

FEMINISM AND LOW BREASTFEEDING RATES IN FRANCE

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Abstract

Breastfeeding rates in France are among the lowest in high-income countries, indicating that French mothers do not breastfeed for nearly as long as is recommended by healthcare professionals and international health organizations. French government, society and conflicting feminist perspectives all influence the likelihood that mothers will breastfeed. The French government has regulations in place to protect women's right to breastfeed in public and in the workplace, but it is unclear if these are truly beneficial for French women. French society is a seemingly inhospitable environment in which mothers do not feel safe and secure to breastfeed publicly. Motherhood and feminism are two ideas currently at odds in France. Modern French feminists do not support breastfeeding or mothers being enslaved by their responsibility to their children. There are many factors affecting French mothers' willingness to and duration of breastfeeding, but as French feminism has evolved over the years it has become clear that they are making way for a new definition of motherhood and challenging its compatibility with feminism.

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Chapter 1

Introduction

For many, the phrase “feminism” evokes a polarized reaction. It can be a radical war cry or a hopeful aspiration for women. It encompasses every aspect of our lives: the workforce, society, family, and religion. Feminism means something different in every country and culture, but at its core it is a means for women to obtain equality and liberation from institutional and societal stigmas holding them back. For France, the first image that comes to mind is that of topless Parisian women protesting for the liberation of their bodies. While this stereotype may not embody the goals of the feminist movement around the world, for French women “freeing the nipple” carries more significance than one may imagine. Women breastfeeding on the subway, in the park, or at work are more controversial in France than they may be in other countries. Many feminist and public health movements have encouraged women to breastfeed their children outside the modesty of their homes. However, while some countries have fully embraced the global push to breastfeed, France has somewhat resisted.

Women in France have some of the lowest breastfeeding rates among high-income countries in Europe. The World Health Organization encourages new mothers to continue breastfeeding for up to two years, and globally around 60 percent of women are still breastfeeding at this point. However, only 63 percent of French mothers ever start breastfeeding, and typically stop after just 17 weeks. These numbers are perplexing because they are significantly lower than the breastfeeding rates among other high-income countries as well as middle and low-income countries. After researching the debate surrounding breastfeeding in France it became clear that there are many factors at play in addition to merely the country’s GDP. French mothers are criticized around the world for falling short of global health

expectations from organizations such as the WHO and UNICEF when they return to work too soon, use formula, or stop breastfeeding. However, mothers who do choose to stay home and breastfeed for the recommended amount of time are accused by French feminists of hindering the movement, and are regarded as bizarre by French society, as I will discuss later on in my analysis.

Resisting the Pressure to Breastfeed

Pamela Druckerman, author of *Bringing up Bebe*, picked up on a common stereotype surrounding breastfeeding while raising her child in France which is that French women cannot be bothered. In her Parisian mother's group compiled of primarily English-speaking mothers, they discuss how French women supposedly care more about their breasts than their children and just do not realize how important it is to breastfeed. However, Dr. Bitoun, a French pediatrician with whom Druckerman consulted, does not believe it is about knowledge or vanity at all. After speaking with many French mothers, he noted that the health benefits and general statistics are not enough to persuade them to breastfeed. They are most intrigued by the idea that both she and the baby will *enjoy* breastfeeding. The moral stress and anxiety it seems to produce in women is a large source of dissuasion for French women. Druckerman says that even French mothers who go out of their way to "steam and puree organic leeks for their seven-month-olds," have switched to formula after a few months (Druckerman, 2012). It is not the physical effort that deters French women from breastfeeding, but instead the sense of unnecessary moral obligation that goes along with it that they wish to avoid.

While Druckerman discussed her personal encounters with this issue, it is also acknowledged by the French government. The French Department of Health concedes in their investigation of breastfeeding rates in France that French mothers are far less motivated to

breastfeed than their European counterparts. “It has also been indicated that encouragement to breastfeed is quite rare in France compared to Germany. Both countries provide the same duration for maternity leave yet have dissimilar breastfeeding rates (France 63%, Germany 91%) (Department of Health, 2012).” Druckerman’s approach to this issue is significant because as a foreigner with her own perception of parenting, she is able to identify the key differences between motherhood in France and the United States.

One French woman had adverse struggles to those of Druckerman while raising her child in America, but experienced similar pressures. She created her own “bicultural parenting and lifestyle blog” titled *Choux N Co.* in which she details her life as a mother in California after moving from Paris to the US in 2011. One of her posts describes her frustrations with the pressure to breastfeed in the US, the apathy towards breastfeeding in France, and UNICEF’s “misleading data (Choux N Co., 2016).” She emphasizes the importance of having the choice to breastfeed and respecting the choice women make regardless of what that may be. Much like Druckerman, she criticizes the pressure placed on women in America to be perfect mothers and how by not breastfeeding are frequently labelled bad mothers. She defends her choice to breastfeed stating:

None of the mothers in my family breastfed. By choice. Because in France, we are not ashamed nor pressured to say ‘I do not want to breastfeed my baby.’ No judgement whatsoever. (Choux N Co., 2016, para. 2)

The author, who remains anonymous aside from the initial *E.* with which she signs her posts, goes on to contrast this French attitude with that of the US. She points out America’s public and very assertive support of breastfeeding which is made inescapable via social media, television and movies. The number of women she observed publicly breastfeeding in the US was

considerably more than in France. Her primary concern is that it has become a source of stress for struggling new mothers in America, when this is definitely not the case in France. While she acknowledges France's abnormal breastfeeding rates in relation to the US and the rest of Europe, she simultaneously praises their passive approach to motherhood.

I witnessed so many American women crying for having trouble nursing, when in France you simply transfer to formula without asking yourself any questions. (Choux. N Co., 2016, para. 10)

Despite these two women being in reversed roles across the world from each other, Druckerman and the author of Choux N Co. perceived social tension surrounding breastfeeding in both countries for opposing reasons. In the US there is an expectation for "good mothers" to breastfeed for as long as they can despite physical or emotional difficulties, but in France there seems to be an expectation to stop breastfeeding as soon as possible. While these sources are compelling, and may represent the view of each society, they are only truly indicative of the perspective and experience of the two women. However, their personal anecdotes provide firsthand evidence of perceived pressures felt by both French and American women surrounding motherhood.

This is a multifaceted controversy in which French mothers are challenging the compatibility of motherhood and feminism. My goal is to explore how feminist movements surrounding motherhood and breastfeeding in France affect the rates at which French mothers breastfeed. The question of feminism's compatibility with motherhood is a potentially universal debate, only brought to light by France's unique breastfeeding trends. The data begs the question, are France's low breastfeeding rates a result of French feminist movements and the

push for women to remain autonomous throughout motherhood, or are there other factors affecting this issue?

Below I argue that there are indeed many factors affecting breastfeeding rates in France, one of which being France's evolving feminist environment. This is not merely French women protesting the institution of motherhood, but instead redefining it as something exceedingly different from how we define it in the US. After years of influential French feminists have voiced their opinions on breastfeeding and motherhood, France has developed a unique culture in which women are encouraged to embrace their femininity as well as motherhood. In this thesis, I will examine how these factors manifest and result in France's low breastfeeding rates. I will also look at the ways in which French government and society have impacted and continue to impact this issue.

Chapter 2

Background

When looking at the role of women in France's society, their position in France's workforce is important to consider. In 2019 women made up 47.8 percent of the total labor force in France, according to the World Bank. The female employment rate in France has been increasing in recent years with 89.11 percent of women employed in 2017. Ten years prior this rate was 86.4 percent of women employed in 2007. According to indicators from the World Bank, this definition of employment includes work for a public or private sector and receive compensation in wages, salary, commission or tips (Trading Economics, 2019). These statistics are encouraging considering the wage gap between men and women was 9.9 percent in France as of 2014. This is around half of the wage gap between men and women in the United States, indicating that France is still considerably progressive on a global scale for female equality in the

workforce. Additionally, France has among the highest rates of women in politics with 52.9 percent of their ministers being female, according to the OECD. French women prioritize their professional lives, as is demonstrated by these strong statistics. The question is whether or not this could affect their likelihood to breastfeed.

It is clear that women are maintaining a prominent role in France's workforce. However, it is unclear as to whether or not this rise in female employment has affected how French women view motherhood. Mothers in France have received a reputation for being some of the quickest to return to work after giving birth globally. A study conducted by the EDEN Mother-Child cohort in France found that, of the 2000 women surveyed between two hospitals, over 80 percent of French mothers had returned to work by 12 months (Wallace, 2013). A similar study suggested that while the US had over half of mothers return to work within the first year of their child's birth, only 60 percent had returned at 9 months postpartum. However, this number varied among race and ethnicity (Han, Ruhm, Waldfogel, & Washbrook, 2008). In France, these rates were largely influenced by socioeconomic status. Women with a higher socioeconomic status returned to work much quicker compared to those with fewer economic resources. Another strong factor in determining when French mothers return to work is their perception of work as rewarding; the more rewarding they believe their work to be, the quicker they will return to it after giving birth (Wallace, 2013). This study is significant because it suggests that women's careers have an impact on how they prioritize motherhood, and whether or not they stay home with their children. Therefore, it could also have an impact on whether they breastfeed and the length at which they breastfeed.

