

Mungkin anda beranggapan yang penyusuan badan akan datang secara semulajadi, tanpa memerlukan *tunjuk ajar* dan sokongan. Sebenarnya tidaklah sebegitu, sebab itulah ramai ibu yang mengabaikan penyusuan badan atas pelbagai sebab yang boleh menjejaskan kesihatan bayi yang sensitif. Sebenarnya amalan penyusuan ini mengajar kesabaran, pada ibu dan juga pada bayi yang mungkin pada awalnya menunjukkan kegelisahan.

Sebaiknya semasa lawatan antenatal, maklumkan kepada doktor yang anda ingin mengamalkan penyusuan badan sepenuhnya. Doktor akan memeriksa payudara dan juga puting supaya tidak ada keabnormalan. Doktor juga akan menjawab segala kemusykilan anda.

Semasa proses bersalin di bilik bersalin, sebagai contohnya di Hospital USM, jururawat-jururawat akan meletakkan bayi bersama ibu di bahagian dada untuk penyusuan badan kerana pada peringkat ini bayi telah pun bersedia untuk menghisap susu dan juga lamya masih segar dan tegar. Sekiranya tidak dilakukan sedemikian, bayi anda mungkin akan tidur.

● Bagaimana untuk menyusu badan.

BAYI telah pun dilahirkan dengan deria semulajadi untuk menghisap puting susu sebaik sahaja puting diletakkan di mulut. Jururawat atau doktor akan mengajar anda kedudukan yang tidak membebankan semasa penyusuan supaya anda dapat menghargai amalan tersebut tanpa rasa kekok. Bayi anda juga dapat memegang payudara semasa menyusu. Ini akan mengeratkan lagi perhubungan dengan anak tercinta.

Harus diingat anda yang mengarahkan bayi untuk penyusuan, pegang dahulu payudara yang akan digunakan untuk penyusuan, letakkan puting di bibir bawah bayi, secara spontan bayi akan membuka mulut seperti menguap. Ketengahkan puting ke dalam mulut dan pastikan lidah bayi berada di bawah dan lenk bayi menghampiri badan dan bukannya menolak payudara ke luar (sebab ini boleh melemaskan).

Periksa tindak balas yang dilakukan oleh bayi anda, untuk melepaskan puting dari mulut bayi, letakkan jari puan di antara payudara dan gusi bayi, apabila terdengar bunyi lembut 'pop', keluarkan puting dari mulut bayi.

Pada peringkat awal kehidupan, bayi dengan rakus akan menghisap antara lapan hingga 12 kali sehari. Jangan biarkan bayi menangis kelaparan, kerana menangis ini merupakan petanda lewat kebulurun. Menyusulah apabila bayi anda menonjol-nonjol mulutnya kearah payudara, tidak perlu digunakan kedua-dua payudara semasa penyusuan, salah satu payudara boleh digunakan dahulu.

Biarkan bayi anda yang temukan pola kekerapan penyusuan, biasanya bayi mengambil masa 10-15 minit untuk setiap payudara, sekiranya penyusuan pada satu payudara melebihi 30 minit, berkemungkinan susu yang dihasilkan tidak mencukupi.

● Pemakanan harian ibu menyusu

Secara fisiologi, semasa mengandung badan ibu akan menyimpan zat-zat dan lemak tambahan, sebagai persediaan untuk aktiviti penyusuan badan. Selepas kelahiran, badan ibu memerlukan lebih air, tenaga serat zat untuk penyediaan serta pengeluaran susu.

>>

Figure 6.5: Picture of a breastfeeding mother and her baby, supplemented by a mug shot of a male doctor and a manual breast pump. The article's headline reads: Breastfeeding is good for mother and baby. (Utusan Malaysia, 27 July 2008)

This article however, showed a full length picture of a breastfeeding mother and her baby. The background of this picture was cropped out although it could suggest an indoor

location (judging from mother's sitting position, using a nursing pillow and being barefoot). Her exposed breast was engorged but her nipple was concealed by the fully latched baby. The skin tone also revealed that both of them are not Malay. There is also a picture of a manual breast pump half-filled with, presumably, breast milk.

It was observed that health context can play a mediator role for breastfeeding. This enabled breastfeeding to be discussed in a public medium such as the newspapers. It may also help public's acceptance of breasts images in locations like clinics and hospitals.

Overall it was observed that breastfeeding was separated from the main discourse and segmented in specific areas of discussions in the general media. The location of breastfeeding images as an insert (as opposed to in the main section), locates breastfeeding away from the public discourse and limits its accessibility and audience, albeit having the same circulation as the main newspaper itself. In addition, the *medicalisation* of these stories and images in the media reduces mothers' authority and expertise with regards to breastfeeding.

The specialist media

The table 6.2 below provides a general descriptive analysis of breastfeeding pictures published in *Pa&Ma* magazine throughout 2008.

	Month	Headline / Title	Breastfeeding Images		
			Models / Mothers	Public / Private Setting	Breast(s) exposed / covered
1.	March	Breast milk prevents obesity (same picture used in Changing Positions Can Prevent Baby from Choking story published in May and Correct positioning ensures successful breastfeeding published in August)	International (Distinguished baby's skin and looks)	Private (Indicated by shirtless baby)	Some skin and areola exposed. Nipple covered by latching baby
2.	Oct	Do not Force. Negotiate.	International (Distinguished by baby's skin and looks)	Private. Indicated by clothing	Breast is slightly exposed. Nipple covered by latching baby

3.	May	Things to do Before Going Back To Work	International (Distinguished by mother's blonde hair)	Private. Indicated by the lying position on the bed and the naked baby	Breast are slightly exposed. Nipple covered by latching baby
4.	May	Changing Positions Can Prevent Baby from Choking (same picture used in Breast milk prevents obesity story in March and Correct positioning ensures successful breastfeeding published in August)	International (Distinguished baby's skin and looks)	Private (Indicated by shirtless baby)	Some skin and areola exposed. Nipple covered by latching baby
5.	June	Dad Supports Breastfeeding	Local (Told)	Private. In the living room of their house	Breast is fully covered by mother's outfit and baby latching
6.	July	World Breastfeeding Week	International (Distinguished by mother's brunette hair and baby's eye colour, complexion and hair)	Cannot be identified no background	Some skin and areola exposed. Nipple covered by latching baby
7.	July	Ouch! My baby bit me again	International (Distinguished by mother's and baby's complexion and mother's pointed nose)	Private. Both of them lying down in their bed and covered by blanket	Breasts are not exposed. Covered by mother's shirt and latching baby.
8.	August	For a Peace of Mind (Containing two pictures of breastfeeding positions)	Local (Distinguished by Malay traditional outfit and hijab)	Private. Indoor – Indicated by sofa and decorative plant	Breasts are fully covered by nursing cover and baby pouch

9.	August	Zuliana tandem breastfeeds her two kids and became a milk-mother		Local (told)	Private space in a public area. Picture of Zuliana tandem feeding inside her car, parked in a public area Setting: in the UK (told)	Breasts are fully covered by her breastfeeding children
10.	August	Correct positioning ensures successful breastfeeding	Picture 1 (Containing 4 pictures of breastfeeding positions)	Local (distinguished by hijab and skin tone)	Public. Mother wearing hijab suggesting it's a public space	Breasts are fully covered - Only very little skin exposed. Covered by the baby and mother's shirt
			Picture 2 (same picture used in Breast milk prevents obesity story in March and Changing Positions Can Prevent Baby from Choking story published in May	International (indicated by baby's skin complexion and facial features)	Private. (Indicated by shirtless baby)	Some skin and areola exposed. Nipple covered by latching baby
11.	August	Successful Breastfeeding Techniques		Local (assessed by skin tone and facial features)	Private. Indicated by the mother's attire (singlet).	Breasts are fully covered by latching baby

Table 6.2: General description of breastfeeding photos in the specialist media sample

As anticipated, there were more breastfeeding pictures in *Pa&Ma* than in the newspapers. However, because *Pa&Ma* is a parenting magazine, it has a smaller and targeted readers compared to the newspapers. According to its editor, *Pa&Ma* is aimed at young or expecting parents between the age range of 19 to 35 years old. Between July 2007 and June 2008 the magazine has a circulation of 35,889 copies, marginally small when compared to *Utusan Malaysia* (197,952), *The Star* (304,904), *Berita Harian* (192,982), *The New Straits Times* (136,530) and *Harian Metro* (324,097) (Audit Bureau of Circulation Malaysia, 2010). From the 11 stories listed in the table 6.2, five of them portrayed pictures of Malay women breastfeeding. I will now explore these pictures and analyse the ways in which breastfeeding mothers were represented and located in the magazine.

The first article (refer figure 6.6) discussed mental preparation and ways for mothers to breastfeed (discreetly) in public. Among other things, the article suggested mothers to use nursing cover or baby pouch/carrier - both shown in the two pictures of breastfeeding women located at the top right corner of the page (for enlarged version see figure 6.7). There was also a mug shot of a lactation counsellor, which again, represents the medical realm for mediating discussions about breastfeeding in the media.

Menurut Rita Rahayu, seseorang wanita yang ingin menyusu di hadapan orang ramai harus mempunyai kekuatan dalam diri sendiri supaya tidak janggal apabila melakukan penyusuan.

"Selain mendapat sokongan suami, wanita itu harus membuat persediaan dari segi mental. Wanita yang terlalu beremosi akan merasa tidak selesa apabila menyusu di hadapan khalayak ramai.

"Keselesaan minda ini penting supaya ibu dapat menyusukan bayi dalam keadaan sempurna. Bagi yang pertama kali menyusukan bayi di tempat terbuka, perasaan malu masih menebal dalam diri. Seeloknya ibu harus memilih tempat yang selesa dan sunyi. Jika anda ingin membeli belah, jika boleh pilihlah tempat yang menyediakan ruang khas untuk menyusukan bayi. Ada sesetengah pusat membeli belah menyediakan tempat untuk bayi menyusu.

"Di samping itu, ibu boleh memilih surau sebagai tempat yang selesa. Tetapi jika anda berada di restoran, pilih ruang makan yang agak sudut supaya mudah untuk anda menyusu bayi. Malah bilik untuk menukar pakaian juga boleh digunakan sebagai alternatif. Minta jurujual kerusi untuk anda duduk di dalam bilik itu seketika. Selain itu, suami anda juga boleh menjadi 'dinding' sementara anda. Sambil anda menyusu bayi, biarkan suami anda berdiri di hadapan anda. Malah kereta bayi pun boleh digunakan sebagai 'dinding' sementara," jelasnya.

Selain memilih tempat dan ruang yang sesuai untuk menyusu bayi, ibu harus mempunyai pakaian khas untuk penyusuan ketika keluar dari rumah iaitu baju, pakaian dalam, kain pendakap bayi dan kain penutup penyusuan. Kelengkapan pakaian seperti ini membuatkan ibu menyusu dengan mudah.

"Jika anda berpakaian biasa tetapi menggunakan kain penutup penyusuan, itu sudah mencukupi. Tetapi pastikan kain penutup tidak tebal. Cari yang agak nipis supaya bayi dapat bernafas dengan baik. Lebih menarik lagi jika kain itu, sedondon dengan pakaian atau tudung ibu itu. Elaklah pilih warna yang terang yang mampu menarik perhatian orang ramai. Pastikan baju longgar dan jika boleh pilih jenis berbutang," jelasnya lagi.

Dalam pada itu, Rita melahirkan rasa terkilan kerana ada segelintir ibu-ibu tidak mempraktikkan sepenuhnya penyusuan ibu. Sikap sambil lewa dalam penyusuan kerana kurang ilmu pengetahuan menjadi punca utama perkara itu berlaku.

"Ada segelintir ibu, di rumah dia memberi anaknya susu ibu tetapi apabila keluar rumah dia akan membancuh susu formula, alasan tidak biasa dan malu. Dalam hal ini, dia tidak boleh disalahkan kerana jika dibekalkan ilmu yang betul, sokongan suami dan rakan-rakan yang mempunyai pengetahuan tentang penyusuan, ia tidak akan berlaku.

"Begitulah dengan sikap wanita itu, menyusu kerana mengikut kawan dan persekitarannya tanpa mengetahui kepentingan dan faedah penyusuan susu ibu. Semua ini berlaku mungkin niat dalam dirinya tidak ada iaitu niat untuk memberi hak kepada anaknya. Hak mendapat susu ibu. Ibu juga mesti tahu tanggungjawabnya kepada anak.

"Jadi, jika tidak ada niat, ilmu, sokongan dan mempraktikkannya, penyusuan susu ibu kepada anak hanya separuh jalan sahaja," tegasnya.

YANG MUDAH BAGI IBU

Anda tercari-cari kain penutup penyusuan dan kain pendakap bayi yang sesuai untuk menyusu bayi di khalayak ramai? Produk daripada momslittleones.com membantu menyelesaikan masalah anda.

KAIN PENUTUP PENYUSUAN (nursing cover) Pilihan warna hitam dan putih bercorak bunga halus. Kain nipis untuk memudahkan aliran udara buat si kecil ketika melakukan penyusuan ketika duduk. RM59.90

KAIN PENDAKAP BAYI (*Baby pouch*) Pilihan warna merah jambu/biru dan hijau/khakis. Ibu boleh menggunakan kain pendakap ini ketika duduk atau berjalan. Bayi menyusu dengan selesa. RM69.00

Untuk melakukan penyusuan ibu terdapat beberapa persiapan yang harus dilakukan oleh ibu. Kaunselor Laktasi, Rita Rahayu Omar ada panduan untuk anda.

Keselesaan minda

Figure 6.6: A full layout of article discussing ways to keep breastfeeding in public discreet (Pa&Ma, August 2008)

Figure 6.7: Enlarged pictures showing how to use a nursing cover when breastfeeding in public (Pa&Ma, August 2008)

These two pictures (figure 6.7) illustrate how nursing cover and baby pouch are useful for mothers to stay discreet when breastfeeding in public. The purpose of these nursing covers, as explained in the article, was to support and allow mothers to be discreet while breastfeeding in public areas. The woman in the picture wore a Malay traditional costume and *hijab* which suggests that the model is a Muslim and that the setting in this picture is

in a public location. The pictures also suggest the importance to be discreet while breastfeeding in public.

In the same issue, *Pa&Ma* featured a profile story of a mother who tandem feeds her two daughters. There were five pictures used in this story (refer figure 6.9 and 6.10) however, this picture below (figure 6.8) was the only one which showed her breastfeeding. Interestingly, this picture was not featured as the main picture for the story, despite the key issue discussed was about breastfeeding in public. The magazine instead chose to use a picture of her and her daughters in front of a bus station in Norwich, United Kingdom (refer figure 6.9) where Zuliana was living at the time. This article therefore subtly suggests that breastfeeding in public was more culturally accepted in the UK (or in Western countries). Detailed inspection of the breastfeeding picture (figure 6.8) revealed different layers of space. Zuliana was shown breastfeeding in the backseat of a car with a background of grass could be seen through the window. Therefore, the picture emphasised that breastfeeding in public (even outside Malaysia) has to be done in discreet, conforming the boundaries of Malay culture and Islam.

Figure 6.8: Enlarged picture of Zuliana tandem feeding both her daughters (Pa&Ma, August 2008)

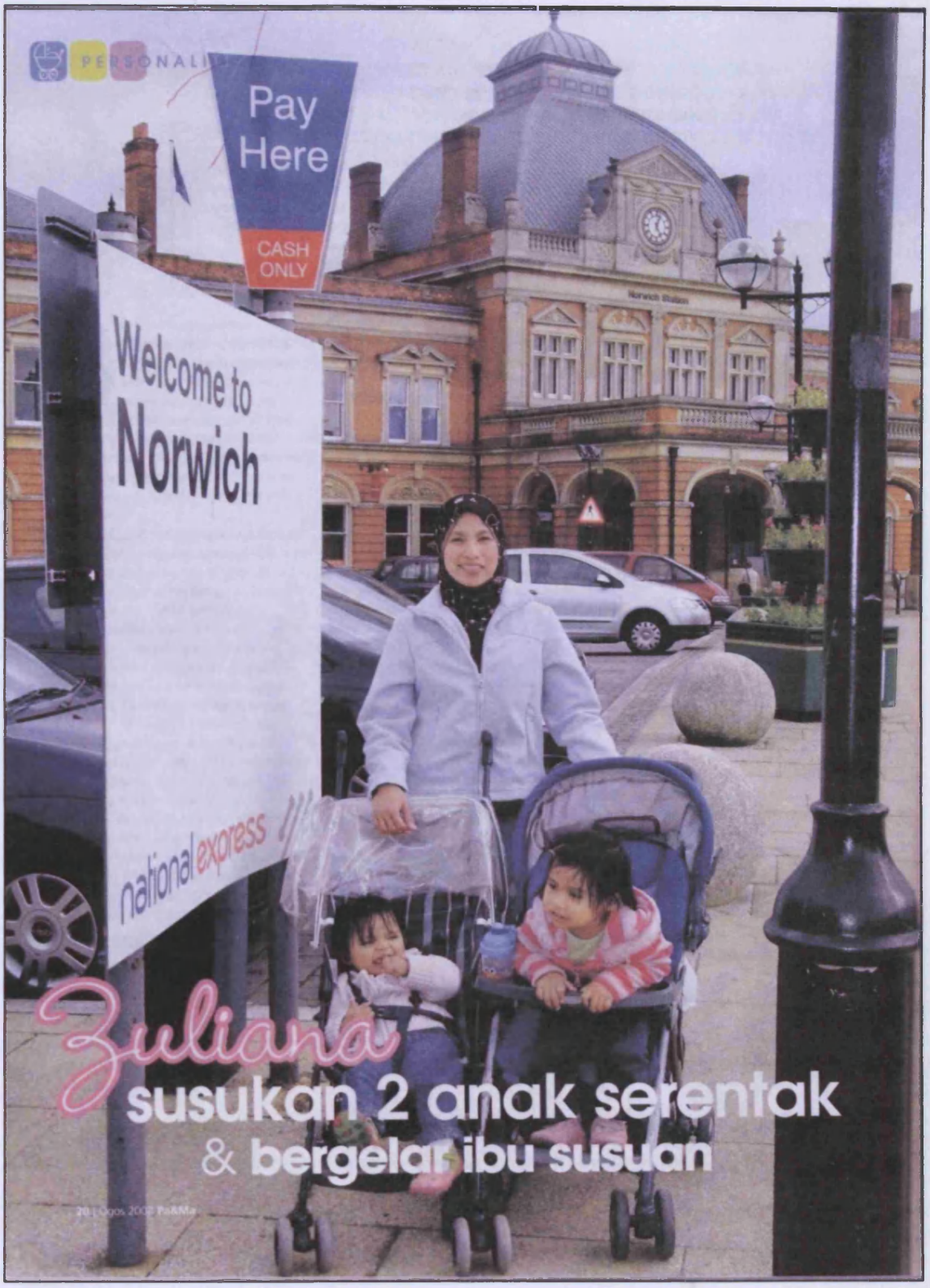

Figure 6.9: Breastfeeding article entitled "Zuliana tandem feeds her two daughters and wet nurse another baby at the same time"

BIODATA MAMA

Nama	Zuliana Kamaruzaman
Tarikh lahir	31 Januari 1977
Umur	31
Pekerjaan	Jurutera
Nama suami	Ahmad Rizal Ortah
Umur	32
Ini anak	2 orang
Nama anak	Nafisah dan Izzah
Tarikh lahir	14 Ogos 2005 dan 19 Mac 2007

Pengalaman ibu muda ini harus dijadikan contoh oleh semua ibu-ibu berkerjaya. HASNITA SAWAL berkongsi pengalaman suka duka Zuliana menyusukan anak-anaknya serentak secara eksklusif.

Foto KOLEKSI PERIBADI & ZULIANA KAMARUZAMAN

Bukan semua ibu mampu melakukan seperti Zuliana tetapi jika dia boleh mengapa ibu lain tidak boleh. Pengalamannya amat menyentuh hati sesiapa sahaja yang memiliki anak. Niat dan doanya untuk menyusukan anak secara eksklusif dimakbulkan oleh Allah SWT. Bahkan dia juga menjadi ibu susuan kepada anak sahabatnya yang berusia dua bulan muda dari usia anak keduanya.

Pemilik Ijazah Sarjana Muda Kejuruteraan dari University of Warwick, United Kingdom ini berkhidmat sebagai jurutera di salah sebuah pusat penyelidikan & pembangunan automotif negara sejak tujuh tahun yang lalu.

"Saya terlibat dalam membuat pembangunan dan menguji kereta-kereta sebelum dikeluarkan di pasaran. Kerjaya saya sangat lasak kerana ia memerlukan mereka yang memiliki kemahiran memandu sangat baik dan minat mendalam ketika menguji kereta dan *good analytical thinking* dalam menganalisis ciri-ciri perlu untuk menghasilkan kereta berdinamik tinggi," ujarnya yang kini bertugas di UK selama enam bulan.

Memahami bidang kerjanya yang sentiasa sibuk, rasa seperti sukar untuk merealisasikan impian menyusukan anak-anak secara eksklusif tetapi itulah yang dilakukan oleh Zuliana.

Semuanya bermula sejak dia hamil dan melihat seorang teman pejabat yang mengepam susu untuk anak kecilnya. Dia yang menikmati kebaikan susu ibu selama dua tahun disusukan ibunya bertekad untuk memberikan peluang yang sama pada Nafisah dan Izzah.

Mencari maklumat dari internet, membuat rujukan tentang penyusuan dan berkongsi pengalaman dengan mereka yang mahir merupakan cara Zuliana mempersiapkan dirinya. "Saya teruja melihat kesungguhan teman yang mencuri-curi masa untuk mengepam susu. Kami meluangkan masa bertukar-tukar pengalaman. Saya juga telah diperkenalkan kepada Rita Rahayu, Pakar Laktasi yang banyak menolong mendapatkan barang-barang kelengkapan dan tip-tip penyusuan," ceritanya lagi.

Pengalaman pertama

Melalui pengalaman kontraksi anak pertama selama 29 jam sebelum melahirkannya secara pembedahan caesarean memang memeritkan tetapi ia tidak menghalang Zuliana untuk menyusukan anaknya.

Pertama kali menyusukan Nafisah iaitu satu jam selepas dia dilahirkan, dia risau jika tidak dapat melekapkan payu dara dengan betul. Kesakitan selepas pembedahan dan air susu yang tidak keluar hampir-hampir membuatkan dia berputus asa. Tetapi azamnya yang kuat membuahkan kejayaan apabila hari ketiga dia berjaya menyusukan anak secara eksklusif.

Ketika Nafisah berusia 11 bulan, aliran susunya semakin berkurangan. Bermacam cara dicuba hingga akhirnya dia bercadang makan pil untuk membanyakkan susu. Pertemuan dengan doktor untuk memastikan dirinya sihat

untuk mengambil pil telah memberi khabar lain. Dia disahkan hamil dan dinasihatkan tidak mengambil pil tersebut.

"Saya tergamam dan sebak memikirkan Nafisah yang masih kecil dan aktif menyusu. Nafisah masih mahu menghisap walaupun susu semakin berkurangan. Kami mula membeli susu formula untuk Nafisah minum. Saya menangis apabila kali pertama menyua botol susu formula untuk Nafisah. Dia tidak mahu melepaskan puting saya walaupun susu sudah tidak ada.

Ramai yang melarang dan menyarankan agar saya membuat sesuatu supaya anak tidak menyusu lagi kerana bimbangkan kandungan saya. Doktor yang memeriksa kandungan pun tidak menggalakkan. Saya mula mencari maklumat di internet dan membaca banyak artikel tentang penyusuan semasa hamil di luar negara. Saya baca pengalaman mereka dan berinteraksi dengan pakar-pakar di luar negara. Saya dapat jaminan ia dibolehkan selagi tidak merasakan kontraksi awal," ujarnya yang bersyukur kerana suami memberi sokongan kuat.

Figure 6.10: Full layout of the article, featuring four pictures of Zuliana and her daughters

This next article (refer figure 6.11) featured different breastfeeding positions recommended by lactation counsellor Nor Kamariah Alwi (whom I had also interviewed in the early stages of my research).

Figure 6.11: An article recommending breastfeeding positions, which includes pictures of different breastfeeding positions and a mug shot of Kamariah

Closer inspection of these four breastfeeding pictures (see enlarged version in figure 6.12) revealed several breastfeeding positions recommended by Kamariah. Absence of the

woman's face in all four pictures, presumably were cropped out with the intentions to keep the mother's identity anonymous, even though the breasts were not exposed. The absence of face also suggests an element of privacy.

Figure 6.12: Enlarged pictures of breastfeeding positions

In my interview with the editor, I found out that the decision to crop out breastfeeding mothers' heads were to avoid people from getting offended by the pictures. As she explained,

> "Discussion about breastfeeding is rather tricky especially when dealing with Malay readers. That is why the magazine is cautious not to show breasts images that are too revealing. They must be filtered...We don't have any problems to publish the images if mother's head is covered or cropped out and that the nipple is fully latched to babies' mouth."
>
> (Liza Ali, The Editor of Pa&Ma Magazine)

In the picture however, the mother's *hijab* was visible, which suggests that the mother was a Muslim woman and that she was in a public location, or that this picture was meant for public audience.[12]

The following picture that I will discuss (refer figure 6.13) was used as a cover page for this article. The picture suggests a mother in an indoor setting (most probably in her own home) wearing sleeveless top and her hair untamed. It was also revealed from the photo *byline* that the photographer for this particular article/shoot was a woman. The decision to appoint a female photographer may be a practical approach for the magazine but the *byline* also suggests that it was a moral decision to disclose this information to their audience.

[12] In the third picture, the baby was replaced with a doll (also known as the football hold position). As a breastfeeding mother myself, I suspect that this was a practical decision because it can be difficult to sustain the *football hold* position when breastfeeding a bigger baby

Figure 6.13: Cover page for breastfeeding article about successful breastfeeding techniques (Pa&Ma, August 2008)

In the preliminary stages of this research I interviewed the editor of *Pa&Ma* and talked about some media production issues, which included producing breastfeeding images. However, this was before the magazine had attempted to produce its own breastfeeding pictures[13]. Among other things, she mentioned about operational issues that could arise when using male photographers. As she explained,

[13] I was able to inspect previous *Pa&Ma* (almost all edition in 2007 and several editions in 2006) from my personal collection and could verify that there was no picture of local breastfeeding woman in all of these magazines

> "We never produce breastfeeding images ourselves. It would be tricky, especially if the photographer is a male. We have to be respectful and sensitive with religious rules and cultural issues. Even if we don't expose the mother's identity, it would still be difficult."
>
> (Liza Ali, The Editor of Pa&Ma)

When I asked about breastfeeding images used in the magazines, she explained that she would normally outsource them from an image bank (*www.onetwothree.rtf*) that the company had subscribed to. She explained this,

> "We usually choose and order breastfeeding pictures to be stored in our image library... There were only a few pictures of Asian women but most of them were not suitable for the stories that we run. We would usually end up choosing white models because they have better selection for us to choose from. Sometimes we use illustrations for articles that require detailed pictures of breasts for example, an article about step-by-step guide to expressing breast milk. Our in-house graphic artists would produce these illustrations."
>
> (Liza Ali, The Editor of Pa&Ma)

The first picture of a Malay woman breastfeeding in *Pa&Ma* was published in June 2008 edition (refer figure 6.14). This was the first picture of a Malay woman breastfeeding since the magazine was born in October 2000 and interestingly, it was also the only one including a father figure among all breastfeeding pictures in the magazine throughout 2008. The interesting thing about the picture was how both male and female roles were located in a breastfeeding setting/scenario. The father seemed to be playing a supportive role for breastfeeding, which included massaging his wife's shoulders, offering her a drink and food, as well as fetching her, a nursing pillow. However, translation of the speech bubble (refer to table 6.3) also suggested that the father has more knowledge of breastfeeding than the mother herself.

Figure 6.14: First portrayal of Malay breastfeeding woman in Pa&Ma magazine (Pa&Ma, June 2008)

Below is the translation of the speech bubble:

	Translation of the Speech Bubble
Picture 1	It's time to feed our baby. Nursing pillow can help you to breastfeed in comfort position. You won't get backaches from supporting the baby and he will feed easily.
Picture 2	You are hungry aren't you my little boy? Just a minute now...
Picture 3	I think he is really hungry now. Why don't you nurse him and I'll get you some food and drink.
Picture 4	Here's a glass of water for you. It's good to drink before you breastfeed. It helps you produce more milk and sustain milk production. That way you won't have to worry about your milk supply.
Picture 5	You must be hungry too. Here's a piece of orange for you. Fruits are good when you are breastfeeding. We'll have lunch later. I'm cooking today.
Picture 6	Are you feeling much comfortable now? I am very proud that you decided to breastfeed our baby. I hope he will continue to breastfeed for as long as he wants. You have my full support.

Table 6.3: Translation of speech bubbles for the article in figure 6.14

This article highlighted the importance of communication and knowledge for fathers to be involved in breastfeeding. It also suggested that fathers can, and are encouraged to be a part of breastfeeding, and that it can be a positive experience for couples. However, the role of father was only explored in this particular article and most breastfeeding stories (at least within my sample) are often limited to a relationship between a mother and her baby.

Overall, breastfeeding discourses in *Pa&Ma* magazine reinforced cultural and religious boundaries of breastfeeding bodies in public areas. The positioning of breastfeeding pictures suggested that breastfeeding is a private activity, limited to women and linked to nature. Although further research is needed to test my findings, I believe that there are more breastfeeding pictures in the specialist media than in the general media (based on the sample of this study). In terms of picture settings, it was obvious that indoor location was more preferred than outdoor location. Even in pictures used for articles challenging the taboos against breastfeeding in public areas, breasts are always hidden. One research participant's observation was useful to explain why the location of breastfeeding is positioned so carefully in media. As she explained,

> "People may support and acknowledge the benefits of breastfeeding, but that doesn't mean that they want to look at them (breastfeeding) everywhere they go. They don't want breastfeeding to be in public."
>
> (Rabiah, 29, MF, Focus Group 7, City)

With this in mind, I now move from discussing locations of breastfeeding in the media to locations of formula milk in the media. In the next section, I will continue to explore issues of public and private and the relationship between media space and physical locations through several formula milk advertisements.

6.2 Formula milk in the media

Overall, there was very little formula milk adverts found in the *Pa&Ma* magazine. In my interview with the editor, she mentioned that formula milk advertisements are more common in the general media than in the specialist media. As she explained,

> "We do get advertisers from Dutch Lady and Frezco. However, formula milk advertisements in Pa&Ma are not as many as in other magazines targeted for larger audience such as Keluarga (Family) magazine. You can also find more formula milk adverts in TV and newspapers... I think formula milk companies are not so keen to advertise with us because of our commitment to support breastfeeding."
>
> (Liza Ali, The Editor of Pa&Ma)

Unfortunately, due to time constraint and limitations to my sample retrieval method, I was not able to provide a comparison between formula milk advertisements in the general and specialist media to evidently support this inference. I will however, explore some formula milk advertisements featured in *Pa&Ma* magazines throughout 2008. In terms of picture settings, most formula milk advertisements in *Pa&Ma* magazines do not appear to suggest any specific location (refer figure 6.15):

Figure 6.15: Examples of formula milk advertisements in Pa&Ma that do not imply outdoor/indoor location

However, in some advertisements that do show, they seem to suggest outdoor setting for example, grass fields, animals and children play area (for example refer figure 6.16).

Figure 6.16: Examples of formula milk advertisements in Pa&Ma that suggest outdoor setting / location

In the focus groups, I asked research participants to respond to a formula milk advertisement (refer figure 6.17). The following discussion will highlight these responses, particularly concerning issues of location and formula milk in the media. This advertisement was taken randomly from a Malaysian magazine (*Keluarga*, May 2009) and a video version of this advertisement was also screened on television.

Figure 6.17: Formula milk advert prompt used in the focus group exercise

The setting of this advertisement suggested a classroom environment. Most of the children were seen not paying attention except for a little boy who, under the presumption, drinks the formula milk advertised and therefore, benefited by being able to stay focussed in class. When I first showed participants this advertisement, most responses I received was them recalling seeing it on the television. In one focus group (Focus Group 2, City), all mothers agreed that they have never seen the print version of this advertisement. Research participants were also able to describe and narrate the storyline which was not necessarily obvious in the print advert. This *may* suggest that formula milk advertisements are more common in the television (general media) than in magazine (specialist media).

The advertisement did not directly locate formula milk in specific social class, although the school uniform in this advertisement was similar to the national school uniform[14]. Therefore, it *might* suggest that this specific brand of formula milk was targeted for consumers in the middle class. In one focus group, a research participant talked about social class locations through formula milk advertisements,

> "Usually advertisements are meant for cheaper brands. You don't see advertisements for the higher end brands like Enfagrow... Advertisements usually promote the brands that people don't actually buy. The higher end brands are the best formula milk in the market. They have all the good vitamins and nutrition."
>
> (Latiffah, 28, FF, Focus Group 8, City)

Although media analysis of formula feeding is limited in this study, I have tried to highlight several ways the media (particularly *Pa&Ma*) have portrayed formula milk. In the next section, I will explore mothers' responses in relation to locations of breasts and breastfeeding in the media and society.

[14] National school is often referred to state school in the UK

6.3 Watching breastfeeding bodies in the media

In the focus group I showed mothers an image of breastfeeding woman taken from an advertisement in a local parenting magazine (refer figure 6.18). This part of my study will specifically explore the variety of responses received from the prompt, particularly their discussions about breastfeeding images in the Malaysian media.

Figure 6.18: A breastfeeding image taken from a breast pump advertisement in Pa&Ma magazine 2008

6.3.1 How, where and why?

Mothers' first responses when presented with this advertisement often focussed on discussions about the media. For example, mothers questioned the suitability of this picture in the Malaysian media because of the "exposed breast", even though it was not entirely showing. Mothers even suggested that this advertisement was taken from an international magazine; an indication of the lack of breastfeeding images or the "unsuitability" of breastfeeding pictures in the Malaysian media. It was also interesting to observe that mothers were concerned with how the general audience would respond to the breastfeeding image, as opposed to their own personal opinion as audience. Some

research participants suggested that it was important to take into consideration the opinion of the general public when evaluating the suitability of images in the media. This included respecting Islamic rules on modesty and *aurat*.

In most focus groups, research participants expressed their reluctance towards the idea of showing this picture in the Malaysian media. For example, in one focus group mothers discussed this:

Julita (39, FF):	I don't think Malaysian can accept this picture (in the media). I mean, I know that breastfeeding is a good thing but you don't have to show off the breasts.
Mimi (38, BF):	This picture is unacceptable. She should cover up.
Julita (39, FF):	It's the way she is lying down..
Mimi (38, BF):	Yes, it is too revealing.

(Focus Group 2, City)

There are also participants in the focus groups who preferred the media to portray non-Malays. Maria example explained,

> "If the model is white, it should be all right. But if she is a Malay, I think I would feel a little offended. I don't know... I guess some people can accept it. But some people like me would feel that it is inappropriate."

(Maria, 29, BF, Focus Group 7, City)

Mothers in another focus group suggested that it was not suitable to use Malaysian women in breastfeeding images; even when it was mentioned later on that the breastfeeding images are "just models", and that their race should not matter:

Verra (29, MF):	I don't mind if the model is not Malaysian.
Aminah (29, BF):	Yes, not even a Malaysian Chinese. This advertisement is fine because the model is white.
Moderator:	Would a model's race affect your attitudes towards breastfeeding?
Verra (29, MF):	It wouldn't. She's just a model. But because she's breastfeeding, she did make me feel like breastfeeding too.. Even when she is not Malay.

(Focus Group 6, Rural)

A similar comment made in another focus group:

Qaseh (29, BF):	I think if they use non-Malay models, it should be fine...
Moderator:	What if she is white? Do you think you could still relate to her breastfeeding?
Qaseh (29, BF):	Of course. She's still a woman.

(Focus Group 1, City)

Only women who were truly passionate about normalising breastfeeding would agree to show breastfeeding images in the media. Even so, they would still express their concern over the potential exposure of *aurat*, and that they would prefer to have a non-Muslim model for breastfeeding advertisements. There is definitely a point of tension between representations as normalising versus that which is seen to be culturally/religiously unacceptable. The challenge is to normalise breastfeeding by showing it as everyday routine, but at the same time respecting the rules of *aurat*. Campaigns should therefore use images that are portrayed in respectable and modest manner.

While analysing the focus group discussions, I noticed the similarities in the way research participants treat breastfeeding bodies in the media and in *real* space. For example, mothers argued that breastfeeding in the media should be discreet, similar to expectations with women breastfeeding in public. However, in one focus group, mothers discussed the difference between seeing breasts in the media and seeing them in person.

Cinta (29, BF):	I think this picture is not too provocative. We are matured and open enough to accept this in the media. Even those living in the rural areas are okay with breastfeeding in public. They would just continue breastfeeding, lying down, even when there are guests present. Their clothes are stripped open, but they don't mind.
Nani (29, FF):	That's different because they are in their home and it is not permanent. After they are done breastfeeding they would cover up. But this (advert) is permanent. People can see it every day. That's why you won't see advertisements like this in the Malaysian media. They only come out in documentary channel, like the health channel.

(Focus Group 4, Town)

In some focus groups, participants mentioned for example, feeling uncomfortable when watching breastfeeding bodies in the media, especially in male presence.

Kimie (29, FF):	It is not suitable for everyone. If a man saw this on the TV they would definitely get aroused and they might want to continue watching. But if I was watching... and there was another man sitting in the same room, I would feel embarrassed.
Bedah (29, FF):	If it is just us women watching this advert, I would feel okay. Breastfeeding is a great thing. But if I watched this with a man, like my husband or my father, I think I would feel uncomfortable.
Layla (24, FF):	I would feel ashamed.
Marissa (29, MF):	We are different from men.
Khayra (33, FF):	We experience it ourselves (breastfeeding).
Yasmin (33, FF):	Maybe married men are okay with it. But not single men... This is not suitable for their viewing. They don't feel embarrassed watching it, but we would.
Moderator:	Why would you be?
Yasmin (33, FF):	Because we understand what it means to them (sexual), that's why we feel embarrassed watching it with them.

(Focus Group 5, Town)

I found the discussion above interesting because of the way Yasmin related her embarrassment watching breastfeeding pictures (in male presence) as though she herself sees the breasts as sexual, despite acknowledging them as maternal. In a different group, mothers challenged that breastfeeding should be shown in the media but admitted that male interpretations of such images might not always confine to maternal meanings.

Heidi (27, FF):	I think we should be able to accept this (breastfeeding pictures in the media). We are living in a different era now... People are more open-minded.
Lola (41, FF):	I guess it is good that breastfeeding pictures are published in the media. But I bet they would get sold out quickly too because men would buy them all. The teenage boys definitely love looking at this. They would probably hang them all up on the wall. [laughed]

(Focus Group 8, City)

However, some women suggested that *fathers* would view lactating breasts as maternal and not sexual objects. Mothers in the following two focus groups discussed this:

Damia (31, BF): When we look at this (breastfeeding picture) we understand it through the eyes of a mother. But men are different. You can never know what goes on their minds.

Verra (29, FF): Yes, but I don't think there would be any problem from a father's point of view.

(Focus Group 6, Rural)

Nani (29, FF): I think married men perceive breastfeeding differently. Single men understand breasts as sexual and they are ignorant about the original function of breasts (for breastfeeding). But for fathers, they don't see breasts like that. For them, breastfeeding is normal, so they would be able to accept breastfeeding images.

Cinta (30, BF): Single men are fascinated by breasts because they have never seen real breasts before.

(Focus Group 4, Town)

The ways in which mothers treat breastfeeding bodies in the media are similar to how they would response towards breastfeeding bodies in person. This is seen through their negotiation of cultural and religious boundaries as well as the social discourses of breasts as sexual and maternal. Specifically, the locations of pictures and types of media were also discussed. Similar to mothers' discussion about public and private, some women mentioned how breastfeeding pictures might be tolerated if the pictures appeared in specialist media as opposed to in general media. One focus group discussed this:

Mila (29, FF): I think it would be alright if it was in a parenting magazine, like in Pa&Ma.

Rania (29, BF): Yes, that would be more suitable than in newspapers.

(Focus Group 1, City)

One mother also mentioned other 'suitable' outlets than appearing in the media. Zahra explained how breastfeeding pictures are more suitable in books than the media:

> "You can see pictures like this in English books (books written in English). They teach you about breastfeeding. It is fine to use breastfeeding pictures because the book is not meant for everyone. When you are done reading,

you can always put it away somewhere hidden. But in advertisement, it is not appropriate."

(Zahra, 37, BF, Focus Group 3, City)

However, not all mothers felt disturbed by the breastfeeding picture. Verra for example said, "When I look at this advert, I feel like I want to breastfeed my baby. I feel like using the product too," (Verra, 29, MF, Focus Group 6, Rural). However, one mother pointed out that some breastfeeding images in the media do not seem *real*.

"There are better ways to show breastfeeding (in the media). You don't have to bare it all. After all, that's not how we do it anyway. We don't lie down and take off our shirt when we breastfeed. I mean, this picture does not even portray the real breastfeeding and how real women would breastfeed. I don't think this is the way women breastfeed, even when they are in their own homes."

(Layla, 24, FF, Focus Group 5, Town)

There are also mothers (mostly breastfeeding mothers such as Aminah, Verra and Qaseh) who argued that breastfeeding pictures should be shown in the media. These women believed that exposing breasts was not really an issue, but the way people understand them that matters. As one mother illustrated this,

"There are many other advertisements out there showing more flesh than this. This picture is merely showing a mother and her baby. I can't see any wrong with this advert."

(Verra, 29, FF, Focus Group 6, Rural)

It was interesting to hear the different views and mothers' negotiations with the locations of breasts images in the media. Mothers in focus group 5 for example felt that it was the sexual connotations of breasts that disrupt the meanings of breastfeeding. However, it can also be argued that the maternal connotation of breasts that was seen inappropriate in public discourse (because the lactating breasts signify meanings *other* than sexual). This relates with earlier findings in *chapter four* when mothers discussed about the physical changes in their breasts and how that influence the way mothers feel about their sexual appeal.

Although it was not discussed directly, mothers subtly embedded this idea through their negotiations of breasts in the media. Breasts being understood as sexual objects is the dominant discourse in society and therefore, it was seen as the only way breasts 'should' be shown (or if they are shown) in the public. In one focus group, mothers implied this idea:

Julita (39, FF):	Do you think we should use older woman for this advertisement instead?
Dina (34, BF):	I don't think anybody would want to look at an old lady's breasts. Better cover them up (laughed)
Mimi (38, BF):	No one would be interested to look at them (laughed)

(Focus Group 2, City)

It is very interesting that even though many mothers advocated for more breastfeeding awareness in the media, some still conformed to the sexual meanings of breasts. This *may* contribute to them feeling hesitant towards portrayal of lactating breasts in the media. The sexual connotation of breasts in a way influenced mothers' understanding of the social expectations of breasts, particularly when, where and how breasts should be shown in the media. Significantly, the way people perceived breastfeeding in the media are often influenced by society's norm, codes and convention.

6.4 Breasts and space – Modesty in public space

In *chapter five* I discussed about the female *aurat* in Islam. Breasts however, are not *aurat* to other women, although they are generally covered even amongst female family members. Therefore, many Malay women often feel ashamed of exposing their breasts to other women, as much as they are ashamed of seeing other women's breasts. This may affect Malay women feeling ashamed when it comes to breastfeeding in front of other people, both in public or in private space.

Mabilia (2005) argued that breastfeeding is able to regulate social behaviours of a community through multiple ways of understanding and experiencing cultural meanings. Islam's regulation regarding modesty and the female *aurat* positions breasts as object of inscrutability and isolated from the public realm. Women's concern over the female *aurat* is one of the reasons leading to the privacy and modesty of their behaviour in public space. The act of breastfeeding in public (whether or not the breasts are exposed to

others) challenges this reasoning and social acceptance of behaviours in public. Stearns (1999) found out that most women tend to perceive breastfeeding in public as a deviant behaviour (pp.312). One participant in the focus groups demonstrated this when telling her story, "I once saw a woman breastfeeding on her motorcycle on the road side. Her breast was there, popping out... all of it. Everybody was looking at her. And I'm sure we all know why" (Heidi, 27, FF, Focus Group 8, City).

I observed that mothers who felt uncomfortable breastfeeding in public would try as much as possible to avoid doing so. "That's why we have to make sure that we breastfeed first before we go out," explained Acha (26, BF; Focus Group 4, Town). Mothers in another focus group also discussed their options to avoid breastfeeding in public:

Layla (24, FF):	If a baby is more than two months old, it is probably better to feed them with formula milk when we are outside the home.
Khayra (33, FF):	You can breastfeed in the car before you reach your destination. Make sure the baby is full before you go out. And make sure you bring formula milk just in case.
Yasmin (33, FF):	Yes, it is better to have both.