If French mothers have a reputation for returning to work quickly after giving birth, they also have a reputation for scarcely breastfeeding. Among the high-income countries in the

European Union, France was ranked second-to-last in breastfeeding according to data from UNICEF. France has a mere 63 percent of mothers who ever breastfeed compared to 74.4 percent in the United States and 81 percent in the United Kingdom (“Breastfeeding”, 2018). This is including mothers who do partial breastfeeding, or mixed feeding with formula, known as “brut” in French. France’s Department of Health recorded data from ENP’s (“Enquête National Périnatale”) survey in 2003 on 15,375 infants from both metropolitan and outré-mer regions of France. The results of the survey indicated that French women who are at least 25 years old with just one child and who are from a higher socioeconomic status are most likely to breastfeed. Additionally, it compared the rates of breastfeeding among women who were employed versus unemployed. Of the 7,951 women with jobs 63.7 percent of them breastfed compared to the 1,287 women who were unemployed, only 59.4 of which breastfed, implying that women who work are slightly more likely to breastfeed. In a separate category, of the 3,697 women who were “Housewives or other,” 61.1 percent breastfed (Department of Health, 2012).

This survey is helpful in considering the demographics of women who breastfeed in France, and in analyzing the potential factors that influence whether or not French mothers breastfeed. While it is clear that women of higher socioeconomic status who are employed are more likely to breastfeed, it is not clear whether or not this is because they have more resources available to them or if they prioritize their careers. France offers many government subsidies for working mothers to encourage breastfeeding and help mothers with fewer resources. One of the main provisions it offers is childcare. Children under one year of age are left with *assistantes maternelles*, and any child over this age can attend a *crèche*, which is a daycare service funded by the French government (Department of Health, 2012).

Crèches start accepting children as early as three months after birth, which is when most French mothers decide to return to work. This timeline is relatively long compared to the US, for example. While there are some privately run crèches, most are state-run. There are three types of crèches: *la crèche parentale*, *la crèche d'entreprise*, and *la crèche familial*. The crèche parentale is managed by parents with the help of professional staff. The crèche d'entreprise provides professional childcare for the staff of a specific company. The crèche familial is a crèche where a professional is hired to look after children from a few families in one location, and the families split the cost (InterNations). There can be long waiting lists for state-run crèches in France, but there are other options for working parents. French nannies, or *nounous* can be privately hired, but must be professionally trained and approved by the state. The government covers the nanny's social, health and retirement benefits. They can only care for up to five children at a time and are given a contract with specific hours and a monthly salary. On average these nannies only charge 3.5 EUR per hour plus 3.50 EUR for each meal provided to the child (InterNations). Once French children are old enough to start attending school, the government provides free nursery schools, *écoles maternelles*, between the ages of two and six. Typically, older children will receive preference for acceptance since there are so many options for younger children and babies (InterNations).

Since the French government provides such widely available childcare for children starting at three months old, it is slightly less surprising that breastfeeding rates are so low among French mothers at 12 months. Additionally, after a year many children no longer need breastmilk or formula and can start eating solid food instead. By this time, their infants have had the opportunity to attend daycare for free for 9 months. All the while, French mothers of every socioeconomic status can work and make money, without concern or guilt over the well-being of

their babies who are taken care of. This data is important to consider when looking at the motivation for French mothers to continue breastfeeding. By eliminating the stressful search for affordable childcare, the French government provides mothers with more freedom to return to work.

Childcare provisions in France are convenient and somewhat necessary, considering that French mothers are only granted 16 weeks of paid maternity leave (Department of Health, 2012). This may seem like a significant amount of time in contrast with that of the United States' mere 12 weeks of *unpaid* leave and zero paid leave, but on a global scale France is unimpressive as I will discuss later on (OECD, 2019). Typically, the government-mandated maternity leave in France is split six weeks before the birth and ten weeks after. However, ten weeks after the birth is just short of three months, meaning newborns are too young for mothers to utilize a crèche. As a result, there has been a push by the PNNS (programme national nutrition santé) for maternity leave to be extended to at least 14 weeks *postpartum*.

There has also been a push to extend the amount of leave available to fathers in France. Currently, paternity leave is only 11 consecutive days, or 18 consecutive days if there are multiple births. This leave is given at the parent's usual wage rate while they are absent. In addition to maternity and paternity leave, parents have the right to job-protected leave or can pursue part-time options for the first three years after their child's birth. This can be used by either parent or both but can only be taken in one-year increments (Department of Health, 2012).

The French government's mandated maternity and paternity leave are just two of the many social schemes in place to help French mothers and families have children. Similar to parents' right to job-protected leave within the first three years of their child's birth, France provides families different forms of monetary support shortly after the birth of their child. One of

these is the Prestation d'Accueil du Jeune Enfant (PAJE) which serves as a basic family allowance of €170.06 per month for the first three years. This is largely in place to promote family life in France and encourage French citizens to have children. To some extent, these government subsidies are also indicative of France's societal expectations of women to fulfill their role as mothers while simultaneously enabling them to maintain careers.

The French government's role in advocating for and supporting French families does not end with these subsidies. In cooperation with UNICEF's promotion of the Baby Friendly Hospital Initiative, France gives the BFHI label to institutions that implement the ten conditions outlined by UNICEF and the WHO. Many of the requirements to be considered a baby-friendly hospital concern regulation surrounding breastfeeding and breast milk replacements. The WHO Code requires baby-friendly hospitals to eliminate the promotion and distribution of breast milk substitutes. These hospitals must also implement a documentation of newborn nutrition to ensure they are regularly following the breastfeeding statistics. This includes recording high breastfeeding rates, above 75 percent of feeding, from birth to leaving the maternity ward. Additionally, a network should be established between these hospitals to enable communication of pre- and postnatal data (Department of Health, 2012).

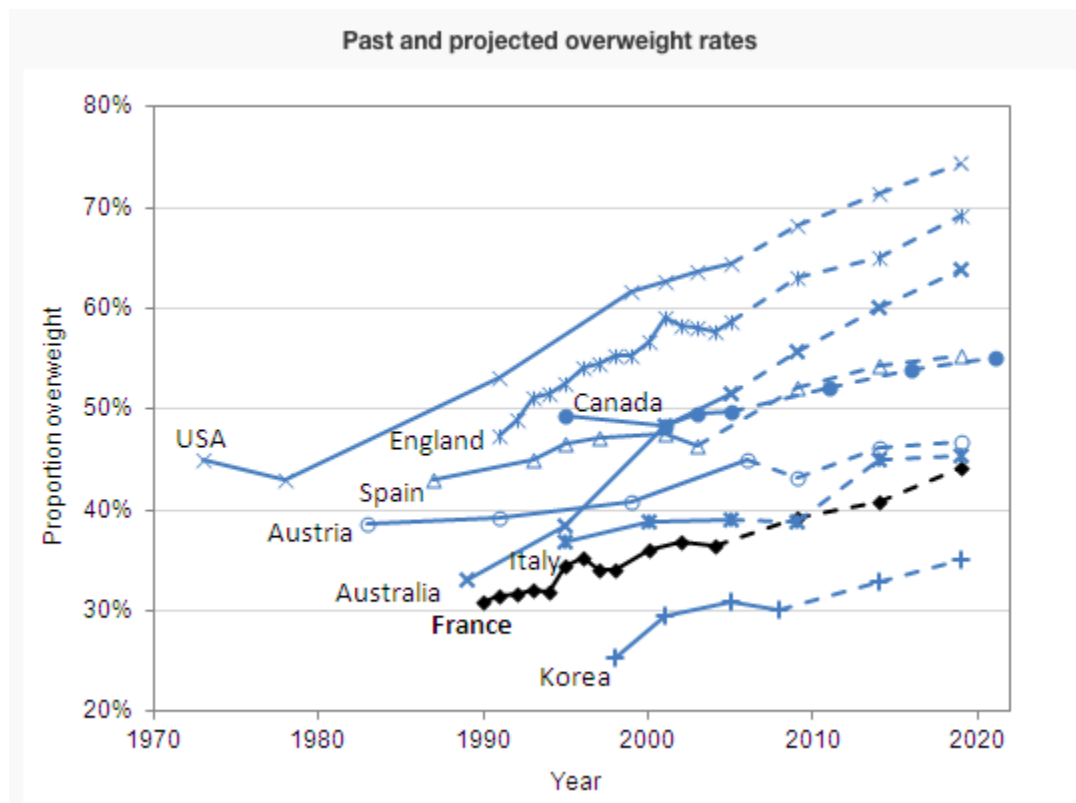
France has been slow in enacting these conditions, and as a result only ten hospitals were reported to have received a BFHI label in 2010 while 27 more were undergoing assessment. This process includes a course provided by experts of the Conseil National de l'Allaitement (CNA) to improve the training of healthcare professions such as general practitioners, gynaecologists and obstetricians, paediatricians, midwives, nursery nurses, childcare assistants, dieticians, pharmacists and social service assistants. Some of the areas that require improvements through this group include implementing a minimum standard of knowledge about breastfeeding for

medical students as well as advanced graduate training courses on breastfeeding for obstetricians, gynaecologists and paediatricians.