(Focus Group 5, Town)

In spite of feeling ashamed and being aware on the restrictions of *aurat*, many breastfeeding mothers in the focus groups do breastfeed in public. However, their understandings of *aurat* and modesty in public areas influenced how they feel and how they would response to their experience. Generally, I found out that mothers either feel (less) ashamed or (less) empowered by their experiences of breastfeeding in public. Specifically, mothers negotiated between feeling ashamed (mostly because of the issue of modesty/*aurat*) and empowered when they breastfed in different locations.

Mothers who are inclined towards feeling ashamed often mentioned how they are embarrassed by other people watching them breastfeed. When asked why people would want to watch them, one mother responded, "Because people are always attracted to something different. Something that looks weird," (Zaqyah, 34, NF, Focus Group 2, City). Additionally, another mother, Verra explained,

> "People are always curious when they see a woman breastfeeding in public places. Both men and women... they would want to take a closer look. Of course that would make me feel uncomfortable. But I would just carry on breastfeeding.... People would give you a certain look, like they are judging you or something."
>
> (Verra, 29, MF, Focus Group 6, Rural)

One mother also felt the same even when nobody was looking at her. Julita said, "I sat on a bench in a shopping complex and people are not really looking at me, they are just passing by. But even so, I still felt ashamed," (Julita, 39, FF, Focus Group 2, City). On the contrary, mothers who are inclined towards the other end of the spectrum, felt less bothered by their surroundings or people looking at them. Breastfeeding mom Qaseh for example said,

> "I'm the type of person who doesn't really care about what others would say about me. It's not like I'm committing a sin. I'm doing a good thing, so I don't really care."
>
> (Qaseh, 29, BF, Focus Group 1, City)

Another member of the same focus group, Rania also supported this "If you really have to breastfeed then just do it. You can do it anywhere, it doesn't matter. What matters is your baby," (Rania, 29, BF, Focus Group 1, City). In another focus group involving mothers living in a remote district village, I found out that women are empowered to nurse in public because breastfeeding is very common in the community. This was their response to me when asked whether they felt comfortable breastfeeding in public:

Yusra (38, MF):	I breastfeed anywhere I can. I don't care where I am. If he's crying and he wants to feed, I'd give him straight away. I don't feel ashamed or anything. Of course people will look, but that's normal. What can we do about it? People understand. That's just how things are when you have young children.
Mas (24, MF):	Everyone would understand the need to breastfeed. Even a teenager would ask me to breastfeed if he sees my baby crying. So there is nothing to be ashamed of.
Yusra (38, MF):	That's right. I don't care where I am. Whether it is here, or in the city... if he's crying, I'd feed him straight away.

(Focus Group 9, Rural)

These mothers, albeit a minority in the focus groups, reinforced the notion that breastfeeding in public is not always seen as a 'deviant' behaviour. Rather, the definition of socially-accepted (or deviant) behaviour is shaped by the people living in or occupying the space. In this particular focus group, research participants felt comfortable and empowered to breastfeed in public because it is a cultural norm to do so and therefore, is accepted as a normal practice in the society. Breastfeeding is more common among mothers in Malay rural communities because of the socio-economy factor. Formula milk can be costly and most families living in villages earn a below than average income. It is therefore, very common for mothers in the rural areas to breastfeed their children. There might be some important rural/city differences observed here which suggested that location and social surroundings *can* play a role to encourage (or challenge) mothers to breastfeed in public areas. Unfortunately, this was the only focus group that suggested breastfeeding in public is socially accepted therefore, more studies need to be done to test the validity of this notion.

For most cases within my sample (which was mostly city/town based) breastfeeding in public continues to be seen as an inappropriate practice. So much so, that in some cases, people would express verbal disapprovals and even nasty comments to mothers for breastfeeding in public. For example, one research participant talked about her husband,

> "My husband tries to cover as much as he can whenever I breastfeed in public. He just hates it when he sees my breast is exposed, even if it is just a little bit. He would tell me off and ask me to cover it with my hijab. But I'm not trying to attract people's attention. Its (breastfeeding) for our child, it is our responsibility to them."
>
> (Sarah, 29, FF, Focus Group 3, City)

Another mother also told her story,

> "I was once approached by a man who said to me: "Aren't you ashamed of yourself? Don't you have somewhere else to sit?" What was I to do? I had crying baby in my arms so I had no choice but to breastfeed."
>
> (Dina, 34, BF, Focus Group 2, City)

Sofea on the other hand was more submissive towards the comments she received,

> "Someone from my in-law family once made a remark on me when I breastfed in front of them. I will always remember that incident and I will be extra careful next time."
>
> (Sofea, 40, FF, Focus Group 8, City)

Another mother also experienced similar situation with her younger brother. Like Sofea, she too felt compelled to exercise self-regulation when breastfeeding. She told her story:

Lina (29, MF):	When I first breastfeed I didn't feel shy at all. I mean, it's not that I'm exposing my breasts anyway. But my younger brother made a fuss about me breastfeeding in the living room. He said, "Can you not breastfeed in the living room?" He told me off. Well, maybe he doesn't understand it yet because he was young. At the time he was only 20 years old.
Moderator:	How did you react to that situation?
Lina (29, MF):	I was speechless. But I can also understand why he would act that way, so I had to really cover up when I breastfeed.

(Focus Group 3, City)

Other research participants have different stories about breastfeeding in front of other family members. Rania for example said, "My father-in-law is the conservative type. So whenever I breastfeed he would looked away," (Rania, 29, BF, Focus Group 1, City). Other male family members were also mentioned trying to avoid eye contact when they see mothers breastfeeding. Dina told her story,

> "Usually my brother-in-law would avoid being in the same room. He would leave because he is afraid that I might feel ashamed having him around. If I breastfeed in a room then he would leave. If I breastfeed upstairs, he would go downstairs. If I was downstairs, he would go upstairs."
>
> (Dina, 34, BF, Focus Group 2, City)

However, the feeling of shame to breastfeed in front of other people can sometimes change over time. Sarah recalled her experience living in her parents' house after giving birth,

> "It was a two storey house but because I just gave birth I was forbidden to go upstairs because of the risks of climbing the stairs. So I had to stay

> downstairs and breastfeed there, even when my brothers are around. They like to hang out there so I had no choice but to breastfeed in front of them. I felt really uncomfortable at first. But I got used to it after a while. Now I am no longer ashamed of breastfeeding in front of my brothers anymore."
>
> (Sarah, 29, FF, Focus Group 3, City)

Sarah and the other mothers showed that the borderline between public and private is subjective and interchangeable, as 'private' space can transform into a 'public' area (or the other way around), subjective to mothers' interpretation of the space and people occupying that space.

6.4.1 The borderline between private and public

I found it interesting that the definition of 'public' space is not always that obvious. For example, when I asked research participants their most 'daring experience' breastfeeding in public, one mother's answer was in a car. It was not a typical 'extreme' location that I would expect to hear but then she explained why,

> "There was somebody else in the car. The driver was not my husband. And the angle of the rear view mirror directed his view straight at me. But I did cover myself and despite being uncomfortable, I continued to breastfeed. I mean, I can't ask him to stop the car, can I?"
>
> (Maria, 29, BF, Focus Group 7, City)

What I learned from Maria was that the location does not always matter, but how mothers responded to the *space*, as well as towards the people who occupied the *space*. Another participant Aminah also shared her 'private turn public' moment breastfeeding in a nursing room,

> "I was breastfeeding my son in a nursing room at a shopping complex. Then there was this couple who entered the room. The wife started to breastfeed. But I was shocked because the husband didn't leave and wanted to sit there too while waiting for his wife to finish. There was a sign in the room saying that men are not allowed in but he just couldn't be bothered. I was so annoyed, I mean... seriously? There was no curtain to separate us and here I was breastfeeding in front of him. He looked at me, but not in a perverted way. But still... he made me feel uncomfortable."
>
> (Aminah, 29, BF, Focus Group 6, Rural)

The transformation from a 'private' space to 'public' space prompted by a male presence suggested the empowerment of patriarchal dominance and the diminishing of maternal control in public space. I also discovered that a very private place such as in a home can also turn public in the presence of older children. Zahra for example said, "I have never breastfeed openly in front of other people. Not even in front of my eldest who is ten. I would breastfeed in my bedroom," (Zahra, 37, BF, Focus Group 3, City). Another mother however, felt absolutely fine with breastfeeding in front of her own children,

> "I do not think there would be any problem if the mother has introduced them with breastfeeding since young. I have no problem at all with my boys. But there might be a problem if the child has never been breastfed before."
>
> (Maria, 29, BF, Focus Group 7, City)

Conversely, many mothers also felt comfortable breastfeeding in public prayer rooms. For example, one mother explained, "If I was out and needed to breastfeed, I just go to the prayer room," (Khayra, 33, FF, Focus Group 5, Town). However, it should be noted that mosques or prayer rooms have designated space for women that is separated by curtains/partition/wall. Therefore, mothers may feel less ashamed to breastfeed in the prayer room.

One mother even felt ashamed of their expressed breast milk in public area. As she told her story,

> "I used to express milk in my office and store it in the common fridge. One day I was about to store away the milk and suddenly some male colleagues came up to me and asked: "What's that?" I felt so awkward telling them what they were. Then later in the afternoon when I was about to leave the office, I almost forgot about my milk in the fridge. One of the boys had to remind me about it. Oh god, I was so embarrassed!"
>
> (Iza, 29, FF, Focus Group 7, City)

It was interesting to learn that the feeling of *shame* mothers associate with breastfeeding is not just limited to the act of breastfeeding itself, but anything that could suggest that they were lactating.

On several occasions, I encountered mothers describing horrified experiences breastfeeding in public. Most of their story would involve 'male sexual gazes' upon them breastfeeding. Acha explained this, "They (the men) would look at you in the most perverted way. They just stare at you. As if they are about to pounce on you," (Acha, 26, BF, Focus Group 4, Rural).

Several other research participants also had similar experiences:

> "I once had to breastfeed outside the nursing room because it was full. So I sat on a bench at the side, but I covered myself. There were a couple of teenagers looking at me. I don't know what they were thinking inside their heads, but they just kept on staring at me. It made me feel really uncomfortable."
>
> (Lina, 29, MF, Focus Group 3, City)

> "There was this one time I was breastfeeding at a shopping complex. This guy saw me and just continued to stare at me. Usually people would just look away, but not him. He just kept on looking at me. So I stared back at him. How dare he looked at me."
>
> (Heidi, 27, FF, Focus Group 8, City)

Overall, it was observed that mothers have different experiences with breastfeeding in public. The border between public and private is a grey line defined by mothers themselves through their negotiation with modesty, *aurat*, interpretation of space and their relationship with others.

6.4.2 Silencing the breast

Overall, I found that mothers who do breastfeed in public felt quite empowered through their experience. Nonetheless, it was also observed that they would continue to be discreet and not allowing their breasts to be seen by others. When asked about their experience breastfeeding in public one research participant said,

> "I breastfeed in public all the time. While dining in the restaurant for example, I don't have to rush to the nursing room. I just sat and breastfeed. After all I use the nursing blanket so people couldn't see what I am doing anyway."
>
> (Rabiah, 29, MF, Focus Group 9, City)

There are also mothers who would find a more discreet place to breastfeed. Aminah for instance said, "I once did it in KFC. I found a suitable place, a secluded area, behind a partitioned wall. Then I faced the wall and breastfeed," (Aminah, 29, BF, Focus Group 6, Rural). Another mother who also experienced breastfeeding in a restaurant told her story,

> "I was in TGI Fridays and my son wanted to breastfeed. I slide down my body so my breasts were hidden under the table. Thank god the tables were quite high so it was easier to breastfeed while holding that awkward position. I didn't have a choice, there was no restroom."
>
> (Sarah, 29, FF, Focus Group 3, City)

Another mother in the same focus group also told her story,

> "It was during a sale season and I was already in the stores that morning when my baby wanted to feed. I put on my nursing cover but he refused it and started to cry. So I just stand there in between the clothes racks and breastfed. Standing! Can you believe it?" [laughed].
>
> (Zahra, 37, BF, Focus Group 3, City)

Sofea also told her unusual experience breastfeeding in public,

> "I once breastfed at the Merdeka Square. My daughter refuses her bottle of water so I had to breastfeed her. I was breastfeeding next to this stinky shrubs. [laughed]. There was no other place to do it."
>
> (Sofea, 40, FF, Focus Group 8, City)

Mothers in general had different definitions of public and private. These definitions often involved mothers' negotiation of Islamic demand (regarding female *aurat*) and their modesty, which governed the socially-accepted behaviours in the Malay society. This influenced their attitudes, decisions and experiences breastfeeding in public. There are mothers felt empowered breastfeeding in public, while others felt ashamed. The discussion about public and private space also depended on mothers' definition of space. This was influenced by many aspects, but mainly by mothers' perception of space and the people occupying that space.

However, Muslim women's responses to public breastfeeding are so different from Western women who talked of respect and modesty and see public breastfeeding as

signifying that they are sexually available women. This is in relations to Beverly Skeggs' observations of working class women's struggles to gain respectability in society. Skeggs (1997) argued that working class women try to invest in values (such as bodies, clothes, leisure pursuits, etc) in order to position themselves within the conceptions of femininity. Public breastfeeding can therefore be seen as devaluing their femininity and class positions.

From the focus groups it was notable that there was a distinction between responses from the city/town based mothers and the rural mothers. The distinction can be grouped into three aspects:

a) Responses to breastfeeding in public

   Women in the rural group were very open about breastfeeding in public. They had positive experiences breastfeeding in public places and felt strongly that the society is supportive of breastfeeding mothers. On the other hand, most women in the city groups felt uncomfortable with breastfeeding in public and felt that society is not ready to accept it in public discourse. This was supported with some of their own negative experiences breastfeeding in public.

b) Responses to infant feeding risks

   Women in the rural group were less affected by infant feeding risk issues raised in the media. This was the opposite with the city/town mothers who were more concerned with the risks and negative health effects on their children and negotiated other health issues in the media in their understanding of infant feeding risks.

c) Breastfeeding images in the media

   Respondents from the city/town groups believed that people in rural areas cannot accept breastfeeding images in the media. However, the study found that women from the city/town groups were more uncomfortable with having breastfeeding images in the media, as opposed to the rural group.

Blum (1999) explained that the reason why breastfeeding in public is seen so "out of place" is because it disrupts the sexual meanings of breasts which has been a dominant discourse in society. She used the term 'compulsory heterosexuality' to explain that society's perception is often contoured to understand that female bodies are meant for men therefore, they must be desirable and sexual (pp.128). Breastfeeding in public violated this conventional belief as media discourses of sexuality continue to support this idea through the ways they portray female breasts. Mothers therefore, felt the need to discipline their bodies according to what is accepted by social standard, which included managing the scrutiny of their breasts as sexual objects in public areas and confining their maternal body only in private space. However, these *social expectations* were more driven by the rules of Islam and that breastfeeding in public may increased the risks of exposing breasts and female *aurat* to men.

There is definitely a slight difference to why Muslim women are not keen to expose breasts in public as compared to non-Muslim women. Additionally, it was also observed that the Western meanings of breasts as sexual objects have influenced how Malay women understand their breasts and how they see public exposure of breasts when breastfeeding. This sexual connotation overlapped Islamic ruling of *aurat* and this was observed in participants' responses to media images of breastfeeding and breastfeeding in public (examples in page 86, 138 and 150).

6.5 Summary

This chapter explores the cultural positioning of breastfeeding bodies in the Malaysian media and in different physical and social spaces. I examined the ways in which the media (both general media and specialist media) locate and contextualise stories and images of breastfeeding, and how these relate to mothers' negotiation of public and private space. I argued that the definition of public and private space in regards to breastfeeding is not defined by how much flesh is shown but according to bodies occupying a space.

In this chapter I raised a number of issues regarding locations of lactating bodies and breasts in the media. I analysed breastfeeding and formula feeding images in both general and specialist media. I explored breastfeeding and formula milk pictures as signs of locations and in different media as sites of location. I examined locations of breasts in public and private space which is analysed through the ways in which breastfeeding is portrayed in the media and mothers' responses as media audiences. In the media, breastfeeding in public is promoted, although the taboo against it and the problems surrounding the issue remains largely unchallenged. Therefore, although breastfeeding in public is encouraged, the society continues to see breastfeeding as a private act and should be discreet.

I then discussed breasts' embodied locations through the ways mothers relate to their breastfeeding experiences and as part of their interactions with other bodily experiences. Mothers discussed how their definition of space changes from private to public in male presence. To some, the feeling of shame also extends to lactation/ lactating breasts in public space.

I also discussed breastfeeding in different context, and locate its meaning(s) in society. Among other things, lactating breasts and breastfeeding bodies seemed to disrupt sexual connotations of breasts. It therefore needs to be managed and "disciplined" according to behaviours and manners in which it is required in society. Although mothers were concerned that breastfeeding might be seen as sexual, it was not just the sexual meanings of breast that necessarily bothered them, but may also because it may signify meanings other than sexual.

In terms of the locations of breasts in the media, I discovered that they are, in theory, similar to the locations of breastfeeding bodies in *real* physical space. This included for example, breastfeeding bodies need to be hidden and discreet therefore images of breastfeeding should be confined to smaller and selected audience/public. Research participants also mentioned Islamic rules about modesty and *aurat* to justify why images of breastfeeding women (particularly Malay women) should not be portrayed in the media. This also interacted with their negotiations of their bodies and their experiences breastfeeding in different locations.

Past studies have indicated that breastfeeding is often shown in negative light (Bentley, Dee and Jensen, 2003; Hausman, 2003; Henderson, Kitzinger and Green, 2000; Newman and Pitman, 2006; Van Esterik, 2004; Wolf, 2001). However, in this study, strikingly there was only one occasion where breastfeeding received negative press (toxin in breast milk). Consequently, this issue received critical responses from both health practitioners (in the media) and from women in both the focus groups and the breastfeeding forum. In fact, breastfeeding has only been portrayed in a positive light, albeit very little coverage was given in the media.

However, even when breastfeeding is positively reported in the media, images of breastfeeding is still limited. More importantly, this study demonstrated that there were more images of Western women/babies than the Malays. This was never an issue with the Western media where pictures used are often of white women and babies. This study found that to normalise breastfeeding in Malaysia, editors should not only increase breastfeeding stories and images, but should also use pictures of Malay women (but without exposing the skin). The current media approach included cropping out mother's head, however this may imply that breastfeeding is shameful and should be hidden from the public. The study concured that breastfeeding is silenced (Blum, 1999) therefore the challenge is not just to make breastfeeding a norm in media discourse but also to think about portraying pictures of Malay women breastfeeding without being disrespectful of Islam and Muslim society. The media should also abolish the notion that breastfeeding is a deviant act or that needs to be hidden.

CHAPTER SEVEN – Images of Breast and Formula Feeding Mothers

This chapter discusses the 'types' of mothers who would breast or formula feed. It explores women's negotiations with the *types* of bodies and values attached to motherhood. This is generated through women's responses to pictures of celebrity mums and the collages of breast and formula feeding mothers constructed by respondents. Through this processes, the women involved in this study discussed values associated with the *types* of women who would breast or formula feed, as well as other moral issues associated with motherhood.

In my method chapter (*chapter four*), I have explained about the data collection technique, where I tried to combine language, visuals and hands on stimulation to generate different responses from my research participants.

At several points in this chapter, I will make note of some responses that contradicted with participants' earlier discussion in the focus groups. I will also explore how mothers are able to 'put words' through visuals and let their subconscious opinions emerged through their collage projects.

7.1 Celebrity mommies: Between identification and stigmatisation

Many mothers in their earlier discussions made sweeping statements to imply that all celebrities would formula feed. However, when presented with different celebrity pictures (both local and international), research participants were able to focus their talk on each of the celebrity pictures and their infant feeding styles. As a result, research participants acknowledged that not all celebrities would formula feed their babies; this deduction was mostly based on information mothers have gained from the media. This exercise was able to filter some generalisation and stigmatisation that the research participants *may* have in their responses about celebrities.

In the exercise, I asked research participants to identify celebrity mothers and their infant feeding styles. Overall, research participants felt confident with their responses particularly when they were able to specifically recall where they have read/seen/heard

about these celebrities in the media. For example, when presented with a picture of a Malaysian celebrity Wardina, (Refer Appendix G5) Latiffah responded,

> "She was on Mingguan Wanita (a female magazine). She breastfed her daughters exclusively and she expressed her milk at work. She kept them in the freezer. Both of her girls were breastfed until they reached two years old."
>
> (Latiffah, 28, FF, Focus Group 8, City)

Not all mothers were able to answer confidently however, their 'guesses' were always based on their overall assessment of that particular celebrity, a deduction made from a collaboration of information they recalled from the media. Mothers also talked about celebrities' behaviours and integrated this information in their deduction. For example in one focus group, mothers made a remark on Britney Spears and her mothering skills based on their judgements towards Britney's lifestyle and behaviours as a mother:

> Mila (29, FF): Don't get me started on her (Britney)
> Hannah (29, BF): What kind of mother would drive a car with her baby on her lap? She's definitely formula feeding.
>
> (Focus Group 1, City)

On some occasions, mothers talked about celebrities' fictional characters played in for example, movies or TV shows, and treated them as *real* attributes and behaviours when responding to the prompts. One mother for example, in her response to picture of Angelina Jolie said,

> "I think Angie formula feeds her kids. Because of her role in her movies you know... like she always plays the role of a modern woman, or a brutal character in action movies. So I don't think she would breastfeed."
>
> (Cinta, 30, BF, Focus Group 4, Town)

Cinta, and some other focus group mothers did not just talk about celebrity but also discussed characters and values associated with the *types* of mothers who would breast and formula feed. This was also observed and discussed in mothers' collages which I will highlight later in this chapter.

The way in which research participants attached, combined or separated values that they gathered from the media is an interesting process. It showed how complex media

influence have on different people and how people chose to accept, negotiate or reject what they have seen or heard from the media. For example, women would recall information that they have seen in the media, particularly in this case, celebrities and their lifestyles, and use that in their understanding of the *types* of mothers who would breast or formula feed. Research participants also associated different values, lifestyles and behaviours in their perception of women who would breast or formula feed. This exercise also helped to illustrate that people *may* overlap fictional characters with their understanding of celebrity behaviours and characters, for example with the typical fictional characters of Angelina Jolie in her movies. Often time this information from media sources built upon and overlapped one another before mothers can conclude their deduction. The media were also observed as an important point of reference and a source of information about celebrities.