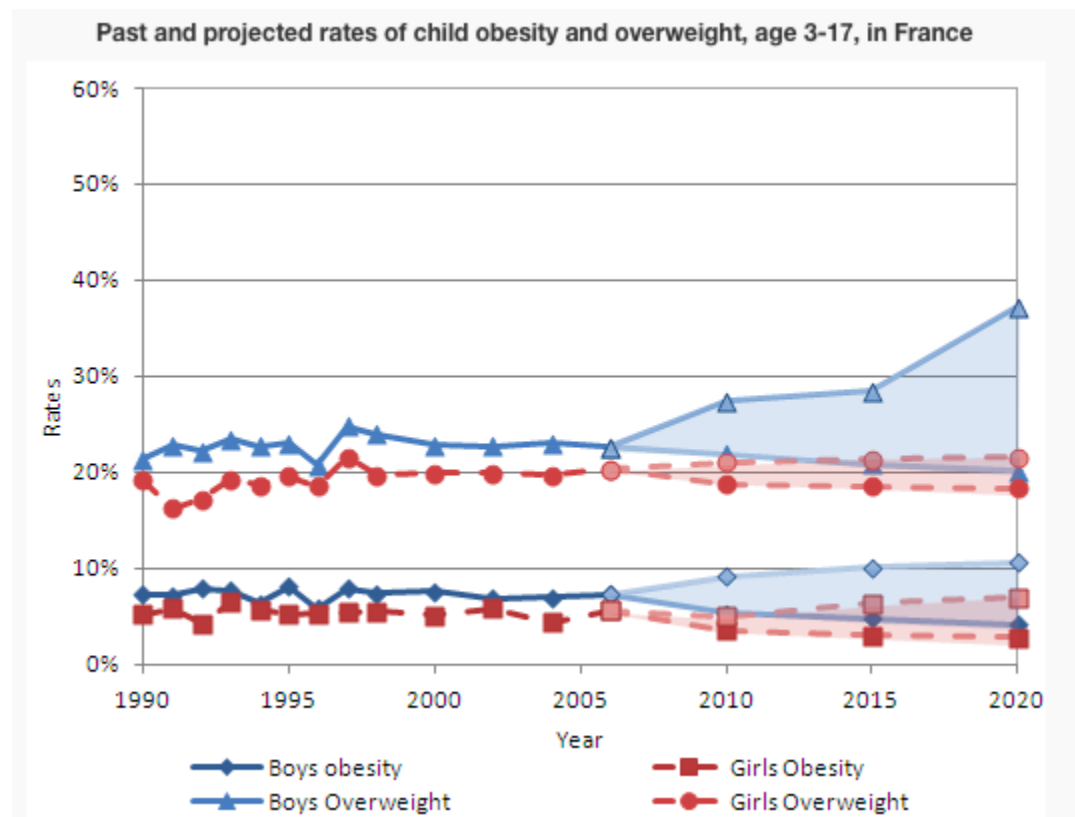
A consistent training of midwives across France is also encouraged. The 35 midwifery schools currently vary in their teaching of breastfeeding as far as how much and what content they provide new mothers. Nursery and childcare assistants will also be further educated on how to encourage breastfeeding initiation and continued duration while the infants are in their care. Nurses within baby friendly hospitals will be instructed to address breastfeeding with new mothers who are in their care, and dieticians will be better informed on the importance of breastfeeding for infants. Nutrition education will also be required for pharmacists who are prominent in advising the public. Lastly, social workers will be taught the importance of breastfeeding and the existing regulations and laws in France, so that women can be fully informed when dealing with employers who are unwilling to let them breastfeed (Department of Health, 2012). The Baby Friendly Hospital Initiative will play a crucial role in raising awareness of and advocating for breastfeeding in France. While the statistics were low in 2010, there is much reason to believe that they have improved since that time, considering there were 27 hospitals undergoing assessment to earn their BFHI label (Department of Health, 2012). The French government appears to be doing its part to promote health in France through breastfeeding, but it is not alone in doing so.

International health organizations have launched campaigns globally to promote breastfeeding as a means to improve infant mortality rates and reduce childhood and long-term obesity. However, France has had some of the lowest adult obesity rates over the past 50 years according to the OECD, with its childhood obesity rate remaining fairly constant. These two graphs are shown below, demonstrating the data. These are encouraging statistics; however, they

challenge the way the world has previously defined health in terms of breastfeeding. The WHO and UNICEF have all been fierce advocates for breastfeeding in low, middle and high-income countries, and while these campaigns have been extremely successful it does not explain why women in high-income countries do not feel as inclined to continue breastfeeding. Rates of obesity and childhood obesity are impacted by many determinants, such as diet and exercise, not just breastfeeding rates. If high-income countries are able to maintain a standard of health that does not factor in obesity and overweight, then perhaps women in these countries can justify not breastfeeding since they have access to convenient, and sometimes subsidized, alternatives. Considering that France has some of the lowest breastfeeding rates among high-income countries, obesity rates may be even less of a consideration for French mothers deciding whether or not to breastfeed.



OECD. (2019). Past and projected overweight rates. (Adults) *Organisation for Economic Co-operation and Development*. Retrieved from [Obesity and the Economics of Prevention: Fit not Fat - France Key Facts](#)



OECD. (2019). Past and projected rates of child obesity and overweight, age 3-17, in France. *Organisation for Economic Co-operation and Development*. Retrieved from [Obesity and the Economics of Prevention: Fit not Fat - France Key Facts](#)

While there are not many well-known breastfeeding advocacy groups in France there are a few which have been notably vocal over the years. La Leche League is one of these groups. They are an international breastfeeding association that works to educate and inform women on breastfeeding laws and regulations in their home country. The organization was founded in 1901, but its division in France was founded in 1979. This division has since branched off to form Le Réseau pour l'Allaitement Maternel (RPA), or the Breastfeeding Network, in France. As of 2015, La Leche League had established 160 branches in total with a presence in each local region of France. They pride themselves on their large number of women in leadership positions and

leaders in training, with 333 women total. Most of their revenue consists of donations, sales from their products, and local subsidies for specific projects. La Leche League co-founded the Coordination Française pour l'Allaitement Maternel (CoFAM), or the French Coordination for Breastfeeding, and serves as a member of the award committee for the Baby Friendly Hospital Initiative. They organize International Breastfeeding Day on a global scale, and train health professionals in promoting breastfeeding to new mothers.

La Leche League is known for their philosophy which consists of ten concepts that best encourage good breastfeeding results. They urge mothers to breastfeed because they believe it is the most natural and effective way to meet the baby's needs. This means that the mother and child should be together very often early on in order to establish emotional bonds and adequate milk secretion. The baby needs its mother's presence as much as it needs its mother's milk, according to La Leche League. Breast milk is the most natural food for babies, and allows them to better respond to their changing needs. Until around six months, or when the child shows need for solid food, a healthy full-term baby should only need breast milk. Good nutrition includes a well-balanced diet of natural foods, avoiding artificial and processed foods. However, breastfeeding should ideally continue until the baby no longer needs it.

The role of the mother in this process is emphasized in the organization's philosophy. Her active participation in the delivery promotes the relationship between the mother and the child and encourages breastfeeding. The father's role is also beneficial for the child's development early on. The presence of the father is emphasized to create a loving and supporting environment in which the mother and child can breastfeed peacefully. Children should be looked after with love from infancy to establish an understanding of their sensitivity and needs, beginning with breastfeeding ("Allaitement Et Féminisme," 2007).

The role of La Leche League is one of informing mothers of the health benefits breastfeeding provides for themselves and their babies. While they do not identify as a feminist organization, their goal is to empower women to make informed decisions and maintain autonomy over their bodies. This largely aligns with the aims of feminism, especially among feminists and feminist groups in France. However, more vocal French feminists tend to voice conflicting positions on breastfeeding with that of La Leche League, which I will discuss later on.

Theoretical Framework

These adverse opinions on breastfeeding in France can be represented by distinct branches of feminism with differing views on the compatibility of feminism and motherhood. In her book *Feminist Thought: A More Comprehensive Introduction*, Rosemarie Putnam Tong details the many feminist factions that differ on their perception of sexuality, motherhood, and politics. There are two main feminist labels she discusses, “liberal” and “radical,” which act as umbrellas for diverging ideas under those. Tong’s purpose in outlining these is to remind her readers that all feminists do not think alike, and feminism as a whole is forever evolving.

Traditional *liberal* feminists base their ideology on the belief that “female subordination is rooted in a set of customary and legal constraints blocking women’s entrance to and success in the so-called public world (Tong, 2019).” Therefore, women should be granted “gender justice,” or the same educational opportunities and civil rights as men in order for them to fully realize their potential in the sciences, arts, and all other professions. This is not to ensure women are praised and rewarded in society, but to enable their success by eliminating systematic disadvantage.

Radical feminists do not agree that this alone will entirely liberate women from patriarchal oppression. Instead they claim that this system is defined by men's power, dominance, hierarchy, and competition. As a result, it is not enough to eliminate legal and political structures, but also social and cultural institutions such as the family, the church, and the academy. Among radical feminists, there are two diverging perspectives labeled "radical-libertarian" and "radical-cultural." Overall, in order to be considered a radical feminist the feminist must insist that sex, gender, and reproduction are the root cause of women's oppression. Their main goal as a group is to overturn these social and cultural repressions. However, radical-libertarian feminists and radical-cultural feminists have vastly different approaches to tackling these issues.

One of the main topics they disagree on is motherhood. Radical-libertarian feminists view biological motherhood as a hindrance to women physically and psychologically and support the use of abortion and contraception. They consider women's responsibility to reproduce a limitation to being fully human and excelling in other areas of life. They believe women should have the power to decide when and how they have children, emphasizing the benefits of assisted reproduction for women. The less time women spend concerned with reproduction and motherhood, the more energy they will have to participate in society's processes. Ultimately, radical-libertarian feminists wish to eliminate the differences between women and men because they perceive these differences to be inhibitions for women's fight for equality.

On the other hand, the rejection of this pursued androgyny and masculinity is radical-cultural feminism. Radical-cultural feminists see motherhood as the "ultimate source of woman's power (Tong, 2019)." Ultimately their claim is that it is better to be feminine than it is to be

masculine because of the unique qualities women possess that men do not such as interdependence, community, emotion, and trust. They believe it is best for women to procreate naturally because only women have the ability to give life and can decide whether or not it should continue. Radical-cultural feminists fear that if women do not guard motherhood as their source of power, it will be more difficult to maintain respect from men. By forgoing natural reproduction and motherhood, women are left vulnerable to men's power.

Tong thoroughly explains the stance of both radical feminist groups on reproduction and motherhood by providing an in-depth analysis of famous works and arguments constructed by prominent feminists from each group. She outlines their conflicting views on natural reproduction as a means of female oppression, referencing Shulamith Firestone's *The Dialectic of Sex*. Specifically, Firestone's argument is that sexual class distinctions stem from men and women's differing reproductive roles. She accuses the patriarchy of fabricating the "joy of giving birth," in an attempt to keep women enslaved to natural reproduction (Firestone, 2015). Firestone parallels feminist theory with Karl Marx and Friedrich Engels' materialist theory, stating that much like workers' liberation requires an economic revolution, women's liberation requires a biological revolution. Her stance aligns with the sentiments of radical-libertarian feminists whose ultimate goal is to eliminate sexual distinctions and move towards an androgynous society.

Marge Piercy's *Woman on the Edge of Time* makes a similar argument to that of Firestone. The science fiction novel depicts a single mother who is struggling to raise her daughter in poverty. Eventually, her daughter is taken away from her in court and she is admitted to a mental hospital shortly after for severe depression. She becomes a subject for brain-control research experiments and is transported to a utopia in which women and men share the responsibilities of parenthood equally. Women are not defined by their reproductive capabilities

and are not expected to give birth at all. Children are instead born from a “brooder” using artificial reproductive technology. By the end of the story the woman has learned that by giving up the one power they had, women were able to ensure no power for anyone. As long as they were “biologically enchained” they would never be equal (Tongs, 2019).

Unsurprisingly, this novel was not well received by radical-cultural feminists, who disagreed with the overall message and logistics of Piercy’s utopia. Their main issue is with the notion that women’s oppression will end if they give up their only source of men’s dependence on them. Tongs cites Azizah al-Hibri, a feminist specializing in Islamic law and Muslim women, who made this point in favor of radical-cultural feminists, “Technological reproduction does not equalize the natural reproductive power structure--it *inverts* it. It appropriates the reproductive power from women and places it in the hands of men who now control both the sperm and the reproductive technology...it ‘liberates’ them from their ‘humiliating dependency’ on women in order to propagate (Tongs, 2019).” Radical-cultural feminists hold fast to the idea that moving toward reproductive technology and away from natural reproduction strengthens men’s dominance over women.

Another notable discussion of radical-cultural feminists that Tong analyzes is men’s diminutive role in parenthood as a result of their alienation from the process of natural reproduction. This separation explains why men are not as active in a child’s life as women are, according to radical-cultural feminists, and serves as a motivation for men’s pursuit to obtain women’s reproductive powers. Tong references another distinguished feminist, Adrienne Rich, and her book *Of Woman Born* in support of this theory. Rich believes that men fear the patriarchy cannot survive if they do not share women’s power to bring life into the world. In an attempt to maintain their societal power, men seized the birthing process by creating obstetrics in

lieu of traditional female midwives. Now men can dictate how women experience pregnancy, encouraging them to disregard their intuitions on what is best for their body and their baby (Tong, 2019). All of this to say, women must reclaim their pregnancies and childbirth from men, embracing all the power that motherhood provides.

Tong's book has been an excellent framework to build off of and reference when considering the French debate surrounding feminism and motherhood and how it affects breastfeeding rates in France. While feminism has been on the rise for decades, its goals have not always remained consistent. In the next chapter, I will consider how the modern feminist view of breastfeeding in France has been influenced by French feminist movements in the past and how they are indicative of France's low breastfeeding rates today.

Chapter 3

French Motherhood and Feminism

Pamela Druckerman addresses many of these controversial topics engaging French feminists in her book *Bringing up Bebe*, in which she details her experience as an American mother raising her daughter in Paris, France. She researched and documented the differences she found between parenting expectations in France and in the United States. For most of her daughter's infancy and childhood, Druckerman navigated the French bureaucracy and healthcare system in an attempt to integrate her American notions of motherhood with French culture. Throughout the book she interacts with both American and French women living in Paris who all share their opinions and advice on what it means to be a mother in France (Druckerman, 2012). While reading about Druckerman's experience, it was impossible not to consider how the reluctance to breastfeeding in France could be a result of the way motherhood is perceived by French women and French society as a whole.

French Femininity and Motherhood

Druckerman's main fascination with French motherhood is the expectation that it should be pleasurable for women, not exhausting. After many conversations with French women, she was able to take away what she called "conventional French wisdom," which suggested that becoming a mother should not make you any less of a woman. French magazines and blogs she encountered encouraged women to explore their sexuality while pregnant. One in particular, *Neuf Mois*, provided descriptions of ten different sex positions that work best for pregnant women as well as some of the most enjoyable sex toys. The French Ministry of Health published their own *Guide for New Mothers* in which they claimed, "Pregnancy should be a time of great happiness (Druckerman, 2012)!" While there is not an explicit assumption that motherhood should be miserable for American women, there is an underlying belief that if a mother is not doing *everything* she can for her child, then she is not doing enough. Druckerman takes this to the extreme in her comparison, portraying the *laissez faire* French mother fully made-up in her stilettos watching her child from a distance at the park, while the disheveled American mother sports her sweats and sneakers, chasing her child around. This comparison may not always hold true, but it is conveyed numerous times throughout the book and suggests that this mentality of putting yourself first could influence French breastfeeding tendencies. While French women are in no way considered insufficient mothers, they prioritize their own wellbeing and desires as well as their child's, maintaining their femininity.

However, the quick physical recovery French women undergo postpartum does not sit well with many of Druckerman's "Anglophone" friends. As an American, Druckerman recalls the compassion and understanding women trying to lose their baby weight are afforded postpartum in the US. However, she laments, in France no such sympathy is given. In fact, there

is an expectation that by the time women return to work they should be back to their pre-baby prime. Typically, this is after about three months which coincides with the age the child must be to attend a *creche*, or daycare. French doctors discourage excessive weight gain during pregnancy, and while French women readily comply, many Anglophones believe, “it’s just the French men trying to keep their women slim (Druckerman, 2012).” As this provocative quote suggests, men’s opinions on women’s figures are not discredited as quickly in France as they are in the US, notes Druckerman. Many of her friends and colleagues voiced a sense of urgency to reclaim their slender silhouette because of pressure from husbands or boyfriends. One French man asked his girlfriend who had given birth a few months prior when she was going to stop wearing sweatpants and start working out again. He even offered to buy her new clothes once she had lost the weight (Druckerman, p.128, 2012). This is blatant misogyny that seems to be prevalent in personal and professional environments in France and even in medical environments where women should feel safest.