7.2 Collages: Constructing breastfeeding and formula feeding mothers

In this section, I will discuss the collages and mothers' discussions following previous talk about the 'types' of mothers who would or would not breastfeed. In the collage exercise (explained earlier in method chapter – *chapter four*), I asked mothers to generate a collage of breastfeeding and formula feeding woman based on their subjective interpretation. These collages are considered both as products and processes by which mothers negotiated breastfeeding and formula feeding bodies. This is defined through both physical and psychological attributes of the collages such as the clothing, hairstyles and accessories, among other things. Mothers were also given the opportunity to explain their choices and rationales for their selection of pictures in their collages at the end of the exercise.

The exercise combined both language based method through mothers' collage presentations and the creative method of constructing the collages itself. This dual approach enabled mothers to take time to negotiate with each other and decide as a group how they would construct their images. They also had the chance to think about what they would like to include in their collages and later had the chance to explain about their project. On some occasions, mothers had the chance to reflect on their decisions and choices of pictures used in their collages.

In the earlier focus groups discussions, I noticed that mothers were more cautious of their surroundings and they avoided commenting vocally on infant feeding choices. Participants sometimes felt difficult to voice out their opinions because they feared that their opinions would be judgemental on others. I have also observed some defensive responses as a result of comments made by other mothers about their infant feeding choices. However, in this exercise mothers were able to produce and convey different values towards breastfeeding and formula feeding mothers (both positive and negative) through their collages without directly upsetting anyone in particular. This was an advantage to this research.

The collage exercise has helped alleviate some tensions (if any) between breastfeeding and formula feeding mothers. Those who avoided commenting on infant feeding choices were more outspoken in their responses in the collages. Participants felt that the collages represent a non-real person and thus they felt more at ease commenting on these collages and their values according to infant feeding choices. Also the constructions of these collages represented ideologies of motherhood and symbolised how society defines 'good' and 'bad' mothers. It was notable that infant feeding choice was a measuring stick to define motherhood and qualities of a good mother.

Many of the groups tried hard to separate values between their two collages. It was observed that there was an overall distinction between breastfeeding and formula feeding collages across all groups. For example, research participants conveyed the idea of "healthy lifestyle" for breastfeeding mothers and "unhealthy choice" for formula feeding mothers through their choice of body parts (see figure 7.1).

Figure 7.1: Example of healthy breastfeeding woman (left) vs. unhealthy formula feeding woman (right)

In the focus groups it was mentioned that the overall idea of their collages was to show that breastfeeding is a healthy choice for mothers. Maria explained,

> "Breastfeeding is a healthy way of life. Mothers who breastfeed would usually eat healthy food, takes care of herself and makes sure she provides the best for her baby. Formula feeding mothers on the other hand would usually lead an unhealthy life. Like this anorexic woman (referring to her formula feeding collage)
>
> (Maria, 29, BF, Focus Group 7, City)

In another group, mothers used Malay traditional costumes to construct breastfeeding collage, while their formula feeding collages showed a picture of woman in modern western outfit (refer figure 7.2). The collages illustrated the difference between traditional and modern look through the choice of outfit.

Figure 7.2: Example of traditional look for Malay breastfeeding woman (left) vs. Modern look for formula feeding Malay woman (right)

My overall analysis also suggested some similar qualities attached to the breastfeeding/formula feeding collages across all groups. Although this may be just a sign of *stereotyping* but it also showed that the process of identity construction and values attached to these collages have little connection with their own experiences with infant feeding. As one mother reflected after presenting her collages, "Actually, come to think of it, there is no way for anyone to know whether a mother breastfeeds or not just by looking at her appearance," (Rania, 29, BF, Focus Group 1, City). It also showed that infant feeding choices is involved in the construction of motherhood and as a measure stick for society's definition of a 'good' or 'bad' mother.

It was observed that the way mothers understand the types of women associated with breastfeeding or formula feeding is influenced by other factors and not by the mothers themselves. This attached values then contributes to their understanding of larger issues for example the idea of "good mothers" and "less good mothers". As I recalled the focus group participants, it occurred to me that most of them wore similar type of clothes. None of them (especially the formula feeding mothers) wore sexy, tight-fitting clothes or

carried small bags as they have pictured in their collages. I will try to explore this and the cross similarities of values that research participants attached to their breastfeeding (or formula feeding) collages next.

7.2.1 Bodies, bags, clothes and shoes

From the collages made by all groups, I was able to observe four striking opposite values between the breastfeeding and formula feeding collages. It was amazing that almost all groups were consistent with their choice of body types, bags, clothes and shoes for their breastfeeding and formula feeding collages. Additionally, it was also observed that all groups used similar colours and facial expressions to construct breastfeeding or formula feeding women. These attributes carry specific meanings, individually and contribute to the overall look for breastfeeding and formula feeding mothers. These *attached meanings* were later reinforced in the mothers' presentations.

Figure 7.3: Example of breastfeeding collages - Large bags and flat shoes

In most breastfeeding collages, women were shown with large bags and flat shoes (refer to figure 7.3). In contrast to this, formula feeding collages often portrayed women in high heels and smaller bags (refer to figure 7.4). As mothers explained their breastfeeding collages, they mentioned that breastfeeding mothers have big bags for carrying nappies

and baby needs. Flat shoes on the other hand were mentioned to provide mothers with comfort and stability while holding their babies. Rania for example explained this,

> "Breastfeeding mothers would always wear flat shoes and carry large handbags so it would be easier for them to carry all her baby's necessities when she goes out. She needs to be prepared at all times you know, so she keeps things simple and casual, but yet stylish in her own way."
>
> (Rania, 29, BF, Focus Group 1, City)

The way Rania and other research participants described large bags represents qualities of a "good mother" as she would prioritise the needs of her baby more than her own. However, one can actually argue that breastfeeding mothers do not need to carry large bags because she does not have to bring baby bottles and feeding supplies. On the other hand, overall formula feeding collages seemed to suggest the opposite, as readers will see in the next examples (figure 7.4):

Figure 7.4: Examples of formula feeding collages – Small bags and high heels

While presenting the formula feeding collages, the women suggested that small bags and high heels represent modern lifestyle. Often, research participants also described formula

feeding mothers as being selfish to prioritise fashion over their babies' needs. As one mother, Qaseh explained,

> "Formula feeding women would usually wear stilettos or very high heels. They are not suitable when you have to carry a child. She won't be able to keep her balance. It's a bit tricky, you know.. to cling on the clutch and carry her baby at the same time. Breastfeeding mom wouldn't carry a clutch. Bigger bags are more suitable for them."
>
> (Qaseh, 29, BF, Focus Group 1, City)

It was also observed that formula feeding collages often showed women inclined towards the thinner looking bodies and often dressed in vibrant colours, tight-fitting or revealing outfits. Research participants seemed to relate formula feeding mothers with "sexy bodies" (Group 8 - Focus Group 4, Town), which suggested a more sexually-appealing figure. Some other words used to describe this sexual appeal are: '*tight fitting*' (Group 2 FG1, Group 2 FG3, Group 1 FG9), '*showing off her legs*' (Group 1 FG2), (Group 1 FG4), '*wears stilettos*' (Group 1, FG5) and '*lets her hair down*' (Group 1, FG5). This can also be observed in the formula feeding collages next (Figure 7.5):

Figure 7.5: Examples of collages of formula feeding collages – Sexy hourglass bodies and tight fitting clothes

Overall the formula feeding collages represented mothers as bold, professional, stylish and thin. The collages also illustrated different ways breastfeeding and formula feeding bodies are represented in public space. For example, some outfits put together for the formula feeding collages are more revealing compared to the breastfeeding collages (which tend to be covered, modest and some looking 'homely').

Breastfeeding outfits among other things were described as '*comfortable and loose*' (Group 2 FG1 and Group 2 FG3), '*motherly*' (Group 2 FG1, Group 1 FG4, Group 2 FG5 and Group 2 FG6) '*stylish but not sexy*' (Group 2 FG2), '*casual*' (Group 2 FG5) and '*modest and demure*' (Group 1 FG9).

It was noticeable that breastfeeding bodies overall signified values such as soft, natural, feminine, healthy, happy and serene. This was illustrated through the outfit styles, facial expressions and the tone of colours in general. It was also interesting to note that there are *four* groups which decided to use *pregnant* bodies for their breastfeeding collages (see figure 7.6). However, none of the four groups mentioned anything about the pregnant bodies in their presentations. They however, mentioned bodily gestures in the overall look for example, "the hand on the tummy" (Group 2, Focus Group 6) or "she is looking down on her belly" (Group 2, Focus Group 5) and "looking all motherly" (Group 2, Focus Group 5) suggesting the amount of love and care these mothers have towards their babies. Again, research participants seemed to attach values to suggest breastfeeding mothers as "good mothers" who prioritised their babies' wellbeing before their own, while formula feeding mothers often depicted as selfish and therefore "less good mothers".

Figure 7.6: Examples of breastfeeding collages – Pregnant bodies

On rare occasions similar attributes were seen in both breastfeeding and formula feeding collages. However, these attributes often suggested opposite values and contrasted meanings. For example, on occasions where breastfeeding collages were portrayed with big breasts, the meanings attached to them are associated with milk engorgement. In contrast, when mothers explained their choice for portraying big breasts on formula feeding collages, they would associate them with sexual connotations. For example, when explaining her group's breastfeeding collage (refer figure 7.7) Mila said,

> "It is obvious that you can tell from her breasts that this woman breastfeeds. She has big breasts that are engorged with milk. Her chest area is revealed because it would be easier for her to breastfeed."
>
> (Mila, 29, FF, Group 1, Focus Group 1, City)

In another focus group, an image of full breasts on a breastfeeding body was again associated with milk engorgement. "She's not too sexy. Her breasts... there is a lot of milk in there," said Dina (34, BF, Group 1 Focus Group 2, City).

In contrast, formula feeding collages portrayed with big breasts were described as sexual. Latiffah demonstrated this when she explained her group collage (refer to the second picture in figure 7.7), "Her breasts are firm and nice. Her husband must have really liked them very much" (Latiffah, 28, FF, Group 2, Focus Group 8, City).

Figure 7.7: Examples of Big Breasts -
Breastfeeding collage (left) and Formula Feeding collage (right)

Similarly, when describing her group's formula feeding collage, Acha associated big breasts with sexual appeal and selfishness. She explained, "This woman loves her big breasts. She wouldn't want to breastfeed because she doesn't want them to sag" (Acha, 26, BF, Group 1, Focus Group 4, Town).

Surprisingly, this "selfish" manner was even expressed by one formula feeding mother when she described her group's formula feeding collage:

> "We all know that this woman wouldn't want to breastfeed her baby. She cares too much of her appearance. She wouldn't let her children ruin them. As for her face expression, she looks uptight... like a stern and easily irritated mom. She is just so un-motherly in so many levels, and that is why she would formula feed her kids."
>
> (Mila, 29, Group 1, Focus Group 1, City)

Furthermore, *eight* collages of breastfeeding women used Malay/local faces as opposed to *four* in formula feeding collages. I also found it interesting how none of the groups chose images of women wearing *hijab* for their formula feeding collages, whereas *three* groups used pictures of women wearing *hijab* for their breastfeeding collages (for example, refer figure 7.8 below). It is interesting to note that this inverted with the pattern of media representation as revealed by my content analysis, whereby the media are more likely to use non-Malay faces in breastfeeding images.

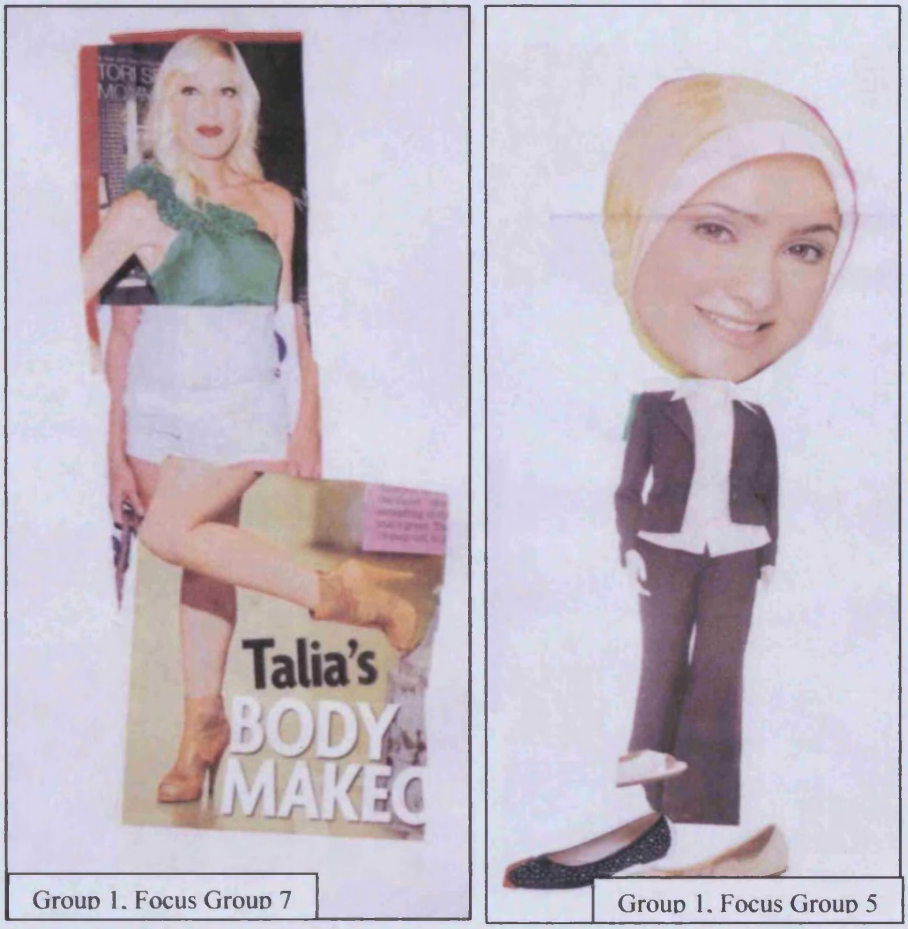

Figure 7.8: Western vs. hijabi/Malay looking women –
Examples of formula feeding (left) and breastfeeding (right) collages

Although it was not mentioned in any of the presentations, this difference could suggest that breastfeeding is more associated with Malay mothers and Islamic culture, albeit mostly hidden from the media and public space. Furthermore, the significance of *hijab* in these collages may also suggest other values such as modesty and feminine, which can symbolise the expected behaviours and breastfeeding bodies in public locations. As

Bunga explained, "We chose a *hijabi* woman for our breastfeeding collage because she is polite, fully covered and looks traditional" (Bunga, 24, MF, Focus Group 9, Rural).

In some breastfeeding collages, research participants also included pictures of babies. Although research participants did not use any baby pictures in their formula feeding collages, one group (Group 1, Focus Group 8) did include a slightly older child as part of their formula feeding collage. However, the way in which the children are presented in the breastfeeding and formula feeding collages were different. In the breastfeeding collages, babies are often put near (or overlapping) the mother (refer figure 7.9).

Figure 7.9: Breastfeeding collages showing mother and baby

In contrast, when a child is used in a formula feeding collage (refer figure 7.10) he is shown as a separate entity. In this particular collage, research participants also included a male adult (the only group to do so), which represented a father figure. The presence of a male figure suggested the significance of a father and that he plays an important role in the formula feeding family. The whole collage also symbolised a family with modern lifestyle. This was later reinforced in their presentations, along with other negative values associated with a formula feeding family. As one research participant explained,

"This mother is a fashion model. She doesn't have time to breastfeed her kids. Look at her outfit... you can't breastfeed wearing like this. This is the dad (pointing at the male collage). He's very macho and metrosexual. I don't think he supports breastfeeding. As for the little boy... just look at him. He's going to grow up to be just like one of those road bullies you know, those motorbike teenagers racing on the road."

(Lola, 41, FF, Group 1, Focus Group 8, City)

Figure 7.10: A Formula feeding collage including a child and a father figure

My analysis of the collages revealed that the identity of breastfeeding (or formula feeding) mothers are not fragmented. In contrast, the collages illustrated how different values are corroborated through carefully selected choice of images to project an overall image of motherhood and the *types* of mothers who would (or would not) breastfeed. All the groups constructed a complete image of woman for both collages and none of them use disjointed pictures, abstracts or written words to describe their project. It was also observed that every group constructed opposite values between breast and formula feeding collages, even when they could put together similar pictures. Interestingly, values associated with breastfeeding (or formula feeding) collages were coherent across all groups, despite mothers' diverse social backgrounds, locations, infant feeding styles and

whether or not they consciously articulated this. Coherence across all groups were seen in the choice of shoes, clothes, bodies and bags as well as the choice of words they used to explain their collages.

The collages contained multiple meanings through the constructed visuals, which may be influenced by mothers' preconceived ideas about certain values and behaviours. The individual signifiers such as shoes, clothes, bags and bodies itself, represented the overall description and expectations of breast (and formula feeding) mothers which then contributed to a larger definition of motherhood. When research participants presented their collages, they related their choices with mothering styles and behaviours. These choices of symbols also helped deconstruct complex concepts such as lifestyle choices and human relationships. For example, the choice of clothes, shoes and bags can represent mothers' daily lives activities, as well as the relationship mothers have with their children. These then implied the different values and behaviours between mothers who chose to breastfeed and those who chose not to. Mothers who breastfeed are often associated with good mothering qualities and prioritising her baby. On the other hand, mothers who formula feed are seen as selfish and less intimate with their children.

This creative process also revealed the complexity of infant feeding styles. It was observed that breastfeeding and formula feeding do not only represent food for babies, but was also implicated in other complex issues of motherhood and society. On several occasions, some research participants had moments of reflection and acknowledged that their collages were most probably a result of them stereotyping. One research participant (Rania, 29, BF, Focus Group 1, City) pointed out that it was indeed impossible to identify one's infant feeding style just by looking at a mother's appearance. Nonetheless, this exercise has brought up some subconscious thoughts (even when it was just stereotypes) which influenced the way respondents construct ideas about motherhood (by defining infant feeding styles, *types* of women and moral values attached to them). These subconscious thoughts are deeply embedded in each individual and may be as a result of social and cultural conditioning.

7.3 Summary

This chapter explored mothers' discussions about the types of women who would breast or formula feed. This was explored through two visual and creative exercises in the focus groups.

In the celebrity picture prompts, quite a number of research participants were able to recall different information about celebrities and their infant feeding styles from the media. It can be suggested that research participants used the media to construct their opinion about celebrities and their infant feeding styles. Particularly, it was observed that some research participants deduced different celebrities' infant feeding styles based on how these celebrities were portrayed in the media, which may also include fictional characters played in the movies. The exercise also demonstrated how the research participants used the media as a source of reference and interact with values embedded in these media representations.

The second exercise I highlighted in this chapter involved research participants constructing images of formula feeding and breastfeeding mothers through collages. The collages uncovered subjective characteristics associated with breastfeeding and formula feeding mothers which were not discussed in the focus groups. Some of these characteristics support earlier findings in focus groups such as the maternal and sexual meanings of breasts, while some others suggested different meanings altogether. More importantly, this exercise reinforced significant polarity between breastfeeding and formula feeding mothers, physically and morally.

For example, breastfeeding collages conveyed images of 'good mothers' through the way they are dressed, which are often perceived to assist breastfeeding and therefore, puts the child's priority before hers. In contrast, formula feeding collages were styled in tight fitting clothes and fashionable outfits which suggest her selfish decision to prioritise her desires before her babies' needs. Although these may just simply be stereotypes, the collages also helped highlight abstract moral codes and conduct. It also showed how infant feeding choice has become a social measure for becoming a 'good mother' and contributes to the ideologies of motherhood.

The collages explored in this chapter utilised Dyer's (1982) suggestions on analysing human signs. His checklist provided a useful guideline to explore signs and objects represented in the collages. However, there are some differences to Dyer's analysis of human signs. For example, this study used participants' interpretations of human signs (instead of the researcher) to construct and give meanings to objects represented in their collages. Therefore, the objects and symbols explored in the collages confirmed or challenged certain ideologies of motherhood through the process of negotiations and collective decisions in the groups' discussions.

In addition, the collages have pointed out that representation of bodies should include hijab/covered hair (for Muslims) which symbolised women's honour. The hijab also symbolises beauty and as an accessory for Muslim women. Therefore hijab can be included in Dyer's checklist of representations of bodies. The collages also pointed out that human relations (such as family) can be observed as human signs and connoted lifestyle choices and relationships. This was not explored in Dyer's argument.

The collages also concurred with Kukla's (2006a) who viewed that infant feeding choices help construct ideologies of motherhood and social definition of 'good' and 'bad' mothers Maclean (1990). However, the study also suggested that this social definition does not necessarily reflect women's own infant feeding choices or enforce women to breastfeed their children.

CHAPTER EIGHT – Infant Feeding and Risk in the Media

This chapter examines several infant feeding issues in the media and mothers' responses to them. I explored media representations of three specific infant feeding issues and mothers' discussions about infant feeding risk, generated through headlines prompts and open discussions about infant feeding in the focus groups. I will also include some examples of discussions in the online forums. Throughout this chapter I will look at how the media help contextualise breastfeeding and formula feeding within the discourses of health and risk.

There were a number of infant feeding issues reported in the media during the span of this study however, in this chapter I have chosen to discuss three main events which are: (a) Melamine contamination in formula milk in China, (b) The risks of using Bisphenol-A baby bottles, and (c) Toxins in breast milk controversy. In the focus groups, I prompted participants with these three news headlines (refer page 67-71 for details). Each discussion began with what participants can recall about the issues and participants spontaneously talked about the issues or instigate other discussions of related health risks issues. These three issues first emerged in the Malaysian media in 2008. The overall examination in this chapter represents (but was not limited to) fragments of these three specific events in media reports.

It is interesting to note that *two* of the selected issues directly concerned either breastfeeding mothers (Toxins in breast milk) or formula feeding mothers (Melamine contamination in formula milk in China). The third issue (Risk of using Bisphenol-A baby bottles) however, concerned both breastfeeding and formula feeding mothers.