This expectation placed on French mothers by their friends, doctors, and men to maintain their femininity throughout pregnancy and motherhood discourages French women from embracing many aspects of being a mother that are praised in the US, one of which being breastfeeding. One of Druckerman’s male French friends theorized that husbands were reluctant to watch their wives breastfeed because it “demystifies” the breast. The French father avoided seeing his wife breastfeed because it made her breasts seem “utilitarian” and “animalistic.” He went on to suggest men avoid the “business end” during birth because, much like breastfeeding, it revealed an unsexy element of women (Druckerman, p.123, 2012). If French women are shamed by their own husbands in their own homes for being a mother because of its lack of sex appeal, it is no surprise they have been discouraged from breastfeeding altogether. This issue

reveals the prevailing notion that a woman's body is supposed to be sexy, and when it is not she is shamed by society and even by those closest to her. As a result of these societal expectations, she denies the biological parts of herself that truly define her as a woman, such as the ability to breastfeed.

Even French doctors have allegedly discouraged breastfeeding for too long. A British woman who lives in Paris with Druckerman saw the doctor 13 months after giving birth and when she revealed she was still breastfeeding, her doctor asked, "What does your husband say? And your shrink (Druckerman, p.123, 2012)?" This is an attitude that would not be tolerated in the US where breastfeeding for up to and over a year is not out of the norm, in fact it is applauded and promoted by most medical professionals. However, the social environment in France is clearly much less conducive to women breastfeeding for more than a few months. The French parenthood magazine, *Enfant Magazine*, warns that breastfeeding after three months is "always viewed badly by one's entourage (Druckerman, p.124, 2012)." French women are provided with the same information on breastfeeding health benefits from UNICEF, La Leche League and their Department of Health as other high-income countries but choose to stop breastfeeding significantly earlier than women in many of these countries. If they are just as informed as mothers in other countries who continue breastfeeding, there are clearly outlying social or cultural factors that affect their willingness to breastfeed.

Contemporary Stances on Breastfeeding in France

Druckerman breastfed for an entire year in Paris, despite the backlash she faced. After three months, she decided to enroll her daughter into the *creche* for half days, as many French parents do. Since she was primarily working from home, she had more free time to pump breastmilk or to stop by the creche when it was time for her daughter to eat. However, this was

not well received by the caregivers working at the facility. At first, they acted mildly inconvenienced, but when her daughter reached nine months and Druckerman was still coming to feed her or drop off milk she was met with reluctance and confusion. She persisted despite their irritation but could not help asking why it was so abnormal for mothers to continue breastfeeding for more than a few months. One explanation she receives from Parisian women is that breastfeeding still conveys a peasant image from when babies were given to rural wet nurses to be fed instead of their mothers. Mothers who had to breastfeed themselves were seen as inferior socially (Druckerman, 2012). However, this is not an uncommon explanation for French women's reluctance to breastfeed.

In an interview conducted by *The Local*, a French news source that publishes their works in English, with *La Leche League*'s spokeswoman, Claude-Suzanne Didierjean-Jouveau, she described some of the social and historical factors that discourage French women from breastfeeding still today. She referenced the tendency of French women to rely on wet nurses during the 17th century as well as high infant mortality rates as two primary historical deterrents for French women. Infant mortality rates were high due to a lack of healthcare development, but people associated children dying with breastfeeding. After milk was pasteurized in the 19th century, the bottle became a symbol of a healthier child. Didierjean-Jouveau added, "In France it was not considered a public health problem, but a question of personal choice (Melvin, 2014)." This sentiment prevailed until 2000 when childhood obesity spiked in France, and the government took action to promote breastfeeding. According to this article, French breastfeeding rates immediately after birth have significantly increased since 2000 when the French government launched campaigns to encourage breastfeeding (Melvin, 2014). However, the concern now is how quickly French mothers stop breastfeeding after giving birth.

Largely, the time in which French mothers breastfeed correlates to the time before they return to work after giving birth. I will explore more of this data in my “Data Analysis” chapter, but according to a study by the Mother-Child Cohort EDEN, French mothers return to work between 10 and 16 weeks after childbirth (Wallace, 2013). This averages out to around three months which is the age at which French children are eligible to attend creches, or government subsidized daycares. During her interview, Didierjean-Jouveau referenced this system saying, “In our country women work more than anywhere else. Because of that there is a large network of crèches in France (Melvin, 2014).” She goes on to discuss how demeaning the image of a stay at home mother is for French women.

This is a common view held by many Parisian mothers with whom Druckerman spoke as well. French women do not ditch their careers temporarily or permanently to become mothers but remain focused on themselves and their careers. Druckerman asked one of her Parisian friends about mothers who stay at home in France and she responded, “I have two friends who don’t work. I feel like nobody is interested in them. When the kids are grown up, what is your social usefulness (Druckerman, p. 139, 2012)?” These accounts indicate that French women value their autonomy and do not feel secure relying on their husbands’ jobs alone. Instead, there seems to be an expectation that women must be both mothers and professionals. It is clear that to some extent this also provides them with a sense of social status.

Simone de Beauvoir spoke to this notion in *The Second Sex*. In the final chapters of her book she encourages women to pursue and maintain careers. She received letters from female readers who claimed to have devoted their entire lives to motherhood, only to feel empty and purposeless once their children were independent. Additionally, many of her works following the publication of *The Second Sex* focus on women with fulfilling careers (Patterson, 1986). De

Beauvoir's insistence on the necessity of women being both mothers and professionals appears to align with the sentiment Druckerman observed from many French women today. French society, including French women and feminists, expects women to fully engage in both motherhood and careers even if this means making breastfeeding less of a priority.

Historical Significance of Breastfeeding in France

Mothers wanting to maintain identities outside the lives of their children is a concept that was ushered in by De Beauvoir in the mid 20th century. Before this time, there was a large advocacy movement for breastfeeding in France, dating back to the 19th century, which petitioned for women to embrace their obligation as mothers. *La Fronde*, a feminist newspaper, was established in 1897 and immediately began campaigning against bottle-feeding, labelling it a "baby-killer ("Allaitement et Féminisme", 2007)." Since bottles at that time were difficult to clean properly, they often served as a good host for microbes, making babies sick. This was controversial at a time when modernity and science challenged accepted associations between breastfeeding and poverty. Socially, breastfeeding was seen as dirty and backwards which is why many mothers hired wet-nurses instead of breastfeeding their children themselves.

Breastfeeding gained a lot of support at this time from followers of French feminist Marie Béquet de Vienne who established a Breastfeeding Society that encouraged poor mothers to breastfeed by providing them with aid. This society went on to join the French Federation of Feminist Societies in 1898 because of the impact of its work. Shortly after in the early 20th century, laws outlining women's rights to breastfeed in public and in the workplace were put in place requiring a "breastfeeding hour" and "breastfeeding chambers" for new mothers. Mothers who breastfed during the first 12 months after childbirth were also awarded an allowance of fifteen francs from the French government, but French feminists at the time were not content

with this low sum (“Allaitement et Féminisme”, 2007). Overall, this was a very significant period for the promotion of breastfeeding and motherhood in France, with the large majority of feminists in favor of maternity.

The 20th century, much like in the US and the UK, was a crucial time period for feminism in France. Françoise Picq describes in her book, *Libération des Femmes: Quarante Ans de Mouvement*, the three major waves of feminism that can be identified during this time period, the first being advocacy for women’s suffrage which was achieved in 1945. Shortly after in 1949, renowned French feminist Simone de Beauvoir published her book, *The Second Sex*, analyzing the oppression of women and sparking the second wave of feminism in France. The first women considered second wave feminists consisted of activists against the wars in Algeria and Vietnam during the 1960’s. They rebelled against sexism they perceived from the New Left organizations and denounced sexual division of labor among activists. They broke away from these organizations and formed a women’s only group, the *Mouvement de Libération des Femmes (MLF)* (Françoise Picq, 2019). During this second wave, both contraceptives and abortion were legalized making headway for reproductive rights in France, and transitioning in to the third, more modern, wave of feminism addressing queer theory and intersectionality (Murphy, 2016). This was an empowering period for French women that enabled them to establish their identity outside of motherhood, moving away from accepted gender roles of the previous century and those endorsed by feminists of older generations.