8.1 Mothers and melamine in the media

In late 2008, six babies died and more than 51,000 infants and young children were hospitalised for a variety of health complications, such as urinary problems, possible renal tube blockages and possible kidney stones. All of these complications were linked to the consumption of melamine-contaminated formula milk and dairy goods (WHO, 2008). Although the melamine contamination was also found in other food products such as

biscuits, candies and coffee drink, the worst health effects from this contamination was seen on infants and young children. Melamine is a chemical compound used for example, in industrial production of glues, laminates, dinnerware and adhesives. Melamine was also added in formula milk to inflate the apparent protein content, albeit mostly done in order to meet quality standards tests.

The Malaysian government had initiated random selection of melamine tests in products originated from China, or products that were manufactured using Chinese ingredients. A number of formula milk brands imported from China, alongside other dairy-based products that were marketed throughout the country were included in this test. The Malaysian government also informed the public about test results and updated the results through the media and The Ministry of Health's website.

8.1.1 Media reports on melamine contamination

Overall, media reports on the melamine contamination highlighted the negative impacts of tainted formula milk towards infant and young children. News and updates about the *contamination* in China, were outsourced from international news wires (i.e. AP, AFP and Reuters), while local news updates were reported by Malaysian journalists and could be accessed internationally through the official Malaysian news wire BERNAMA. News from the international wires reported that approximately 300,000 infants were affected by melamine contamination. Malaysian newspapers also published follow up reports from China which among other things, revealed responsible parties for the tainted goods, as well as plans and actions taken by the Chinese government to control the crisis.

Malaysian journalists in their reports also highlighted measures taken by the Malaysian government to control this crisis. It was observed that most of the reports produced by Malaysian journalists were 'government-friendly' news. This was not surprising as all the mainstream newspapers in Malaysia are owned and controlled by ruling political parties.[15] The local media therefore, performed their 'social responsibility' to inform and

[15] Although the Malaysian media is argued to have gained more freedom after the 2008 general election - which saw the rise of oppositional party and therefore challenges dominant power to the state. Nonetheless, news regarding melamine crisis remained uncritical

educate the public about the crisis, rather than being critical towards the government and formula milk industry.[16]

There was only a small number of pictures in the media related to the melamine crisis, mostly sourced from the International news wires. Among other things, pictures showed formula milk being destroyed and sick infants in hospital settings. Because of this study's sample limitations, I was only able to examine selected few pictures from the newspaper sample. Among these images, there was only one that was shot in Malaysia. The picture (refer to figure 8.1) illustrated a lorry dumping tainted food products, witnessed by several government officials and journalists. This picture came out in two newspapers, *The Star* and *Utusan Malaysia* on November 18, 2008.

Figure 8.1: An excavator burying 12,000 kg of locally produced biscuits and 8,400kg of ammonium bicarbonate tainted with excessive levels of melamine at the Seberang Prai Municipal Council landfill transit station. On site are the state and North Seberang Prai health department officers. (Caption lifted from The Star, November 18 2008)

[16] For example, the Malaysian media would update about melamine-tainted dairy products sold in the Malaysian market. Newspapers also reported that the Malaysian Customs has denied entry of all formula milk imported from China. News also featured interviews with representatives of main hypermarkets in Malaysia, namely *Tesco*, *Carrefour* and *Giant*, all which revealed that the tainted products were withdrawn from the market.

It is interesting to note that the media remained uncritical in their reports although it was revealed that the products were produced by local companies. Excerpt taken from one of the news read:

> The biscuits packaged as assorted biscuits in tins, were part of the factory's stock and ready for sale. Department health officer Dr Shaari Saad said tests were conducted on the six types of biscuits and four tested positive for melamine. He said the two biscuit manufacturers whose products were found tainted with melamine cooperated fully with the authorities. He declined to name them.
>
> (The Star, November 18 2008)

The news adopted a diplomatic approach and supported government's role to address this problem. Nonetheless, in one specific occasion, *Berita Harian* (October 6, 2008) published a slightly critical opinion piece in its '*letter to the editor*' column. The piece was written by the moderator of *susuibu.com* (the breastfeeding forum which I had observed in the preliminary stages of this study). In her writing, she expressed her disappointment and condemned formula milk industry which had violated the Code of Ethics for Marketing Breast milk substitute in their advertisements. Excerpts from her article read:

> It is clear that formula milk companies in Malaysia haven't since learned any lesson from this tragedy (referring to the melamine issue). Instead of acknowledging and accepting the dangers that formula milk can cause to infants, these companies compete with each other to advertise their products as safe and melamine-free. ...By doing this, they violated the ethics code for marketing breast milk substitute.
>
> (Kamariah Mohamad Alwi, Berita Harian, October 6, 2008)

Unfortunately, this study was not able to include a complete analysis of formula milk advertisements to examine Kamariah's claim. I have, however, included a sample of advertisement (refer figure 8.2) which had violated the *code of ethics*. This advertisement was taken from a report issued by the International Baby Food Action Network (IBFAN). The advertisement was produced by one of the leading formula milk companies in Malaysia, *Abbot* and the advertisement was published in the *News Straits Times*. Although the violation of *code of ethics* in this particular advertisement was vaguely discussed, the report had also illustrated some other violations in *Abbot's* advertisements in neighbouring countries (i.e. Singapore and Hong Kong). Figure 8.3 showed the article

lifted from IBFAN International Code Documentation Centre's (ICDC) newsletter dated October 7, 2008 (IBFAN, 2008), which also contained Abbot's advertisement published in the *New Straits Times*.

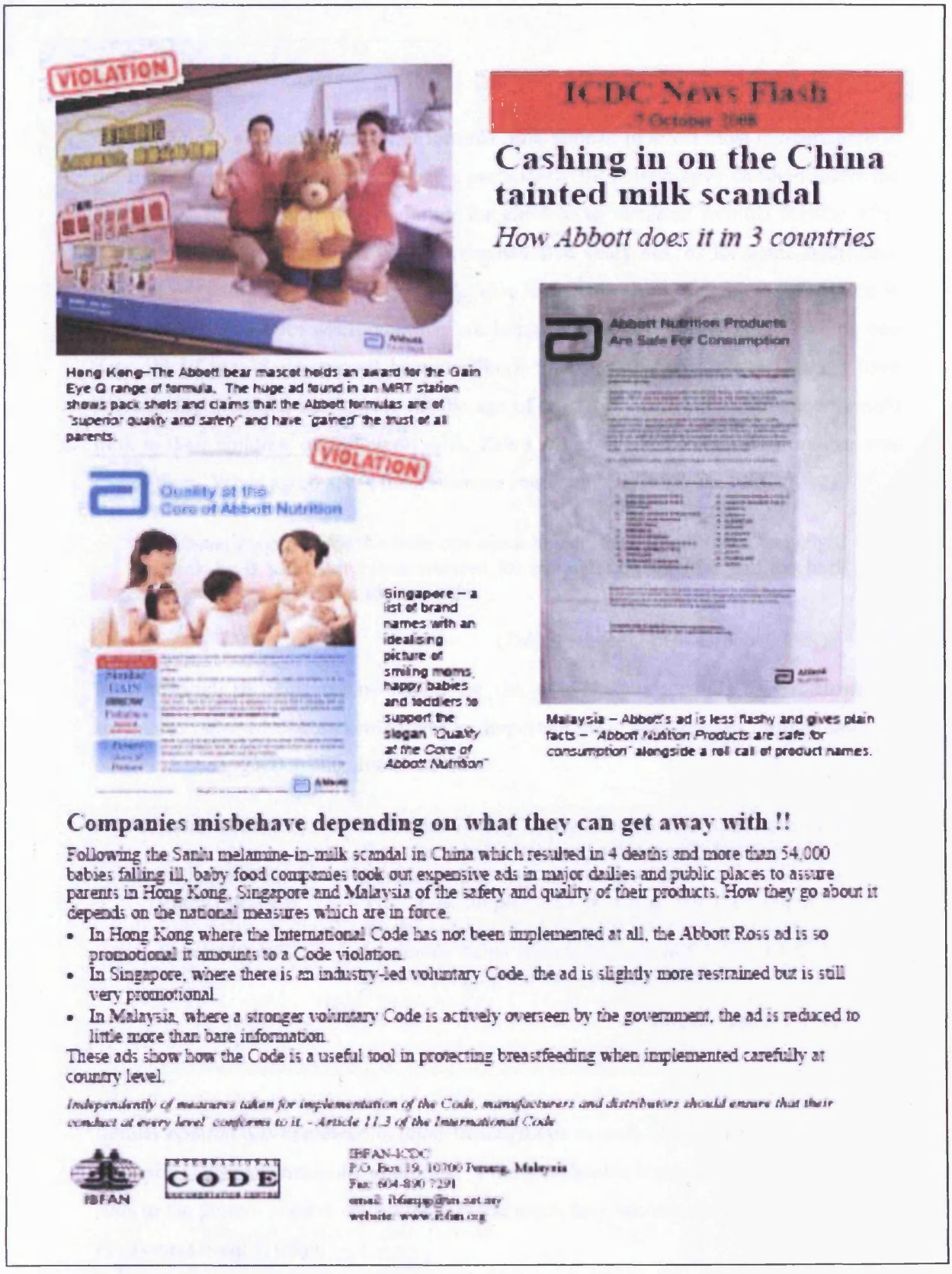

Figure 8.2: Breech of marketing ethics code report issued by IBFAN, which contained an example of Abbot's advertisement in *The News Straits Times*

8.1.2 Mothers and melamine

Overall, melamine contamination in formula milk seemed to affect most mothers both in the focus groups and the online groups, particularly those who have children under the age of six. In Malaysia, it is common for children to continue formula feeding after weaning from the breasts, up till they reached five years old, or for some, until they reached schooling age (seven years old). This is different from the common practice in the European countries where children are introduced to cow's milk after reaching one year old (if they have stopped breastfeeding). Significantly, even when mothers have successfully breastfed exclusively till the age of two, they would still introduce formula milk to their children, as follow-on milk. Zahra, an exclusive breastfeeding mother was one of them. When asked about the melamine contamination crisis she said,

> "I wasn't worried for the little one since he was breastfeeding exclusively. I think he is safe. But I was worried for my elder daughter. I had to check whether her formula milk was safe."
>
> (Zahra, 37, BF, Focus Group 3, City)

Most research participants understood the risk of melamine towards babies. However, some also believed that melamine was an important basic substance in formula milk. In one focus group participants discussed this:

Hannah (29, BF):	I wonder if they really need to add melamine in the first place. Is it a required substance in formula milk?
Mila (29, FF):	I think so. But they only need a little.
Rania (29, BF):	Yes, it is supposed to be there, but they put in too much.
Qaseh (29, BF):	Melamine helps stretch formula milk's shelf life. It is used to prolong the expiry date I think.

(Focus Group 1, City)

Similar opinion was expressed in other focus groups as well. One research participant for example, compared melamine to protein, "I think melamine is required in formula milk. It adds to the protein content. When there is too much they become dangerous," (Sarah, 29, FF, Focus Group 3, City).

It is interesting to note that although there are mothers in the focus groups who acknowledged the use of melamine to boost protein content, none of them mentioned about formula milk companies' manipulation to spike protein readings for the purpose of passing quality control tests. This was however, reported in the media – it did not, however, seem to have been understood or recalled by the focus group participants.

China as source of contamination

China was mentioned as the primary source of contamination in all focus groups and in both online groups. Mothers discussed for example, how melamine-contaminated products from China were responsible for babies' deaths and illnesses. Although there were different degrees of concerns about the consumption of dairy-based products, especially with formula milk, mothers were convinced that the contamination was successfully contained and limited to products from China. One research participant for example said,

> "I did browse the Internet to look for more information but I am not really worried because I know that my son's formula milk is not imported from China."
>
> (Sarah, 29, FF, Focus Group 3, City)

Similarly in other groups, China was mentioned negatively, even in discussions unrelated to formula milk contamination. All mothers felt confident that Malaysian-made formula milk is safe from contamination. One of them explained this,

> "They (the tainted products) are dairy products from China. Most formula milk marketed here are imported from The U.S., the U.K, Australia and New Zealand. Not many formula milk are imported from China. The ones that are contaminated only came from China."
>
> (Verra, 29, FF, Focus Group 6, Rural)

Similar comments resonated in other focus groups. Lola for example said, "I don't think we are affected with this issue because most of our formula milk is produced and imported from New Zealand" (Lola, 41, FF, Focus Group 8, City).

Like Lola and Verra, many mothers in the focus groups believed that formula milk imported from other countries, especially from New Zealand and Australia are considered

safe for consumption. It should be noted that the worst affected company from the melamine contamination crisis, *Sanlu*, was partly owned by a New Zealand Company, *Fonterra* (43 % holding). Nonetheless, it was not clear whether this had any connection with the formula milk produced in New Zealand or other countries.

Discussions about formula milk in China corresponded with a generally negative view of Chinese products in Malaysia. Chinese products were often associated with poor quality (for example appliances or clothing that would break easily). Therefore, mothers' negative responses to melamine contamination fit within a broader context of their general view of China. As one mother pointed out, "All the bad stuff always come from China anyway" (Sarah, 29, FF, Focus Group 3, City).

Studies had pointed out media's potential to mediate misconceptions of risks. Kitzinger (1990 & 1993) in her research for example highlighted how audience used their pre-existing ideas of Africa to understand AIDS and HIV campaigns in the media. In this study it was found that the negative associations and stereotype about China and China health threats are mediated via existing misconceptions and prejudices about past health threats from China. Particularly, China has left a negative image because of previous health crises which had originated there (i.e. SARS and avian influenza) which have had an impact on Malaysia, being a geographically close country and was also affected with both health crises.

Reliability of sources

Many mothers mentioned the media as their primary source of information with regards to the melamine contamination issue. Some of them mentioned news, advertisements and Internet websites (for example, The Ministry of Health and formula milk companies). Overall, mothers expressed their confidence with the information that they have gained from the media. One research participant for example explained,

> "This is why the mainstream news is important. They are the only trustworthy source of information. The information that we receive from circulated emails seemed a bit dodgy to me because people can always change the contents."
>
> (Damia, 31, MF, Focus Group 6, Rural)

Another participant in the same group agreed to this, "I've received emails about this too. At first I did use it as a reference. But it was not until it was confirmed in the news that I really felt safe and confident," (Verra, 29, FF, Focus Group 6, Rural).

Formula milk companies' websites were also seen as reliable sources for information. However, the media could provide a platform to help confirm or eliminate mothers' suspicions. As one research participant illustrated this,

> "If they (the formula milk companies) are brave enough to publish about this in the media, then I am confident that they are telling the truth. They cannot simply advertise false information on television you know. After all, everybody watches the TV and if something bad happens... something that contradicts to their statement, things can get ugly for them. So I'm sure they have done thorough research before making statements in the media. They wouldn't dare to if they didn't."
>
> (Nani, FF, 29, Focus Group 4, Town)

Yet not all mothers were convinced. Some research participants expressed scepticism towards the information they received from the media. Maria who has an older child on formula milk for example said,

> "The first thing I did was to check the brand I was using. When I found out that it was imported from China I stopped and changed to a different brand. Even when the media did say it was safe. I didn't want to take any risk."

Maria also seemed unconvinced with actions taken by formula milk companies as she expressed later in the discussion,

> "I worry that the contaminated formula milk were not withdrawn from the market. You never know, they (the formula milk companies) might just ignore it. They wouldn't want to recall their products you know... in terms of businesswise, it would reflect badly on them. So, I don't want to take the risk."
>
> (Maria, BF, 29, Focus Group 7, City)

In the focus groups, mothers mentioned several complications and illnesses as a result of consuming melamine contaminated products. This included indigestion, kidney failure

and cancer[17]. However, the way mothers talked about cancer may interact with their understanding of other health issues. It suggested that the media is not the only point of reference and that participants may have gathered information from other sources. It may also suggests that participants overlapped their understanding of risks of melamine with other risks (that may also be mobilised by the media), as argued by Seale (refer page 42). As one focus group respondent explained, "I believe that all health problems will eventually lead to cancer. Even the smallest hazard can trigger cancer" (Qaseh, 29, BF, Focus Group 1, City). Coincidentally (or not), cancer was also mentioned as one possible implication from using *Biphenol-A baby bottles*.

Overall, mothers who are directly affected by this issue said they took personal measures to make sure that their children were not exposed to contaminated products. Women who have stopped lactating cannot resume breastfeeding because of the physical difficulties for them to re-lactate. As a result, most formula feeding mothers either have to change formula milk brands or find a substitute for formula milk. Zahra for example told her story,

> "I started to introduce cows' milk to my older child. I stopped giving her formula milk at the time because I was afraid. I only switched back to formula milk after the government has reassured that the brand I was using was safe."
>
> (Zahra, 37, BF, Focus Group 3, City)

It is interesting to note that Zahra was still breastfeeding her youngest child at the time and did not mention about substituting her older child's formula milk with her own. Another participant, Maria, who also breastfed her youngest child did not mention about substituting formula with her breast milk. She however said that the contamination issue had encouraged her to breastfeed her second baby exclusively. As she explained, "It is a horrible thing. I am now more determined to breastfeed my second baby for as long as I can" (Maria, 29, BF, Focus Group 7, City). Unfortunately, I had not thought of asking these mothers whether they had considered giving breast milk to their older children. However, as one participant mentioned, "to produce enough supply for one baby is already a challenge for mothers." (Qaseh, 29, BF, Focus Group 1, City), therefore I would

[17] Cancer was recognised as one possible effects of chronic exposure to melamine. However, the media did not highlight this in their reports. Yet, cancer *was* mentioned more frequently than other health implications of melamine in the focus groups.

assume that mothers would prioritise their youngest child, who *may* exclusively depend on breast milk.

Aside from gaining information from the media, mothers also mentioned about information received from different sources. For example, one research participant explained,

> "I sought for information from the Internet and the newspapers. But they also put up notices in supermarkets. And if you go to pharmacies, they would also advise you which brands are safe to consume. The information is also available at government clinics and local authorities. They are all conscious about this matter you know."
>
> (Nani, 29, FF, Focus Group 4, Town)

However, not all mothers felt worried or the need to take action. One mother particularly felt confident with the formula milk brand she was using. Mas explained, "I am not worried at all. After all, I have always used this brand," (Mas, 24, MF, Focus Group 9, Rural).

The melamine contamination crisis has generated interesting and a variety of responses from mothers in focus groups. Similar responses were also observed in the breastfeeding forum. The posts were relatively immediate responses after the media reported the melamine crisis. [18]

Overall, mothers in the breastfeeding forum expressed their sense of relief because they felt unaffected by this issue. Nonetheless, many mothers also felt sorry and concerned for others mothers in the forum, who might have older children drinking formula milk. The degree to which this issue has affected some of the forum participants was rather deep. One mother in the online breastfeeding forum wrote:

> "I had nightmares about this. In my dream I saw dead babies and a hospital filled with sick babies... But the doctors and the nurses kept on feeding them with formula milk. The formula milk looked rather unusual, like it was contaminated. When I woke up, I felt so relieved. I immediately hugged and kissed my baby."
>
> (Ria, susuibu.com, 18 September 2008)

[18] Specifically the crisis broke in mid July 2008 but was only highlighted in the Malaysian media beginning 12 September 2008.

Surprisingly, mothers in the formula feeding forum did not discuss much about the melamine contamination in any of the threads. There was only one response posted in the forum; a formula feeding mother expressing her concerns about this issue. She wrote: "Can anyone assure me that MJ (Mead Johnson) products are not tainted?" (Candy, Asian Mom Network). Candy's post only received one response which assured the forum that the formula milk was safe (27 November 2008). [19]

The "silence" in the forum *may* suggest that it was "inappropriate" to discuss the issue with formula feeding mothers. There seemed to be an understood boundary drawn by the mothers in the formula feeding forum to show consideration for other mothers in the forum. Similar boundaries were also drawn by mothers in the focus groups. Although some breastfeeding mothers still expressed their sense of relief, they would still reserve their judgements towards formula feeding mothers. Although it would be interesting to find out why women chose to breast or formula feed their children, I did not delve into this question as it was not a priority for this study.

8.2 Bisphenol-A bottles

Bisphenol-A (BPA) is a toxic chemical substance that is hazardous to human health. It is commonly used to make many polycarbonate products including baby bottles. Research has proven that BPA seeps out from plastic bottles when heated and also escapes with regular washings. Among other things, consuming BPA substance was linked to health problems such as infertility, obesity as well as prostate and breast cancer (Carwile et al., 2009).

News about BPA in baby bottles appeared in the Malaysian media in early 2008 and has ignited some fear among parents with young children[20]. This issue concerned directly to formula feeding mothers however, many breastfeeding mothers are also affected because

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[19] This reply was posted by a junior member which read: I just called MJ for clarification about the melamine contamination issue. They assured me that all their products are safe. You can get details from their General Manager's speech on this website.

[20] At the time this study was conducted, BPA issue was still relatively new. The issue has since given more priority and emphasis by the government and the media. On 15 March 2011 the Malaysian government announced a ban on polycarbonate bottles containing BPA. The Minister of Health said the decision to ban these feeding bottles was taken "due to BPA's risk to infant hormone systems". Enforcement will be made in stages and industry is expected to comply by March 2012.

baby bottles were commonly used to store and feed expressed milk. In fact this issue does not only concern parents with infants, but parents with young children as well.[21] Therefore, it can be argued that more children are at risks of BPA bottles than exposed to melamine contamination. However, stories about BPA bottles were less reported in the Malaysian media (N=12), as compared to the melamine story (N=45). This figure is of course, based on my sample framework examining *five* newspapers throughout 2008 using multiple keyword search in online database (refer to methodology chapter - *chapter four*).

News about BPA in the Malaysian newspapers mostly debated on the safety of using baby bottles. Among other things, news reported various studies conducted internationally about risks and effects of BPA. However, the news reports did not conclude whether the use of BPA baby bottles is considered safe or not. One particular news story (extracted from Reuters) discussed some research findings, reports and political statements, all debated about BPA and the harm it *may* cause to children. This is an excerpt taken from the article:

> A major study links a chemical widely used in plastic products, including baby bottles, to health problems in humans like heart disease and diabetes, but regulators said they still believe it is safe. .... the study by British researchers in the Journal of the American Medical Association found that among 1,445 US adults, those with the highest levels of BPA were more likely to have heart disease, diabetes and liver-enzyme abnormalities than those with lower levels. ..... "We have confidence in the data we've looked at and the data that we're relying on to say the margin of safety is adequate," FDA official Laura Tarantino said at a meeting of experts advising the agency on whether it made the right call. ..... "We have not recommend that anyone change his habits or change his use of any products because right now we don't have the evidence to suggest that people need to." .... Canadian officials have concluded BPA is harmful. ... Steven Hentges of the American Chemistry council, an industry group, said the study's design did not allow for anyone to conclude BPA causes heart disease and diabetes. .... Democratic US Rep John Dingell of Michigan, who heads the House of Committee on Energy and Commerce, said the FDA has "focussed myopically on industry-funded research."
>
> (NST, September 18 2008)

[21] According to The Association of Registered Childcare Providers Malaysia, 99 percent of parents in Malaysia still continue using baby bottles for their children until they reach the age of four.

Research participants had various opinions about BPA in baby bottles and the risks involved. One mother explained that BPA is a chemical substance used in production of clear plastic bottles,

> "I think BPA is a substance used to produce clear bottles. That is why some bottles are clearer than others. Usually the BPA-free bottles are quite yellowish. I think that is the purpose of BPA substance in baby bottles."
>
> (Iza, 29, FF, Focus Group 7, City)

Another participant also mentioned a similar idea. She explained,

> "It is easy to recognise the [BPA-free] bottles. They are the ones that colour-fades easily. Not the pretty ones you know. The BPA-free bottles will turn yellowish after a while. But they are better than the clear ones."
>
> (Heidi, 27, FF, Focus Group 8, City)

There are also mothers who perceived the opposite. Nani for example said, "Usually the good bottles wouldn't fade colour. If you buy the cheap ones, those are the ones that would fade after two or three washes," (Nani, 29, FF, Focus Group 4, Town). Some research participants felt that BPA would not harm babies yet they preferred to buy BPA-free bottles for their babies. One research participant explained this,

> "In the olden days, it doesn't matter how you feed [to your children], they would still thrive... But things are different now... If I have the capacity to provide my children with better products, then why don't I? Things are different now. Bottles have different chemicals. Time has changed."
>
> (Nani, 29, FF, Focus Group 4, Town)

Similar views were also discussed by mothers in another focus group:

Rania (29, BF):	I believe that mothers in previous generations, especially those who lived in the villages... they all fed their children with whatever bottles they had. But look at us now. All of us grew up normal anyway.
Moderator:	So does this issue worry you?
Mila (29, FF):	I don't think so.
Rania (29, BF):	Not so much. But if you have the opportunity like me, I would choose BPA-free bottles. Because I'm aware of the risks and yes, I admit, I do use BPA-free bottles. I think it (BPA) can affect babies in the long run but

probably not that much. Baby bottles are made of plastics, so whenever we heat them, there's bound to have some chemical reaction so there are some risks to the baby.

(Focus Group 1, City)

Like Rania, there are a number of mothers who also believed that BPA could 'leak' out of baby bottles especially when heating the milk. Sterilising was also mentioned as another cause of BPA 'leakage'. In one focus group, mothers negotiated both the needs and risks of sterilising baby bottles:

Julita (39, FF):	But aren't we supposed to boil the bottles? The doctors advised me to. You know, to get rid of the germs.
Dina (34, BF):	Yes, to get rid of the germs but you never know...
Julita (39, FF):	Exactly. We may kill the germs but we don't know what happens to the bottles when we boil them. That thing (BPA) is dangerous.
Dina (34, BF):	This may also happen when we pour boiling water into the bottles you know.
Julita (39, FF):	Maybe we should just use warm water then?
Dina (34, BF):	Yes, just use warm water instead of boiling water.

(Focus Group 2, City)

In another group, one mother avoided sterilising bottles altogether. She explained, "I don't boil the bottles because then all the toxic will leak out. I just use the specialised bottle cleanser," (Heidi, 27, FF, Focus Group 8, City).

Some research participants also discussed BPA as a criterion when choosing baby bottles. One mother explained, "I'm worried that it (BPA) will absorb into the milk... That is why I only buy BPA-free baby bottles. I don't care how pricey they are. I would still buy them," (Maria, 29, BF, Focus Group 7, City).

However, not all mothers had the same opinion. For example, in one focus group mothers discussed several other preferences when choosing baby bottles.

Moderator:	What do you look for when you buy baby bottles?
Lola (41, FF):	I look at the price. And then the colours. Naturally as a woman, I am drawn to pretty things. If it is for a girl then I would choose red. Blue for boys.
Latiffah (28, FF):	I would look for bottles with big mouth opening. It is easier to spoon in [the formula].
Heidi (27, FF):	Another thing I would look at is the brand.

Latiffah (28, FF): Yes, but sometimes you can't really trust the brand for quality assurance.

(Focus Group 8, City)

While majority mothers have the option to choose baby bottles, there were also some (particularly mothers in focus group 9) who do not have the luxury to do so. One research participant for example explained that her son would only prefer certain types of bottles. She explained this,

> "I have bought so many different bottles... I had to because my son is quite choosy. He would reject the ones that he doesn't like so I had to try different brands and shapes before I was able to find the one. So if he only likes the BPA bottles, then I would have to [use BPA bottles]."
>
> (Rania, 29, BF, Focus Group 1, City)

In a different group, one exclusive breastfeeding mother expressed her difficulties with choosing bottles. Aminah explained,

> "I want to make sure that the teat is similar to the human nipple. Therefore, I have to find bottles that have teats like that. I don't want him to be confused and rejects my breasts. So I guess I have to accept if it is not BPA-free."
>
> (Aminah, 29, BF, Focus Group 6, Rural)

Mothers have different priorities for choosing baby bottles but it was very different with a stay-at-home mother Mas. As she explained,

> "I never buy them (baby bottles). Usually my husband is the one who buys them. If he likes it then he would buy it. Same goes with buying teats and pacifier. If the baby doesn't like it then my husband would find a different one."
>
> (Mas, 24, MF, Focus Group 9, Rural)

This particular situation is common in typical low income families. In most cases, husbands are the sole bread winners and therefore, purchasing power is usually the father's prerogative. Most of the time, the wife would usually not have a big say in family expenses. This was particularly observed in Focus Group 9 which was conducted with mothers from low income families and living in a rural village.

Internet groups

Mothers in the Internet forum also discussed about the effects of BPA bottles on babies, as well as exchanging information about them. Unlike the milk contamination issue, risks of BPA bottles were discussed by members of both the breastfeeding forum and the formula feeding forum. Many mothers utilised the forum to gain and share information, for example, observed in the discussion below:

> Macaroon9: I had recently heard about bottles containing BPA – it's a chemical substance in plastic that could lead to cancer. Has anyone heard about it? Does this mean we have to change our bottles? Or is this just another media hype?
>
> Fabmom: Yes, there are some brands which are not BPA free. I got to know about this recently and I plan to change my baby's bottles. I currently use Avent. I'm going to change to BPA-free bottles like Medela or MAM. I think there is still a lot of parents who are not yet aware of this BPA issue. I am not sure how dangerous it is to our kids. Perhaps there are some long term effects. On the other hand, people have been using bottles for generations and we haven't heard of any dangerous effects or complications, so I guess it would still be safe. If it is that dangerous, the government would have taken action to withdraw them from the market. So do not to worry too much. But do to take precautions. We now have the option to use non BPA products.
>
> (Asian Mom Network)

It was observed that past experiences and history played a role in mothers' negotiation of BPA risks. In another thread, the use of glass bottles and the concept of 'going back to basics' were discussed:

> Snowball: Hi all, I am gradually switching my two-year-old son to glass bottles. I have read a lot of information on the web about BPA – which is found in many daily products, even in formula milk containers. All is very confusing and unclear at this point. But why take the risk right? I am going back to basics.
>
> CPK: I like that you point out about going "back to basics". Glass bottles are good in the sense that they are easily maintained – you can just rinse them with soap after each use and soak in hot boiled water to sterilise them I don't use any chemical tablet as hot water is always best to kill bacteria and germs.
>
> (Asian Mom Network)

Overall, the BPA issue have raised some concerns among research participants. Mothers negotiated risks involved by referring to past experiences with bottle feeding and as a result, buying BPA-free bottles is seen as a *preferable* option for many, but not necessarily a necessity. Mothers have discussed other preferences for choosing bottles which included price, design and brand.

8.3 Toxin in breast milk

The third issue I will discuss here concerns toxin found in breast milk. Unlike the melamine scare and the BPA bottles, which both originated from outside Malaysia, the *toxin in breast milk* case is a domestic issue which directly concerns mothers in Malaysia. This issue became a public discussion when a news story published in *The Sunday Times* highlighted findings from a research conducted in a local state *Penang*. Among other things, the study confirmed findings of chemicals, classified as persistent organic pollutants (POPs) found in breast milk as a result of mothers consuming polluted water. This *toxin* is transferable to breastfeeding babies and when accumulated, may affect infants' brain development, immune system and cause health deterioration which can reduce life span. Some of the excerpts from the news read:

> Watch what you throw, it could end up in your child's drinks. A research has found breast milk from a group of mothers in Penang to have certain toxic chemicals. Twenty-six samples collected from first-time mothers aged between 23 and 38 years old tested positive for dioxins and pesticides, among other contaminants... Toxicologist Professor Dr Mustafa Ali Mohd from University of Malaya said contaminated breast milk is not safe for consumption. "Can you imagine how much chemicals you're exposing your babies to? You're practically giving them the chemicals through your milk... However, the study said that despite the contamination, experts have considered the benefits of breastfeeding have against any possible risk acquired by exposure to these chemicals, and therefore, have consistently recommended breastfeeding. Ecologist and toxicologist Professor Dr Ahmad Ismail from Universiti Putra Malaysia said breast milk is still the best choice because it provides components essential for the infant's growth and development. "Feeding formula milk is one measure to protect infants from POPs risk. But how we are to know that the milk and water used to prepare formula milk is not contaminated by POPs, infectious organisms or other environmental pollutants? The best solution is to reduce the levels of POPs in breast milk."
>
> (The Sunday Times, May 11, 2008)

The news has ignited concerns among breastfeeding mothers and health practitioners. In response to this article, four *letters to the editor* were published within two subsequent weeks in the same newspaper, three of which were written by medical practitioners. All of them stressed the importance of breastfeeding in spite of the toxin scare and suggested that the article *can* be misunderstood by breastfeeding mothers. In one of the letters, the writer wrote "this article may discourage mothers from breastfeeding," (NST, May 21, 2008). This concern also resonated in all of the four letters. One letter issued by the Malaysian Paediatrician Association described the news as "alarming to breastfeeding mothers who might worry that they are contaminating and doing harm to their babies," (The New Straits Times, May 20, 2008).

Another letter was issued by the Director of *Family Health Development Division* which mentioned that *the government* was concerned over

> ...the recklessness and insensitivity of the report, especially with regards to certain statements, which seem to belittle breastfeeding and favour infant formula.
>
> (The New Straits Times, May 27 2008)

The letter also condemned the report for generalising findings from a small scaled research. Another letter was written by a paediatrician and neonatologist *Dr Musa Mohd Nordin* who suggested that publishing the news was a *bad taste* decision. He explained that it was,

> ...badly timed and in bad taste. Bad timing because it is an old news rehashed to appear on Mother's Day. And in bad taste because it undermines the confidence of millions of women who have lovingly nursed their babies with this 'Cinderella Milk'.
>
> (The New Straits Times, May 15 2008)

It was significant that these responses came out in the same newspaper. It represented a degree of intervention by health professionals to control unnecessary fear to the public. These responses also suggested that the issue *can* scare mothers who *might* change their infant feeding choice from breastfeeding to formula feeding. However, it also assumed that mothers are unable to critically assess claims made in the media. When I talked to mothers in the focus groups, I found that this assumption was indeed oversimplified.

Mothers, especially the breastfeeding mothers that I talked to were in fact critical of the issue. I will explore this next.

8.3.1 Mothers' responses

Most participants in the focus groups expressed disagreement to this issue when presented with the headline prompt. Mothers, particularly breastfeeding mothers, questioned the reliability of claims and research data by comparing their own experience and knowledge about breastfeeding. For example, mothers in one focus group discussed this:

Zahra (37, BF):	I don't believe this. Is it really true?
Moderator:	This headline was taken from our papers.
Zahra (37, BF):	All I know is toxin passes through our urine.
Lina (29, MF):	I remember my doctor telling me that breast milk is filtered from early on. So whatever we drink shouldn't affect our milk....Does this refer to serious chemical substance? Or is it actually about polluted rivers? I know that certain food contains toxin but it's not dangerous. So which one is it?
Joyah (29, FF):	I think it's about polluted rivers. But most rivers are already treated and filtered right?
Zahra (37, BF):	I think it is possible that the toxin would come from drinking tap water. We don't even know whether the bottled water is safe.

(Focus Group 3, City)

Disappointment and anger over the news was also reflected through the responses in the breastfeeding forum. Similar to Dr Musa's accusation, mothers in the breastfeeding forum believed that this issue was used as a propaganda tool and that the media were just interested to 'sell their stories'. As one mother explained,

> "The media like to sensationalise stories but often this can be misleading to readers... sometime they tend to exaggerate this, which then makes everything seemed worse than it really is."

(Kareena, susuibu.com)

There are mothers who were convinced that the report contained some hidden agendas. This was apparent in these discussions:

"I honestly think that this is just some propaganda from the west. If breast milk contains toxin then what about formula milk and bottles? Why is it that the quality of water and formula milk are not being questioned here?"

(Ara63, susuibu.com)

"This is ridiculous. Maybe this study only tested breast milk from mothers who are using drugs. It is horrible that this research made the news. I think the formula milk companies are the ones planted this story in the media. They are worried because mothers nowadays are more interested to breastfeed. It is a strategy for them to get more mothers to buy formula milk."

(Aidaz, susuibu.com)

All mothers I talked to in the focus groups have no prior knowledge of the scare. Only women in the breastfeeding forum had heard about the issue. This showed that when the media devote only a little coverage on an issue or crisis, they may not be successful in promoting awareness of the crisis or invoking audience responses at a larger scale. However, information shared through a more interactive medium such as internet forum can facilitate news dissemination among specific groups affected by an issue. In the breastfeeding forum, women were more aware of the scare and responded more actively in the discussions.

It was also observed that breastfeeding mothers were more critical of this issue compared to formula feeding women. Breastfeeding mothers often talked about their knowledge and their experience with breastfeeding when discussing this issue. In contrast, formula feeding women were more *affected* by the issue and expressed their concerns over how contaminated water *could* affect their babies. Among other things, mothers talked about the quality of water used to make formula milk. One formula feeding mother discussed this,

"I often use boiled water (from tap) to make formula milk. But after a while, I realised that my baby's bottles had turned brown. It was almost like there was iron residue in them. So I stopped using tap water after that. I now use drinking water bought from stores... I am worried. What if it was iron residue and it was absorbed into the milk. I can't imagine my child drinking contaminated water every day. So my husband and I decided to use the bottled water bought from stores."

(Iza, 29, FF, Focus Group 7, City)

In another focus group, formula feeding mothers questioned the quality of drinks consumed outside their homes:

Khayra (33, FF):	Well, you can never be too sure. Especially the drinks bought from roadside stalls. I would say that there is a good 50 percent chance that we would get toxin in our drink.
Bedah (29, FF):	If you are a housewife, you could drink filtered water all the time at home. But for working mothers like us, we don't always know the quality of our drinks.

(Focus Group 5, Town)

Further critical responses from research participants also brought up discussions about water filters. One breastfeeding mother said:

> "I think this issue was initiated by water filter suppliers. They want to promote their products so they came up with this issue. You can find a lot of filters in the market nowadays, Bio Aura, RO... I think they purposely brought up this issue so people won't buy mineral water from the stores anymore and invest in their water filters instead."

(Cinta, 29, BF, Focus Group 4, Town)

Water filters were also mentioned in other focus group:

Damia (31, MF):	We have to use Bio Aura... you know, the water filter.
Moderator:	Do you use it?
Damia (31, MF):	Yes, at home. Because you never know whether the water is clean or not. You don't know where it came from.
Verra (29, FF):	Some people use that nano thing. Nano technology. They break down into nano particles in the water. But they clean the water effectively.

(Focus Group 6, Rural)

While discussing about toxin in breast milk, breastfeeding mothers also discussed about breasts ability as filters. Subsequently, mothers debated the existence of toxins in breast milk:

Hannah (29, BF): I think everything is being processed first in the body before it becomes milk. So everything should be good even though we eat... well, as long as we eat good food. They are not going to turn into breast milk straight away. Unless if we consume something unhealthy, like alcohol.

Qaseh (29, BF): I know that a lot of medicines are not suitable for breastfeeding mothers. Whenever I go to see my doctor I always tell her that I am breastfeeding. So she only prescribes me with medicines that are safe for breastfeeding. I would make sure that I remind her because I'm afraid what the drugs can do to the baby.

Hannah (29, BF): Generally, I think all food should be fine.

Rania (29, BF): I once read that you can't immediately enrol yourself into slimming programme [after giving birth] because of all those toxins stored in your body. When you breastfeed and at the same time try to lose weight, the accumulated toxins will seep into... well I don't know how it happens, but it will seep into the breast milk and our babies can be affected.

(Focus Group 1, City)

Overall, breastfeeding mothers were critical towards this media story. These women used their knowledge of breastfeeding in their responses. It was observed that the formula feeding mothers were more influenced by this issue and expressed their concerns over the quality of water which could affect formula milk. Breastfeeding mothers on the other hand critically assessed this issue and offered different *ideas* as to why the media chose to report this issue. On the other hand, formula feeding mothers were more *persuaded* by this story and how they understand other issues such as water pollution.

The responses showed that participants brought in their own understanding of "toxin" and other pre-knowledge of health issues into their overall response to the issue of toxin in breast milk. This was similar to Henderson and colleagues' (2011) findings where men in her study thought that breastfeeding could pass on cancer to babies.

8.4 Blurring of issues

As mentioned earlier, there are participants in the focus groups tend to mix these three issues together in their responses. For example, research participants often overlap their

understanding between melamine and BPA plastic, treating these two as the same thing. These two responses demonstrated this:

> "It is the same issue isn't it? They (melamine contamination and BPA in bottles) are the same. The effects are the same too. But we don't call plastic contamination melamine, we call it BPA."
>
> (Zahra, 37, BF, Focus Group 3, City)

> "I've heard from a friend. She mentioned about baby bottles made from melamine plastic. They are not good. Whenever we heat the bottles, melamine would contaminate the milk."
>
> (Lina, 29, MF, Focus Group 3, City)

Lina added later on in the discussion, "They mentioned about *melamine in bottles*, but I'm not sure how much melamine is there in the bottle," (Lina, 29, MF, Focus Group 3, City).

Another common issue brought up by mothers when discussing the two events were the health implications. Cancer was mentioned as the outcome from excessive exposure to both *melamine* and *BPA*. One research participant said "Melamine is being widely used in plastics substance. That is why people say don't use plastics, because it would cause cancer." (Sarah, 29, FF, Focus Group 3, City). One mother in the focus group mentioned about melamine risks in plates. She explained,

> "People are starting to be cautious of using dinner plates because some dinnerware is made of melamine. The melamine plates have solid composition and don't break easily... Many have changed from using melamine dinnerware to glass-made dinnerware because of this (risk of melamine contamination)."
>
> (Iza, 29, FF, Focus Group 7, City)

Also, there were mothers who associated BPA to plastic containers. For example, one mother talked about risks of storing food in plastic containers.

> "I have heard about the plastic containers for storing breast milk. Some people use the small Tupperware plastic containers. I know those containers are not good. Because when you warm them up, the BPA from those containers leaks into the milk. You have to use containers that are made specifically for storing breast milk."
>
> (Qaseh, 29, BF, Focus Group 1, City)

Mothers in another focus group on the other hand, discussed risks of drinking from plastic cups:

Dina (34, BF):	We can be affected too. Like when we use plastic cups for our drinks.
Julita (39, FF):	You mean when we use them for hot drinks?
Dina (34, BF):	Yes, the chemical substance becomes active you know, and when we drink from them, it would affect us too.
Julita (39, FF):	I guess that's true. Even with the plastic containers to keep our food. Like those take-away polystyrene containers that we normally use. We have to be careful, especially if the food is hot.
Dina (34, BF):	Yes, any kinds of plastics really, even plastic cups.
Julita (39, FF):	Especially the disposable ones.
Moderator:	Does this issue affect you in any way?
Dina (34, BF):	I guess it does. Especially now... I used to not care before this. But when people start discussing about this issue... I saw it on Selamat Pagi Malaysia (a local morning chat show on TV). One professor was talking about this. And it made me think you know. All the plastic cups can only be used for cold drinks. I used to make hot tea in plastic cups, but now I only use glass cups. Some people question why they get sick even though they only eat healthy food. They don't realise that the little things like this (the plastic food container) is the reason they get sick.

(Focus Group 2, City)

It can be observed that mothers' understanding of BPA, melamine and toxins is complex. It overlapped with the mother's experience and knowledge, as well as their risk assessment towards other issues. More importantly, these risks are generally conceptualised and build on one another in the process of understanding risks. Significantly this influenced how mothers defined risks and associated them to different infant feeding issues. However, at the same time, too many health issues highlighted in the media can 'blur' the distinctions between one issues and another, thus contributed to a distorted understanding of infant feeding risks.

8.5 Summary

In this chapter, I discussed media reports on three selected infant feeding issues (i.e. Melamine contamination in formula milk, BPA bottles and Toxin in breast milk). I also explored the responses from mothers in the focus groups and some in the Internet groups. I also provided examples of how mothers negotiated their understanding of each issue individually and collectively, as part of their risk assessment process.

In the *melamine* case, I explored how the media reported the issue, focussing on contaminated formula milk from China and highlighting Malaysian government's effort to address this issue. It was observed that many mothers relied on information from the media to get government updates and information about the tainted products. Mothers also suspiciously talked about products from China, particularly formula milk products imported from the mainland which were highly suspected for melamine contamination. Melamine contamination was also discussed in the breastfeeding forum, but interestingly it did not managed to spark much discussion in the formula feeding forum, even when they were the primary group at risk. Many formula feeding mothers in the focus groups expressed their concerns and some took measures to substitute or change to other formula milk brand or cow's milk. However, breastfeeding mothers who have older children on formula milk did not mention about supplementing their older children with their own breast milk.

Unlike the melamine contamination, media reports about the risks of using BPA bottles were quite ambiguous. The media debated different research findings but were unclear about the risks of using these bottles. Mothers also talked very lightly about this issue, most of them saw BPA-free bottles as a *preferred* choice and not necessarily seen as risky. Mothers talked about the lack of proof as to how BPA can affect babies. Nonetheless, mothers who were more concerned about this issue and were well-informed about the risks (for example Rania) felt that it was necessary to change to BPA-free bottles.