The split between these feminists concerning motherhood can be clearly observed following the Second World War with the publication of Simone de Beauvoir’s *Second Sex* in 1949. In her book, she launched rhetoric equating motherhood with slavery and advocated for women to have the right to contraception and abortion. Her overwhelming support in the 1950’s

and 1960's is likely fueled by the rejection of Vichy France during World War II and its exaltation of traditional gender roles and the subordination of women ("Allaitement et Féminisme", 2007). The regime pushed ideals of the French family unit to encourage women to stay home and be mothers and used violence to shame childless women as well as women who obtained abortions for jeopardizing France's purity and challenging Nazi ideals. Francine Muel-Dreyfus goes into more detail about this complex period for France's gender politics in her book *Vichy and the Eternal Feminine*.

When considering the influential social struggle French women endured in the 1940's, it is only natural to recognize how they reacted once liberated from this regime and Simone de Beauvoir is the best example of this. Her complete rejection of traditional motherhood is still discussed today and cited as a foundation of French feminism. Her ideas resulted in an entire generation of mothers who did not identify as mothers and are still referenced by modern French feminists such as Elisabeth Badinter. French mother, Marielle Issartel, was cited by La Leche League describing her experience during this time:

I am one of the generations of women who are prohibited from mothering. My childhood friends tainted their bond with their child with suspicion even before his birth. Crèche at three weeks without need, training with resourcefulness from the first months, ashamed of bursts of compassion and, systematic or almost: the refusal to breastfeed ("Allaitement et Féminisme," 2007, para. 7).

It was not until the 1970's that French women were able to reclaim and embrace motherhood and their femininity together through "differentialist" feminism. This was a movement by women to advocate for "notre corps, nous-mêmes" or "our bodies, ourselves" ("Allaitement et Féminisme", 2007, para. 8)." They denounced slave maternity and praised

breastfeeding for pleasure. While this sect ushered in a new wave of feminism, the voices of de Beauvoir's generation were not silenced. In Badinter's book *Fausse Route* she condemns differentialists that blame mothers for neglecting their "devoir d'allaitement," or duty to breastfeed ("Allaitement et Féminisme", 2007, para. 10). Today, she takes de Beauvoir's stance that women should avoid letting motherhood consume their lives, and breastfeeding is one of the means through which this can happen. Another older French feminist, Evelyne Pisier, spoke out recently concerning her daughter who chose to breastfeed lamenting, "What has become of our beautiful years of feminism? Drowned in an ocean of breast milk ("Allaitement et Féminisme", 2007, para. 10)."

Following the timeline of French feminism and motherhood up until today, it is clear to see why French society has struggled to accept women as both mothers and professionals because French women themselves are not even sure how best to reconcile the two. The ongoing debate polarizes those who prioritize motherhood and those who prioritize their careers with few holding the middle ground. This may not be an issue apart from the fact that it could jeopardize the future generation of French women's decision to breastfeed and the length of time they decide to breastfeed. While France's feminist history is unique, if feminist movements in this high-income country have impacted ideas of motherhood and breastfeeding rates, who is to say they could not have a similar effect in other high-income countries around the world?

Feminist Critiques of French Pro-Natalist Policies

Les Femmes Solidaires is a feminist organization that advocates for women's rights and equality by fighting against discrimination and for the non-violent and non-sexist education of women. This association was originally known as the "Union des Femmes Françaises" which was founded in 1901. Today, they have 190 local associations throughout France that encourage

women to defend their rights and freedoms. Additionally, they have hosted a conference in ten different countries that promotes the separation of church and state, the importance of equality, the foundation of féminicide, and the need to combat the commodification of bodies. Their president, Sabine Salmon, spoke out in concern after employees reported more and more schoolgirls are wanting to stay home instead of creating careers (*Nous Sommes...*).

This is a concern shared by prominent French feminist Elisabeth Badinter, which she details in her book *Le Conflit: La Femme et La Mère*. Badinter has sparked a debate in France addressing the compatibility of motherhood and feminism. She largely criticizes the expectations on women to be perfect mothers as well as environmentally conscious, claiming that children have become “le meilleur allié de la domination masculine,” or the best ally of male domination (Kovarik, 2010). Badinter believes that while women have become entrenched in the new ecological fads of being a good mother through organic food and staying home longer to breastfeed, they have regressed all the progress made to bring equality to women in the workplace. She accused La Leche League of being in a “coagulation” with ecologists, naturalist feminists, and behavioral specialists who rely on each other to justify the inequality in sharing parental responsibilities between mothers and fathers (Kovarik, 2010). Each of these groups endorse an aspect of motherhood that Badinter believes limits women’s power and freedom. She is a strong advocate for women’s right to choose motherhood, and for it to be a liberating experience, not an enslaving one. Badinter believes that the push for women to stay home and breastfeed for six months and use organic products that take more energy and time, like reusable diapers, puts unnecessary pressure on women to be perfect mothers and neglect their own lives and careers (Badinter, 2011).

She analyzes and critiques the ways in which French mothers are “made slaves to their children,” utilizing the rhetoric made popular by Simone de Beauvoir. She says new fads of motherhood expect women to stay home and breastfeed for as long as possible, refuse epidurals, and mash their own baby food. She traces this shift of maternal mindset back to the 1990’s when the French Right began paying mothers to stay home with their newborns. Badinter’s biggest concern is that the pressure for women to remain home will continue to excuse men for doing less housework and denying women equality and the freedom of choice (Paris, 2010). This seems to coincide with Druckerman’s observations, indicating that French women are reluctant to stay home fearing, as Badinter does, that by relying on men to provide for them, French women are forfeiting their autonomy.

Her firm stance on the topic of motherhood has sparked debate across France, specifically from Sabine Salmon, president of the association Femmes Solidaires. She voiced her support for Badinter, claiming that in recent visits to French schools her employees noted more girls wanting to stay home instead of pursuing careers. On the contrary, Cecilé Duflot, the head of France’s Green Party, claimed that feeding her children organically and being environmentally mindful did not make her a regressive feminist (Davies, 2010). In another interview Duflot explained:

The real issue is to find out why today there is still inequality between men and women on pay and domestic chores, not to consider that today having a child is a problem (Paris, 2010)

She also refuted Badinter’s attacks on breastfeeding by citing France’s low breastfeeding rates, approximately 60 percent, in relation to the rest of Europe (Davies, 2010). Sweden and Norway are among the highest European countries with their significantly superior rates of breastfeeding

at 98 and 95 percent of women ever breastfeeding in 2018, according to UNICEF (“Breastfeeding...”, 2018).

Negative views on breastfeeding in France are likely influenced by feminist movements in France concerning the compatibility of motherhood and maintaining a career. French mothers are not keen on putting their lives on hold for their children, so many simply do not. Elisabeth Badinter argues that in today’s society French women are criticized by other Europeans for “abandoning” their babies at daycares or with nannies. While this critique is backed by data from UNICEF indicating that French mothers are least likely to breastfeed and fastest to return to work among European nations, it sheds light on the expectations of mothers in French society (UNICEF, 2018). Badinter’s argument exposes underlying patriarchal views held within French society that continue to pressure women to stay home and be full-time mothers, shaming them if they choose not to. There are many factors that diminish the likelihood of French women breastfeeding. While there is enduring societal pressure from public health campaigns and government subsidies to stay home and breastfeed, women in France are simultaneously empowered by modern feminist ideals like those of Elisabeth Badinter which encourage them to pursue careers and lives outside of being a mother.