Media reporting of toxin in breast milk issue on the other hand sparked much criticism especially from the breastfeeding mothers. These mothers brought in their experience and knowledge from breastfeeding into their responses, most were sceptical of the story and

the motivations behind it. The media report also attracted health experts' responses in the media. Among other things, these health experts expressed their concerns over mothers who may be influenced by this report to stop breastfeeding. However, as my study demonstrated, the formula feeding mothers were more affected by this issue compared to the breastfeeding mothers. Formula feeding mothers were generally convinced that toxin *is* present in water and talked about for example, the risk of contaminated water that could affect formula milk.

It was observed that mothers often overlapped their understanding of infant feeding risks with other health risks. For example, there were mothers who associated melamine contamination with melamine plates, leaking plastic cups and food containers. Mothers' understanding of infant feeding risk therefore, overlapped with their understandings of other different health issues. This often occurred when respondents are less aware about an issue and the risks involved.

It was also observed that issues that had more media coverage were more salient among the respondents. For example, risks of melamine contamination received more coverage in the media as opposed to toxin in breast milk or BPA bottles therefore, respondents were able to recall the risks involved and took action. Also, as a result, mothers were generally more worried about the melamine contamination (even when they are not directly at risk), as opposed to risks of using BPA bottles (in which their babies are directly at risks). The media therefore has a role to mobilise/highlight danger/risks to its readers and convey information on the different degrees of danger/risks involved with different health issues. However, participants often reacted to media reports on infant feeding risks in a "holistic" way, and in relation to their experiences as formula and breastfeeding mothers.

CHAPTER NINE – Conclusion

This concluding chapter begins with a summary of each empirical chapter, as I revisit my findings and explore the different negotiations mothers have with understanding their own infant feeding practices and their responses to the representations of infant feeding (chapter five, six, seven and eight). I then consider the possible contributions of my research to the broader cultural and anthropological debates about breastfeeding and about media influence, and discuss some theoretical and methodological reflections. Towards the end of this chapter I present some limitations of this study and discuss avenues for developing future research in this area.

9.1 Summary of findings chapters

Each of my empirical chapter explored a different aspect of mothers' negotiations of religion and culture, in relation to the ways they responded to different issues surrounding infant feeding and the media. These chapters also revealed some of the social and cultural associations with different infant feeding methods, which then affected the way women negotiated modesty and their own bodies in different spaces, as well as how they responded to ideas of motherhood, and infant feeding risk in the media.

Chapter five provided an introduction to the Islamic context of breastfeeding, as guided by the Quran and *Hadith* and also contextualised some of the broader cultural and religious issues. It particularly explored some of the implications of breastfeeding (through *wet nursing*) on family ties and social relationships in Muslim society. By *wet nursing* a woman establishes *milk kinship* with the baby(ies) she breastfed, which then implicates the social relationship and emotional connectedness between both families. Therefore, the meaning of breastfeeding as 'bonding' (a common Western concept) is enhanced in Islamic society and the way mothers in the focus groups talked about their breastfeeding experiences have emphasised this.

However, the emphasised meaning of *bonding* (a Western concept) has also affected women's perceptions of wet nursing practice in the Malay society today. Most women in the focus groups viewed *wet nursing* as a 'threat' to their relationship and emotional bond

with their children. The idea that a mother has to share 'custody' over her child threatened her status and significance as a (biological) mother. In line with this, the Islamic regulation of *milk kinship*, (which forbids sexual and marital relations between a milk son/daughter and his/her milk family) is also implicated in the ways mothers viewed *wet nursing*. As such, most mothers expressed their concerns over the potential risk of incest that may occur in the future.

Chapter six explored the cultural positioning of breastfeeding bodies in the Malaysian media and in different physical and social spaces. In particular, it examined the ways in which the media (both general media and specialist media) locate and contextualise stories and images of breastfeeding and formula feeding. The research also explored mothers' responses to locations of breastfeeding images in different media spaces (using a breast pump advertisement as a prompt). Women also discussed their responses to different breastfeeding bodies in the media and it was clear that these responses interact with their negotiations of modesty, *aurat* and their responsibility as (breastfeeding) mothers. For example, most women in the focus groups thought that it was inappropriate to portray an image of a Malay woman breastfeeding in the media because it *may* expose her *aurat* in a 'public space'. Mothers argued that breastfeeding should be performed in private locations or in discreet manner because of the Islamic rule of *aurat*, which also influenced their understanding of modesty and shame.

Crucially, I argued in chapter six that the definition of public and private space in regards to breastfeeding is not simply defined by how much flesh is shown. Rather, a space is identified as more, or less 'public' or 'private'/ 'acceptable or unacceptable' depending on the bodies occupying that space. For example, the women in my study were less critical towards pictures of *Western* women breastfeeding but felt uncomfortable with having images of Malay woman breastfeeding in the media. It was observed that the ways in which these mothers defined and negotiated breastfeeding bodies in media spaces are often similar to how they would respond to bodies in 'real' space. Although the definition of 'public' and 'private' is subjective depending on individuals' interpretations and experiences with breastfeeding, mothers often concurred to a general boundary governed by Islamic regulations on *aurat*.

Chapter seven explored research participants' ideas about the *types* of mothers who would breast or formula feed. This was examined through mothers' responses to pictures of celebrity mums and their own collages of breasts and formula feeding women.

Celebrity pictures

In the *celebrity picture* exercise, mothers responded more confidently with celebrities that they were familiar with, from stories that they have read/seen/heard in the media. In their responses, participants would guess celebrities' infant feeding style based on what they have gathered from the media, basing their guess on for example, celebrities' social activities, stories and fictional characters that the celebrities played in movies.

Collages

The collages and associated discussions around them revealed that research participants have a clear image of the 'type' of women who would breast or formula feed. Participants used different objects and body shapes to represent abstract concepts (such as 'healthy', 'modern', 'selfish' or 'feminine'), which are also associated with these *types* of women. I used detailed analysis to deconstruct these collages; at the same time, I also listened to the mothers' explanations of their selections and construction of both breastfeeding and formula feeding images.

It was striking that although the collages showed great variation and subjectivity of interpretations, quite a number of similar objects/images were used to separate breastfeeding and formula feeding collages across all the focus groups: the big handbag, the high heels, the positioning of a father, pregnancy bodies etc. Oppositional values were also attached to both infant feeding styles in mothers' presentations of the collages (for example, traditional vs. modern and maternal vs. sexual). This somewhat interacted with the wider social understanding of motherhood and the socio-cultural expectations that came with both infant feeding styles.

The collages also surprisingly suggested findings which contradicted with media representations of breastfeeding. In particular, while the media often portrayed Western women breastfeeding, the collages inversely suggested that breastfeeding is more associated with Malay women/culture. This may propose that although Malay/Muslim breastfeeding bodies are constrained in 'public' spaces, breastfeeding is still considered as a common practice among Malay mothers (or at least the idea of it).

Chapter eight explored women's discussions in relation to three infant feeding issues. These discussions were generated from headline prompts in the focus groups. Among other things, women discussed about media as sources of information for infant feeding issues, although this does not necessarily suggest media's authority or reliability. Some women talked about manipulation in media reporting, while others accepted media information uncritically.

The *melamine contamination* issue had particularly raised concerns among the majority women in the focus groups. Mothers were already informed about the risks involved in this crisis and negotiated their own experiences and knowledge, before making decisions or taking actions. For example, many formula feeding mothers stopped using formula milk from China, yet there were also some who did not feel affected because of their confidence (from a long positive experience) with a particular formula milk brand.

Unlike the *melamine scare,* mothers were less affected by the *BPA* baby bottle issue. The media took an ambiguous approach when reporting the issue and most research participants were quite nonchalant in their responses. Using BPA-free bottle was seen as a *preferred* choice and many women continued to use normal bottles because it was perceived as safe. Past (unharmed) experiences using baby bottles by older generation mothers were part of women's risk negotiation. Women however, overlapped this issue with their understanding of risks using plastic containers, which was seen as dangerous to health ('leaking' plastic containers can affect the quality of food and drink).

Media prompt on *toxin in breast milk* on the other hand raised critical responses from breastfeeding mothers in the focus groups and the breastfeeding forum. Women talked about their own experiences and knowledge about breastfeeding and some felt confident

that the issue was simply a media hoax. Some women questioned the motive behind the media scare. Surprisingly, many formula feeding mothers felt indirectly affected by this issue and discussed their concerns over the safety of water supply used in formula milk. The issue also attracted responses from health practitioners who were worried that mothers would stop breastfeeding. However, as my study demonstrated, breastfeeding mothers were more critical in the way they interpreted this issue.

9.2 Empirical and Theoretical contributions

Empirically, this study contributes to the broader literature of breastfeeding, specifically in the Malaysian context (by analysing the Malaysian media and Malay women). Studies about breastfeeding and the media had mostly focussed in the Western cultural context (for example see Henderson et al, 2000; Trust and Farrar, 2008) or in the field of medicine and health. This research also represents some views from the perspective of Muslim community, particularly how breastfeeding is socially and culturally understood by Muslim mothers.

Even though I discontinued the focus on 'breastfeeding promotion' as a core goal, this study may help future research in areas of health education and also cross-cultural studies on infant feeding practices. For example, understanding women's concerns about *aurat* and their reactions to breastfeeding bodies in the media may be useful for future breastfeeding campaigns. In addition, healthcare practitioners worldwide can improve their practical approach when promoting, or giving physical support for Malay/Muslim women to breastfeed. The study could also be useful in future policy making in relations to maternity leave and breastfeeding at the workplace.

Among others this study has highlighted that many women were uncomfortable with seeing pictures of Malay women breastfeeding but less critical of pictures of western women breastfeeding. However, in order to normalise breastfeeding in the Malay society, images of Malay women breastfeeding should be made the norm in media and social discourses. Health campaigners therefore have to try to promote breastfeeding as a norm in the Malaysian culture but with respect to the Islamic rulings about public exposure of breasts. For example, having more images of Malay women breastfeeding in the media would promote breastfeeding to be seen and accepted as a norm in the Malay society but

must be respectable of the rule of *Aurat*. Additionally, having breastfeeding images which 'hide' the identity of the mother (such as seen in this study where a woman's head was cropped out, see page 121) would not benefit breastfeeding campaigns as it suggests that breastfeeding is a shameful act. Breastfeeding images should also promote the culture of breastfeeding in public (yet respectable of Islamic rules about *Aurat*), by featuring images that suggest outdoor locations, as opposed to, for example using images in hospitals or in a car. Furthermore, breastfeeding should be highlighted in the main section in the media and not only designated in the Health / Women section.

In the *theoretical* discussion, this study contributes to both the broader cultural debates about breastfeeding and media influence theory:

Firstly, the study linked back to the issues discussed in chapter two, particularly the way in which findings help reinforce or challenge social meanings attached to breastfeeding. This is explored in five areas:

a) Issues of the body and bodily experience – A biocultural perspective

The study found that it was useful to look at breastfeeding through a biocultural perspective. It concurred that breastfeeding is a cultural product as much it is a biological process. For example, the way a woman relates to her bodily changes affect how she looks at breastfeeding and the cultural significance of her breasts. I have explored how a mother having eczema on her breasts affected the way she breastfed her baby and her sexual relationship with her husband. I also showed how witnessing mastitis had influenced a mother not to breastfeed.

b) Negotiations between Western/modern cultural values and Islamic rulings

The study suggested that Malay women are conditioned by Islamic rules which then affected how breastfeeding practice is understood and positioned within the social context of a Muslim society. However, there were also signs of individual struggle to resist the cultural/religious management on their bodies. This study has discussed how women are both devoted to religious ruling of the body (through *aurat*) and at the same time identified through modern values of motherhood and women empowerment. These sometimes

complicated women's perceptions of breastfeeding, which then affected the way they understand their bodies and how they should self-administer their bodies (and other Malay/Muslim women's). Although the negotiation of bodies in different spaces also concerns other cultures, as pointed out in the literature review (for example, see Newmann, 2006; and Marcus, 2007), the context of Malay culture is emphasised by the rule of *aurat*.

Furthermore, the negotiation between Islamic rulings and their responsibilities as (breastfeeding) mothers which arose in the focus group discussions seemed to suggest that women recognised the conflicting characteristics as *equally* valid aspects of their (feminine) identity. Therefore, the tension which arises between women's identity as Muslim and the pressures to become 'good' mothers highlights that conventional femininity is not an inherent quality of their selves; rather femininity is constructed as a performance which the women can employ for their own purposes within everyday life. This supports Beverley Skeggs (1997) ideas on constructed femininity in working class women and 'respectability' as discussed in previous chapter.

c) Sexual-related connotations of breast

This study concurred with scholars (such as Carter, 1996; Forbes et al, 2003; Stearns, 1999) that breasts carry prominent sexual significance and therefore influence how women look at public breastfeeding. The study findings suggested that the sexual connotations of breasts can influence the way mothers view and feel about breastfeeding. This was particularly seen in two areas: First, it influences the way women feel when breastfeeding in front of a man (or at least the idea of it). For example, women have concerns with the potential male gazes when breastfeeding in public areas. Secondly, it also affects the way women viewed their breasts in their sexual relationship with their husbands. Although women did not reject breastfeeding because it challenges breasts' sexual disposition, it does affect how women feel sexually. For example, women talked about a decrease in sexual libido or expressing their worries for being less sexually attractive to their husbands. On the other hand, most husbands continued to view their wives (lactating) breasts as

sexual. This is seen with cases of husbands feeling 'turned on' by drinking breast milk. However, drinking wives' milk is complicated due to lack of understanding of the Islamic rule of milk kinship. This was demonstrated through mothers' concerns over the possibilities of establishing milk kinship between a husband and wife, and how this may affect their marital status.

d) Ideas of motherhood

The choice to breast or formula feed contributed to the conceptualisation of motherhood. The study concurred with scholars such as Murphy (2000) and Kukla (2006b) that infant feeding is used as a social measurement for defining a 'good' (or 'less good') mother. This was particularly observed in the collage exercise. Breastfeeding is described as selflessly prioritising a baby's needs (and symbolised by for example, loose clothing to facilitate breastfeeding). Conversely, women explained that choosing to formula feed is selfish because a mother prioritises her needs before her baby's (and symbolised by for example, high heels and stylish tight fitting clothes). However, strikingly, the context of 'good' or 'less good' mothers did not seem to reflect participants' own identity, how they are dressed or how they see themselves as mothers. Therefore, although breastfeeding plays a role in the construction of motherhood and the ideas of 'good' and 'less good' mother at the society level, it also competes with individual normative values and opinions on 'good mothering'. This may include for example, a mother being able to protect her children from various health risks (despite their infant feeding practices).

The study suggested that ideologies of motherhood was embedded and reflected through participants' responses. This was apparent when women discussed about celebrity mothers and when constructing the collages. However, Murphy (2000) also found that mothers in her study would resist interpretations of their infant feeding decisions that suggest they had failed to live up to ideas of a good mother. Interestingly, similar responses were seen in my study particularly when women responded to their collages, almost distancing themselves (and their infant feeding choices) from the images that they have created in the collages.

e) Locating this study within Feminist debate

The study demonstrated the Malay women's struggle to feeling empowered with breastfeeding (particularly in public space). This was particularly emphasised when women relate to issues of modesty and *aurat*. However, there was no concern raised about gender equality with regards to infant feeding. The gendered inscribed sexualised bodies remained unchallenged despite mothers' decision to, or feeling empowered when breastfeeding in public. For example, I have demonstrated how mothers gave in to other people's criticising them breastfeeding (even in one's own home). The right to breastfeed remained uncontested and this contributed to another aspect of struggle for Malay women and gendered treatment in the Islamic society.

These five aspects of argument suggested that understanding social and cultural issues surrounding breastfeeding is important, but there is also a need to include an analysis of the personal realm to this issue. Studies should explore how individuals negotiate culture, especially because breastfeeding itself is a site of personal and embodied experience.

Secondly, this study linked breastfeeding to the debates about media influence. Although this study is not grounded by any particular media influence theory, it does however recognise the power and interaction between media and audience as argued by Stuart Hall's (1980) *encoding/decoding* model.

In the findings chapters, I've looked at women's infant feeding choices and responses to media messages in the context of:

a. Islam and the broader Malay cultural values (e.g. legitimising adoption through milk kinship).
b. The negotiation of 'public' and 'private' space (bodily and social exposure, modesty and shame in both media and *real* space)
c. Images of the 'type' of women who breast and formula feed (e.g. negotiating celebrities infant feeding styles from media representations)
d. 'Scare' stories about risks associated with contaminated formula, water, or 'leaking' plastic bottles

Yet, while exploring this process, the study discovered there is a relationship between the act of breastfeeding with women's cultural background and own experiences, which influenced the way they responded to these media messages. It is crucial to note that because of these key differences in topic area, context and approach, the data of this study is not amendable in any other simple analysis. However, the study suggested that the media has an influence as a cultural resource that mobilises certain ideas about breastfeeding. This is shown for example in the way the media represent images of breastfeeding which mobilise certain ideas about breastfeeding in different spaces. The study also looked at how the media may influence women's negotiations of infant feeding risks, sexuality and motherhood. It built on Gauntlett's (2005a and 2007) idea about how audiences use the media in everyday lives. For example, the women I talked to, and the women in the online forums used different media outlets to gain information about melamine contamination in formula milk and risks of using BPA bottles.

In terms of approach, Hall's model (especially as pursued by Morley in 'Nationwide Audience'), examined people as audience in a moment in time and engaged with a television programme. My approach however, started with women's broader culturally embodied and embedded experiences. From this, I work back towards an understanding of how women might engage with the media and make infant feeding choices in the context of their lives.

This study also generally reinforced the complexity of media audience in the same way as Moores' (1993) definition - as individuals who are different from each other due to disparate social and cultural backgrounds and with different interests. This study demonstrated the importance of contextualising audience within everyday life and supported Gauntlett's (2004, 2007) inquisition to understand the role of media in people's lives. Although the study did not go in depth into studying media consumption, it supported that audience are in fact individuals who are saturated by different sources of media and therefore would consume the information derived from media in a complex variety of ways.

The study also suggested that women shared a collective definition such as argued by Stuart Hall (1980). Particularly, shared collective definition was observed in women's

definition of 'public' and 'private' space, as well as their opinions on the *types* of mothers who would breast or formula feed.

9.3 Methodological reflection

In the *preliminary stage*, the Internet forum observation was a useful and condensed way in both guiding me through some of the debates, and accessing specific debates, linked to particular media stories. In particular, it provided me some insights to the kind of discussions that took place in particular times of events and this was useful in analysing immediate responses to infant feeding crises. Particularly, the headline prompts used in the focus groups (explored in chapter eight) were selected after comparing the issues that were popular and salient in the Internet groups. Nonetheless, in the focus groups it was observed that not all the issues discussed in the forums were salient among the respondents. It showed mothers' different levels of awareness and responses to different infant feeding crises. On the other hand, women in the online forum were more aware and actively discussing current infant feeding issues. This suggested the potential of Internet forum as an alternative media to highlight news and risks. Therefore, the study could have benefitted from a thorough analysis of the responses in the online forums.

The production interviews on the other hand were useful to highlight some political economic issues and operational matters in the media. It was observed in chapter six that important editorial decisions are made at the media production level and have affected how Malaysian media portray breastfeeding. In particular, in chapter six I have explored the use of Western models and the cropping of mothers' head out from media images which also reflected the limitations of media to communicate breastfeeding promotions. As an effect, it was also observed that women felt uncomfortable with the idea of having images of Malay women breastfeeding in the media. The production interviews highlighted the need for studies to delve into media operations and issues that could have an effect on how the media portrays breastfeeding and consequently effect audience reception.

For the main method, the *media analysis* provided a general sense of how much (or little) breastfeeding is discussed in the Malaysian media and the overall discourse surrounding

issues of infant feeding. It identified several themes which explored specific contexts in relation to audience responses.

Method wise, this research concurred with Lester (2000) that study of signs should be determined by audience's understanding of how the signifier and the signified are connected. Specifically, the study found that using Western women in breastfeeding images has an effect on respondents' understanding of space division and modesty (as explored in chapter six).

Nonetheless the analysis of images was incomplete because I was only able to access images from the specialist media (Pa&Ma magazine), and two of the five newspapers in my general media sample. In addition, although I have provided some examples of formula feeding images, I did not go into details with each of them. This is a limitation to this study because formula feeding advertisements are widely accessible in both general and specialist media. As a result, this study may underplay the prevalence of formula feeding images/messages and how they can influence women's infant feeding choices.

The specific sample chosen also reflected infant feeding issues which caught media attention at a particular time. Findings discussed in this study therefore cannot be generalised to overall representations of infant feeding, but must always be reflected with the time frame of 2008. For example, the media issue about melamine contamination may not be highlighted in today's infant feeding stories.

The *focus group*, as a method, was useful in observing the interactions between participants and the negotiation process involved. Particularly, it enabled me to observe the process of understanding breastfeeding and formula feeding through different experiences. Although focus groups can sometimes be difficult in investigating private issues, I was surprised that the women were quite open about their experiences. Often, this made the discussions interesting and allowed mothers to openly debate about issues regarding the media. The media prompts used in the study were useful to keep participants focussed on issues surrounding the media. However, using prompts may generate responses that do not reflect media influence on audiences.

As a reflection on the focus groups, it would be very beneficial to have separate groups between breastfeeding and formula feeding women. This may generate different

responses and encourage mothers to talk about their infant feeding issues more openly. I would also like to conduct more focus groups with rural participants, to expand the discussions about breastfeeding in public and the media, which was found interesting and different from other city-based groups. The findings would then expand on debates about economic power and issues of modern vs. traditional. The study could also benefit from comparisons with groups of non-Muslim women and other social/support groups.

I was particularly pleased with the collage exercise. As a method, I found that the collages stimulated creative thinking and inspired participants to be expressive and communicative ideas, as seen in chapter six and seven. As pointed out by Gauntlett (2004) creative visual methods helped communicate abstract concepts such as ideologies and identity. Particularly the collages used metaphors and objects to describe abstract concepts and symbolise lifestyles, behaviours or human characters. It linked different values and social relationships to a particular infant feeding style and uncovered an interesting process of constructing motherhood and the image of 'good' and 'less good' mothers. Moreover, the medium of collage itself was straightforward, and it required no artistic skill and was fun, where many mothers enjoyed this exercise.

However, creative exercises can be a complicated method and subjective in nature. Therefore, there is a possibility that the collages may only represent women constructing stereotypes. Nonetheless, the collages also demonstrated that these stereotypical opinions are embedded in the way women perceived the 'type' of mothers who would or would not breastfeed. It also suggested that women shared similar opinions when constructing these images. This may then relate to for example, the process of reinforcing/rejecting/negotiating certain ideas about motherhood.