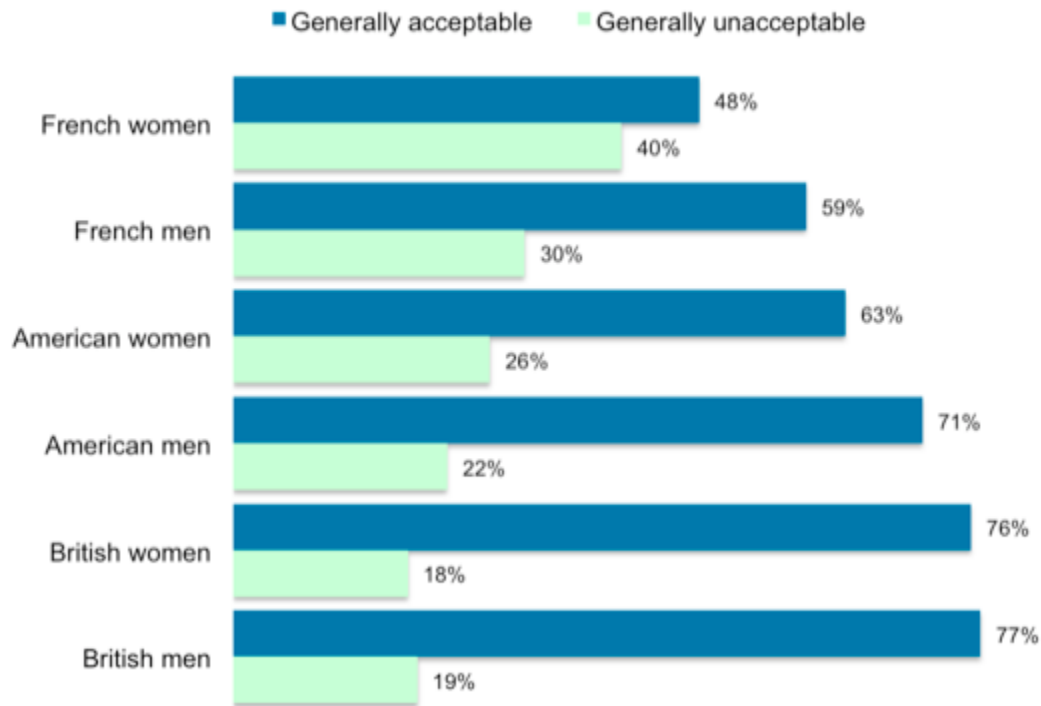
Data on Breastfeeding in French Society

These contrasting ideas held by prominent French female figures of what motherhood in a modern society should look like contributed to the issue of breastfeeding in French culture. In relation to the United States and the United Kingdom, France is notably less tolerant of women breastfeeding in public spaces. While it is legal for French mothers to breastfeed in public, 30 percent of French men and 40 percent of French women consider it unacceptable (Palmer, 2013). This data is taken from YouGov, a British international research and data analytics firm that

administered an internet poll in the United States, the United Kingdom, and France to compare the tolerance of each population towards breastfeeding in public. As a whole, French men and women were less accepting of mothers breastfeeding in almost every public space addressed in the poll. Considering France's low breastfeeding rates compared to high-income countries in Europe and the United States, the results of this study are not shocking, but could indicate a deeper societal resistance to breastfeeding in France.

According to this poll, women were less likely than men to be accepting of other women breastfeeding in public across all three countries. While 59 percent of French men claimed breastfeeding in public was acceptable, only 48 percent of French women agreed. However, both the US and the UK had higher acceptance rates for both men and women. In the UK, 77 percent of men and 76 percent of women viewed breastfeeding in public as acceptable. Numbers were only slightly lower in the US where 71 percent of men and 63 percent of women consider it acceptable for mothers to breastfeed in public (Palmer, 2013). According to this poll, French women are the least tolerant of mothers breastfeeding in public out of all the groups surveyed in this poll. This could contribute to why French mothers are least likely to breastfeed, at any point, among these three countries.

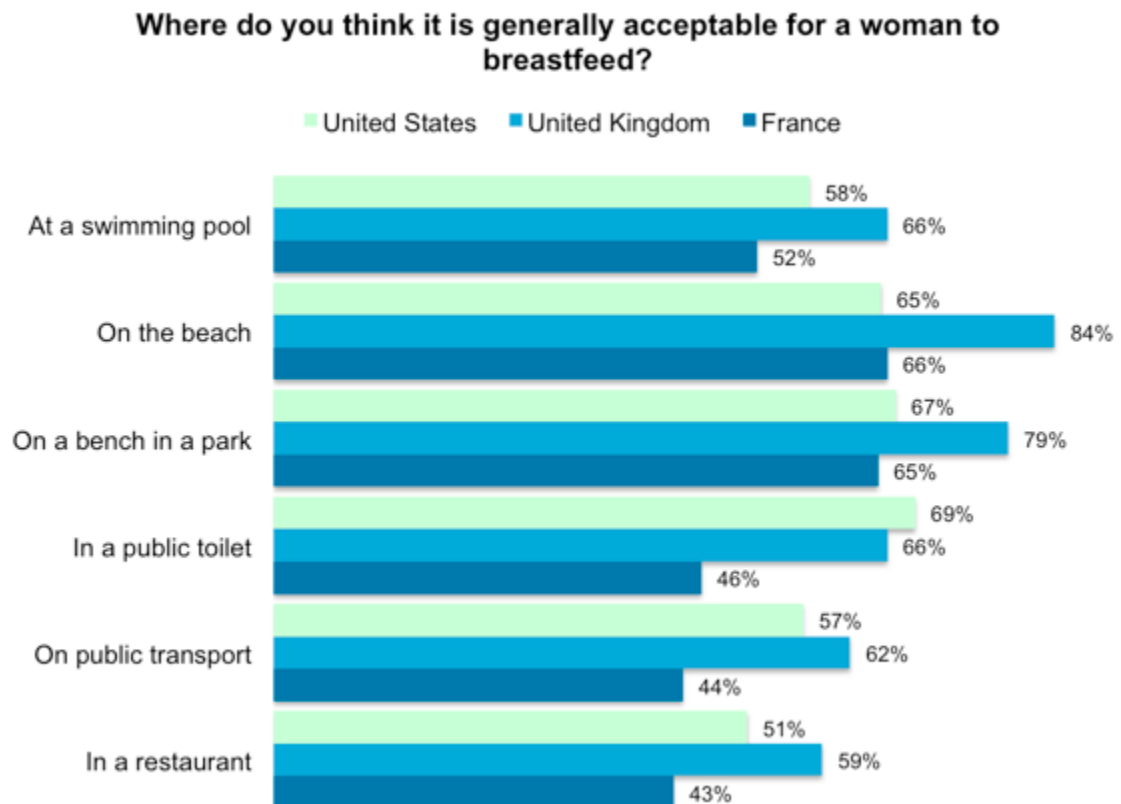
How acceptable do you think it is for a woman to breastfeed in public?



Kate Palmer. (2008). How acceptable do you think it is for a woman to breastfeed in public?. *YouGov*. Retrieved from <https://today.yougov.com/topics/lifestyle/articles-reports/2013/09/11/french-women-least-tolerant-public-breastfeeding>

Each population was asked where they considered breastfeeding in public to be the most acceptable. The options were as follows: a swimming pool, the beach, a bench in the park, a public toilet, on public transportation, or in a restaurant. In relation to the US and the UK, France was the least accepting of breastfeeding in each of the spaces listed. Public transportation and restaurants had the highest rates of intolerance among French men and women with 45 percent of the population identifying them as not acceptable places to breastfeed (Palmer, 2013). French people were most tolerant of mothers breastfeeding on the beach and on a bench in the park with 66 and 65 percent of the population, respectively, considering these acceptable spaces for breastfeeding (Palmer, 2013). Taking into account that many French beaches do not require

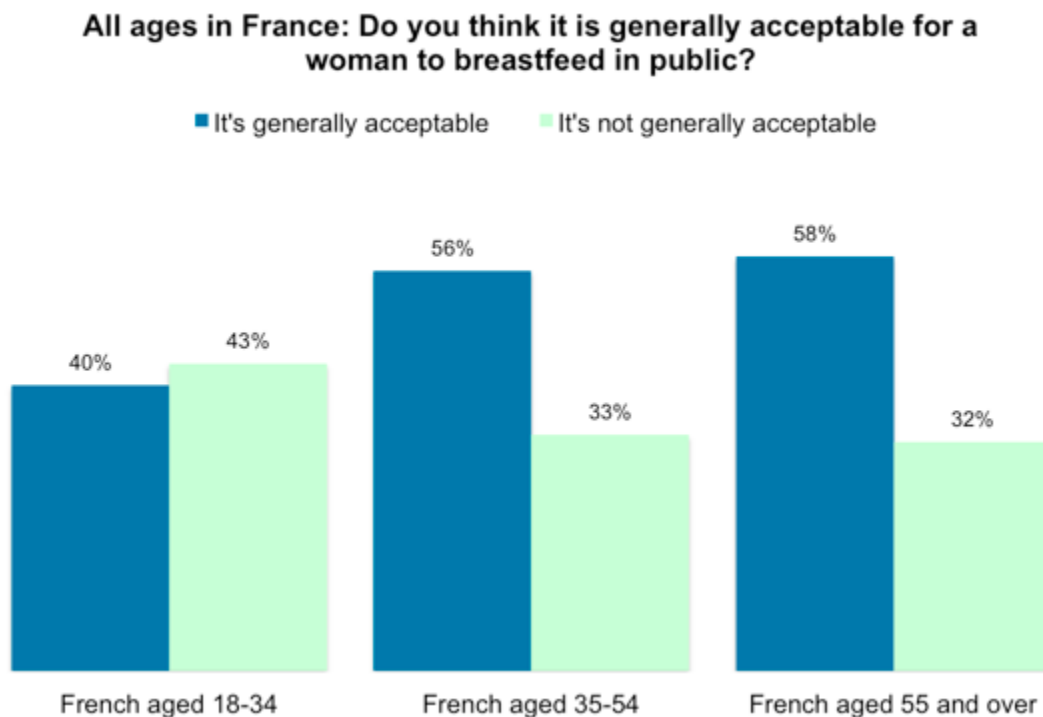
women to wear a bathing suit top, it is unsurprising that as a population they are more accepting of women breastfeeding on the beach. However, if it is not an aversion to viewing women topless that keeps the French from tolerating breastfeeding in public, then it is unclear to what exactly they are opposed.