However, the findings generated by creative methods alone are not able to prove media influence, such as seen in Glasgow Media Group *newsgame* approach. Such is the case with this study. However, creative visual methods have great potential and scholars (such as Gauntlett, 2005b & 2007; Henderson, 2007; Kitzinger, 1993; Philo, 1990) should continue experimenting with creative methods in order to allow for improvements and innovations of media research methods. I recognise that there is definitely room for further exploration with using creative methods to studying the media.

9.4 Research limitations

The study is limited in terms of sample and scope of study. Particularly, it would have benefited from a broader media sample, which may include an analysis of formula feeding images. In addition, findings in the media analysis can only represent media sample of 2008 and therefore, cannot generalise the overall representations of infant feeding, but must always be reflected in that particular time frame.

The study also was not able to demonstrate any links between audience understanding in relation to their media consumption. It was not a priority of the study to explore media consumption however; this study did show (especially in chapter eight) that the media can play an important role in communicating infant feeding risks and arousing panic reaction. Therefore the study could have benefitted from an analysis of media consumption in order to explore deeper on media role to communicate infant feeding risks.

The study also did not delve much into the media production level. It was found that media operations played an important role in locations of breastfeeding in the media. However, more interviews with editors, journalists and news sources could provide a better understanding of some of the complex issues in media organisations.

In addition, this study would have ideally liked to, and benefited from granting mothers access to images from any media sources, enabling them to choose freely within the construction of their collages facilitated through for example, the use of the Internet. I would also have liked to allow more time for mothers to think about their collages and if at all possible video record the process of them discussing and negotiating their choice of images. This would have been very beneficial and enabled me to observe details of the creative processes and the negotiations that took place whilst constructing their collages.

Most of the limitations in this study were due to time and financial constraint, as well as inadequate resources on the locations where I conducted my focus groups. Nonetheless, these limitations did not seem to undermine this study although I do wish to consider having more options and broaden the scope of research. I would also ensure the freedom of materials availability to participants in future research projects.

9.5 Directions for future research

The methodology employed in this research can be refined or complemented by undertaking follow up interviews with the mothers, giving them time to reflect on the exercises and collages that they have constructed. This is something that I have not engaged in this project but would love the opportunity to meet again with some of the mothers that I have interviewed in the focus groups and have a follow up session with them. I personally believe that this may produce interesting result and I do wonder what kind of collages these mothers will produce if given the second chance at the collage exercise.

I would also like to have the chance to expand my research with more mothers (to see if different 'voices' emerge), support groups like fathers and grandparents, as well as other individuals who are still unmarried, children and older people, to see any similarities or distinct findings from my focus groups. The findings would be a useful addition to existing material, provided that the differences in results are used collectively to complement the overall finding and the focus is to explore the influence media have on people. I also wish to develop future research in other issues related to breastfeeding such as the construction of motherhood and maternal health.

The study can also expand its production interviews and explore issues in relation to political and economic pressures of formula milk marketing. This would complement findings in the study and explore the circuit of mass communication (production-content-reception) in the Malaysian context.

9.6 In conclusion

Breastfeeding is a complex issue that is implicated within the social and cultural parameters. Throughout this study I put great emphasis on the exploration of cultural and religious influence on breastfeeding. However, by exploring the media and how mothers negotiated their culture and religion into their understanding of breastfeeding, I was able to demonstrate some links in media/audience relationship. I have demonstrated for example, how women negotiated *aurat* and modesty in their understanding of space (acceptable/unacceptable) in the media. Consequently, this relates with the way women

looked at breastfeeding bodies in *real* space. I also demonstrated how the media might assist mothers' understanding of infant feeding risks and related health issues - which was also critically assessed through the mothers' own experiences with breast of formula feeding.

Furthermore, this study has explored with creative and visual methods to complement language based methods. The creative and visual exercises provided an opportunity for mothers to think and negotiate with others. Particularly in the collages, women thoughtfully selected/rejected images which expressed abstract concepts of identity and motherhood, both independently and as a whole. This creative process allowed mothers to connect with their deeper thoughts and subconscious minds.

On a personal note, this research has helped me discover myself and understand my own issues with regards to breastfeeding. I have come to understand my feelings and my guilty conscience for giving up the first time, one that I still carry with me until this day. I have also enjoyed the awkward responses I received for breastfeeding in public, as much as I enjoyed getting positive comments from strangers. Being a Muslim woman living in the UK does affect how I feel and experience breastfeeding in public. I often identify my role as a breastfeeding mother first than being a Malay/Muslim woman. It made me feel empowered to breastfeed in public, although I sometimes still feel a slight anxiety when having to breastfeed in front of my male Malay friends. This whole experience has been a wonderful journey and I cherish every moment of it.

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Appendix

Appendix A : Checklist and Focus Group Guideline

Emma Mohamad

Focus Group Guidelines

1. Introduction – Thank you for attending – [help yourselves to food and drinks – explain that the discussion consists of two parts i.e open discussion and exercise]

2. Explain to them that it is a very relaxed and safe environment

3. Explain what the focus group is about – Understanding issues surrounding infant feeding and interested with their own experiences dealing with infant feeding issues –looking at media, religion and cultural aspects.

4. Ethics: Check for approval for taping (and to use data for research)
    a. Read out ethics sheet and get them to sign ethics form

5. Get respondents to fill in focus group background questionnaire

6. Explain mode of discussion – no right or wrong answer – I am just interested to hear what you have to say. What I want is for us to have a conversation about issues of infant feeding, what you think individually and as a group. Try to hear from everyone in the group and its easier of we don't talk over each other.

7. Talk to each other – not just to me

Appendix B : Focus Group Consent Form

FOCUS GROUP

Consent Form

I understand that my participation in this project will involve a focus group discussion about infant feeding issues which will take up to 2 hours of my time.

I understand that participation in this study is entirely voluntary and that I can withdraw from the study at any time without giving a reason.

I understand that I am free to ask any questions at any time.

I understand that the information provided by me may be used in research findings and written up in articles / books etc. It will be anonymous. The information provided by me will be held confidentially, such that only the researcher can trace this information back to me individually. I understand that I can have access to the information at any time and that in accordance with the Data Protection Act, this information may be retained indefinitely.

I, _____(NAME)_ consent to participate in the study conducted by Emma Mohamad from the School of Journalism, Media and Cultural Studies, Cardiff University with the supervision of Professor Jenny Kitzinger.

Signed:

Date:

Appendix C : Focus Group Background Questionnaire

Focus Group Questionnaire

Group: _____

Date: _____

1. Name: _____
2. Age: _____
3. Race: _____
4. Status:
   ☐ Married ☐ Divorced/Single parent
5. Occupation: _____
6. Demographic:
   ☐ City ☐ Town ☐ Rural
7. Number of children: _____ Age/s: _____
8. Feeding experience:
   ☐ Breastfeeding ☐ Formula feeding
   ☐ Both
9. Current feeding choice:
   ☐ Breastfeeding ☐ Formula feeding
   ☐ Both
10. Contact number/email (if you consent for follow up session:
    _____

Appendix D : Distribution of FG mothers and groups

Focus Group	Location	Social / Occupational Background	Name, age and current infant feeding choice			Total participants
Focus Group 1	Selangor (City)	Young Professionals with Bachelors degree Qualification	Qaseh Rania Hannah Mila	29 29 29 29	BF BF BF FF	4
Focus Group 2	Johor (City)	Working class family – Stay at home moms and working mothers with High School / College Qualification	Mimi Julita Dina Zaqyah Lana	38 39 34 34 33	BF FF BF NF FF	5
Focus Group 3	Selangor (City)	Young professionals working at a local university	Lina Sarah Zahra Joyah	29 29 37 29	MF FF BF FF	4
Focus Group 4	Perak (Town)	Young administrative staff working at a teacher's college	Nani Cinta	29 30	FF BF	4

			Damia Acha	31 26	BF BF	
Focus Group 5	Pahang (Town)	Working class family. Stay at home moms and working moms, some with university degree qualifications	Khayra Kimie Bedah Layla Marissa Yasmin	33 29 29 24 29 33	MF FF FF FF FF FF	6
Focus Group 6	Perak (Rural)	Working moms at two local university state branches. All with University degree qualifications	Naema Aminah Verra Damia	35 29 29 31	FF BF MF MF	4
Focus Group 7	Kuala Lumpur (City)	Working moms with university degree qualifications	Rabiah Iza Maria	29 29 29	MF FF BF	3

Focus Group 8	Selangor (City)	Working Class Family – Stay at home moms/ teachers/working moms, some with university degree qualification	Sofea Latiffah Heidi Lola Tina Orked	40 28 27 41 37 34	FF FF FF FF BF NF	6
Focus Group 9	Kelantan (Rural)	Stay at home moms with low income family	Mas Yusra Bunga Fatima	24 38 24 39	MF MF MF BF	4

Appendix E : Email correspondence with AMN

From: Mj Mal <mj.mal@bms.com> Thursday - August 7, 2008 6:30 AM To: Emma Mohamad <mohamadem@Cardiff.ac.uk> CC: <irene.leong@bms.com>, Anna Chan <anna.chan@bms.com> Subject: Re: Ask about the site Attachments: Mime.822 (16491 bytes)

Dear Emma,

You are most welcome. Should you need any help in future, please do not hesitate to contact us.

Thank you,

Regards,
Farah Haryati
Consumer Care Specialist

Emma Mohamad wrote:
Dear Farah,

Thanks a lot for consulting your superiors regarding my research intentions. As a researcher, I
respect MJ's decision and therefore, I will NOT be entering/initiating any discussion in the forum.
I am grateful enough that I would still be able to surf through the forum and observe the past
postings that is related to my research and collate the information that I need for my study. And
for that, I am very, very thankful.

Again, thanks a lot for your help!

Best,

Emma Mohamad
PhD Student
School of Journalism, Media and Cultural Studies
Cardiff University

Mj Mal <mj.mal@bms.com> 04/08/08 9:53 AM >>>

Dear Emma,

Thank you for sharing your intentions and for seeking our permission to do research in our forum.
We have consulted management and we regret to inform you that we are unable to meet your request.
We understand the objectives of your research however, the Asian Mom Network forum is not the

platform for individuals or corporate reps to do any form of research.
We would like to reiterate the
objective of our AMN forum which is to provide a platform for discussion
and sharings amongst parents
on parenting related issues.

What we recommend is surf thru' the forum and observe the past postings
that is related to your research to
collate the information that you need.

Thank you,
Regards,
Farah Haryati
Consumer Care Specialist

Emma Mohamad wrote:

Hi Farah,

Firstly, thank you very much for your prompt reply and the helpful information you've provided.

I do understand and respect that Asian Mom Network was established in line with The Ministry of
Health Code of ethics and therefore no promotion for infant formula whatsoever is permitted.

I apologise if I have in any way cause misunderstandings about my intention to do a study about
this network. It is not my aim to examine whether such promotion is taking place or not. That is not my rght and certainly not my place to do so. As a researcher, I have to remain objective throughout and I guarantee you that I will be very professional with my work.

For your information, I am only interested to talk to the parents (in the forum) about their choices of infant food and nutrition. Therefore, I do understand and acknowledge that whatever topic being discussed in the forum does not involve Mead Johnson as a brand nor the company. The website
is just merely a medium for uniting parents all over the country to discuss about their joy and difficulties of parenthood.

As a researcher, I believe that it is not ethical for me to enter the forum covertly and observe the discussions that are taking place. Therefore, I am writing to you to inform about my intentions and hopefully request permission from you to do so.

I plan to enter the forum openly as a researcher at all times and invite the parents to comment on their view about infant feeding choices and how does the media play a role in all this.

Again, I would like to say that I do understand and respect that Mead Johnson is not involved in any infant feeding promotions/discussions that are taking place in the forum. Any discussions that are taking place only involves personal opinion from the members of this forum and therefore, does

not represent Mead Johnson in any manner possible.

Having mentioned that and all my research intentions, I do hope to get more feedback form your side and response towards my request.

Thanks a lot for your time and effort. My apologies for any inconvinience caused.

Best,

Emma Mohamad
PhD student
Cardiff University
+447 51511 7371

Mj Mal <mj.mal@bms.com> 22/07/2008 04:07 >>>

Dear Emma,

Thank you for your reply. Since you are in the UK, you may contact us via e-mail. For you information, our Asian Mom Network online forum allows parents to communicate and discuss regarding parenting issues.

In accordance to the Ministry of Health and code of ethics, no promotion is allowed for infant formulas. Therefore, we can not promote infant feeding in Malaysia.

If you have further queries on our products or services, please do not hesitate to email us again.

Thank you,
Regards,
Farah Haryati
Consumer Care Specialist

Emma Mohamad wrote:

Hi Farah,

Thanks for the reply. My cell number is +447515117371. For your info, I am currently in the UK.

Hope to hear from you soon.

Cheers.Emma

Mj Mal <mj.mal@bms.com> 10/07/08 3:12 AM >>>

Dear Emma,

Thank you for your e-mail. Please provide your contact number for us to assist you.

If you have further queries on our products or services, please do not hesitate to call / email us again.

Thank you,
Regards,
Farah Haryati
Consumer Care Specialist (1-800-88-3585, Mon-Fri, 9am-5:30pm)

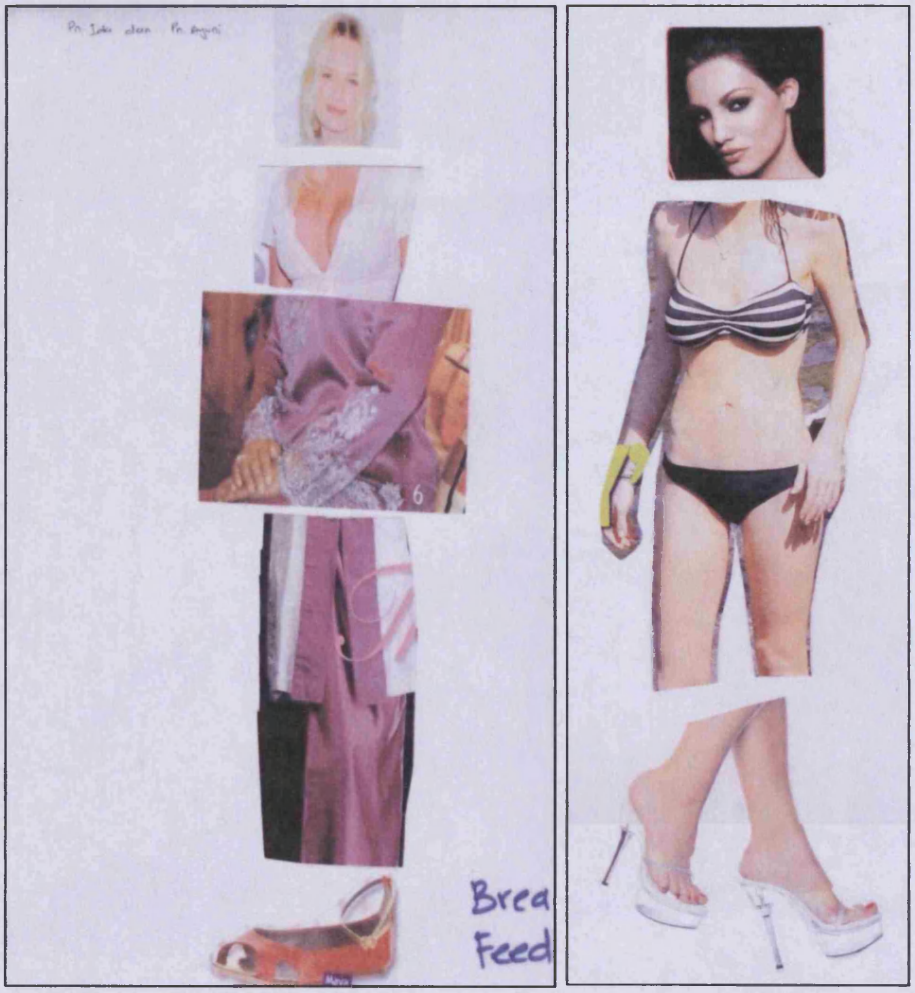
mohamadem@cardiff.ac.uk wrote:

From: Emma Mohamad
Country: Malaysia
Subject: Ask about the site
Message: Hi there, My name is Emma and I am a PhD student at Cardiff University. Currently, I am doing a research on Media Role to Promote Infant Feeding in Malaysia. I am very interested with the online forum (Asian mom Network) and the role it plays as an alternative media to promote infant feeding choices among Malaysian mothers. I have some questions about the forum and was wondering who may I be in touch to discuss more about this? Hope to hear from you soon. Thanks a lot.
allow contact : No
allow promote : No

Appendix F : Mothers' Collages

All the collages are arranged by groups with breastfeeding collage on the left while formula feeding on the right.

Appendix F1: Mothers' Collages



Group 1, Focus Group 1

Appendix F2 : Mothers' Collages

Group 2, Focus Group 1

Appendix F3 : Mothers' Collages

Group 1, Focus Group 2

Appendix F4 : Mothers' Collages

Group 2, Focus Group 2

Appendix F5 : Mothers' Collages

Group 1, Focus Group 3

Group 2, Focus Group 3

Appendix F7: Mothers' Collages

Group 1, Focus Group 4

Appendix F8 : Mothers' Collages

Group 2, Focus Group 4

Appendix F9 : Mothers' Collages

Group 1 Focus Group 5

Appendix F10 : Mothers' Collages

Group 2, Focus Group 5

Appendix F11 : Mothers' Collages

Group 1, Focus Group 6

Appendix F12 : Mothers' Collages

Group 2, Focus Group 6

Appendix F13 : Mothers' Collages

Group 1, Focus Group 7

Appendix F14 : Mothers' Collages

Group 1, Focus Group 8

Appendix F15 : Mothers' Collages

Group 2, Focus Group 8

Appendix F16 : Mothers' Collages

Group 1, Focus Group 9

Appendix F17 : Mothers' Collages

Group 2, Focus Group 9

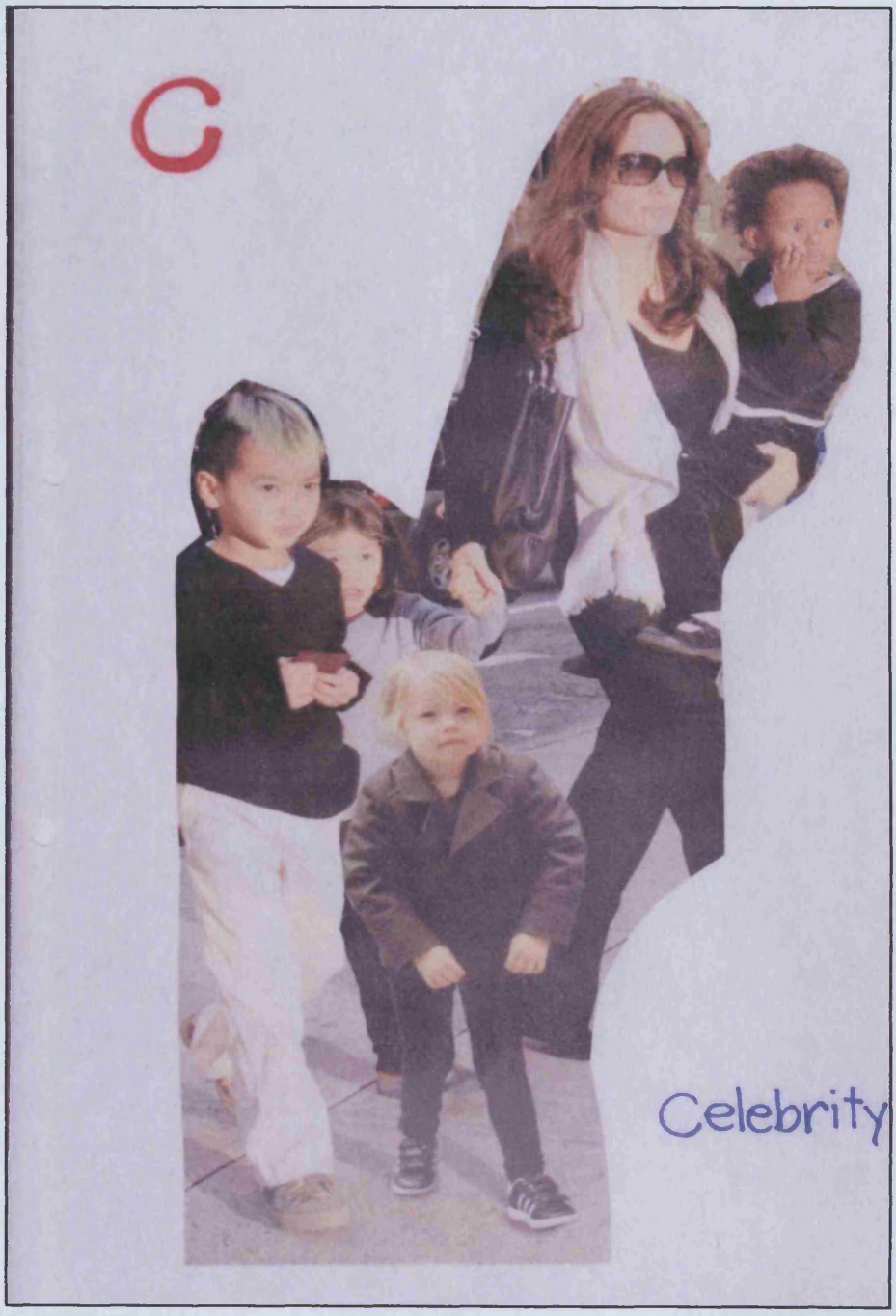
Appendix G : Celebrity Pictures Used as Prompts in Focus Groups

Appendix G1: Celebrity Pictures used as prompts in Focus Group

Britney Spears

Source: OK Magazine April 2009

Appendix G2 : Celebrity Pictures Used as Prompts in Focus Groups



Angelina Jolie

Source: New Weekly, May 2009

Appendix G3: Celebrity Pictures Used as Prompts in Focus Groups

Victoria Beckham

Source: OK Magazine, April 2009

Appendix G4: Celebrity Pictures Used as Prompts in Focus Groups

Norjummah – Local Celebrity

Source: *Keluarga,* June 2009

Appendix G5: Celebrity Pictures Used as Prompts in Focus Groups

Wardina Safiyyah – Local Celebrity

Source: *Mingguan Wanita*, May 2009

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