Kate Palmer. (2008). Where do you think it is generally acceptable for a woman to breastfeed?. *YouGov*. Retrieved from <https://today.yougov.com/topics/lifestyle/articles-reports/2013/09/11/french-women-least-tolerant-public-breastfeeding>

Another compelling aspect of this poll was the results depicted by data gathered on the acceptance of breastfeeding by different age demographics. As a whole, young people from ages 18 to 34 in France were less tolerant of breastfeeding in public than the rest of the population. From the ages of 18 to 34, only 40 percent of people considered breastfeeding in public acceptable. As the population ages, their tolerance increases. Of the middle age group, from 35

to 54 years old, 56 percent were accepting of breastfeeding in public. The oldest group, 55 years and older, were the most tolerant with 58 percent of them considering breastfeeding in public acceptable (Palmer, 2013). Typically, younger generations are perceived to be more tolerant of social movements, especially in favor of women and women's reproductive rights. However, that idea is negated by the data from this poll which indicates that older men and women in France are more accepting of mothers breastfeeding in public.



Kate Palmer. (2008). All ages in France: Do you think it is generally acceptable for a woman to breastfeed in public?. *YouGov*. Retrieved from <https://today.yougov.com/topics/lifestyle/articles-reports/2013/09/11/french-women-least-tolerant-public-breastfeeding>

This study has provided concrete data reflecting the sentiments of the French population, both men and women, towards public breastfeeding which could have an impact on whether or not mothers in France feel comfortable breastfeeding outside of their homes. Women who do not have the option to stay home full-time with their children are more likely to breastfeed or pump in public spaces such as the metro on their way to or from work, a public toilet, or a park bench.

If there is added social pressure not to breastfeed in public places, women who are already less likely to breastfeed, will be further discouraged from breastfeeding at all. These intolerant sentiments among the French public towards breastfeeding could serve as an explanation for why mothers tend to breastfeed less in France. This conclusion is even more compelling when the data concerning breastfeeding rates and breastfeeding sentiments from the US and the UK are looked at alongside that of France. Both countries are more tolerant of women breastfeeding in public, and both have higher breastfeeding rates according to data from UNICEF.

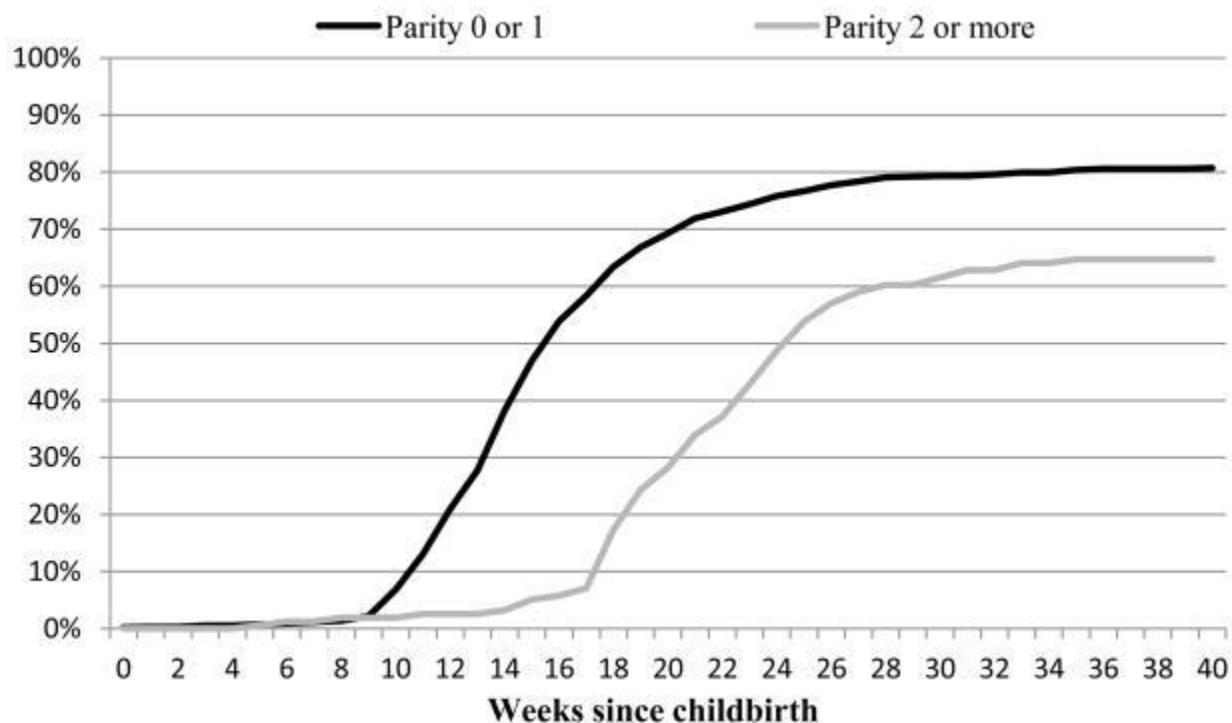
Chapter 4

Data Analysis

This poll demonstrates how the rhetoric surrounding motherhood among French feminists and society is not conducive to breastfeeding. Badinter states in her book that, “elles ne sont pas enthousiastes à l'idée de rester allaiter à la maison” (Badinter, 2011), mothers are not enthusiastic about breastfeeding at home. She acknowledges the “mauvaise réputation” French women have for leaving their newborns home earlier than usual, but says French mothers continue working full-time after having their first child because they do not want to stay home and jeopardize their careers. Furthermore, if Elisabeth Badinter’s stance on motherhood and breastfeeding is shared by the majority of, or even some, French women then it is no wonder why they are less tolerant towards other women breastfeeding in public spaces.

The reputation Badinter discusses of French women going back to work quickly after their child is born has been explored by multiple French research groups, one of which being the EDEN Mother-Child Cohort. EDEN was founded in 2003 at two university maternity clinics in Nancy and Poitiers, France where they study prenatal and early postnatal determinants of child health and development. The cohort consists of more than 2,000 women who had been pregnant

for less than 24 weeks. Women were excluded if they had multiple pregnancies, were diabetic before pregnancy, were illiterate in French, or were moving out of the region within the next three years (Barbara, 2015). The US National Library of Medicine published one of EDEN's studies done with the Mother-Child cohort recording the rate at which the French women returned to work after giving birth. Questionnaires were administered at 4, 8, and 12 months after birth to determine whether or not the women had resumed working. The results indicated that over 80 percent of French mothers had returned to work by the time their child was 12 months old.



Maeve Wallace. (2013). Proportion of Women Returning to Work by Week Since Childbirth and Parity. *US National Library of Medicine National Institutes of Health*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3566292/#R20>

The demographics of these women were interesting as noted in the Conclusion of this study:

Across all indicator variables, women of higher socioeconomic status or with greater resources had greater odds of returning to work compared to those of lower status.

(Wallace, 2013)

These results indicate that wealthier women are more likely to return to work quickly after giving birth than poorer women. However, if the results of the *YouGov* poll hold true then French women who have gone back to work will not be regarded highly by society if they choose to breastfeed in public. Therefore, they face a difficult decision to either stop breastfeeding early or go against social pressure and breastfeed in public despite its perceived indecency. This leads to a more difficult choice for French women: go back to work and maintain their identity as professionals or stay home and maintain their identity as mothers. The contradictory messages prevalent in French society create an environment in which it is difficult for French women to fully identify as either a mother, a professional, or both, an issue that may be present in other countries as well.

No mother should have to choose between her career or her child, but women continue to make this choice every day. The Australian Government did an international comparative study looking into the implementation of the WHO Code and breastfeeding initiative in 2012. The study specifically observed and collected data on breastfeeding in France and included results from the “Enquête National Périnatale” (ENP), or National Perinatal Survey. The survey was not designed specifically to study breastfeeding habits in France, so it does not follow the WHO’s breastfeeding definitions. However, the surveys are one of the few sources of data on breastfeeding made available by the French government. It provides insight into the rates at which women of different employment statuses breastfeed. The ENP compiled the data they collected into a table demonstrating the variation of breastfeeding rates between those who are

employed, unemployed, and housewives. This table can be seen below. While employment may not always be indicative of income or socioeconomic status, it is useful to reveal the demographics of French women that are more or less likely to breastfeed.

Table 17: Maternal employment status at the time of interview (Bonet et al 2007)			
		N	% breastfeeding
Maternal employment status	Employed	7,951	63.7
	Unemployed	1,287	59.4
	Housewife or other	3,697	61.1
	Total	13,186	62.6

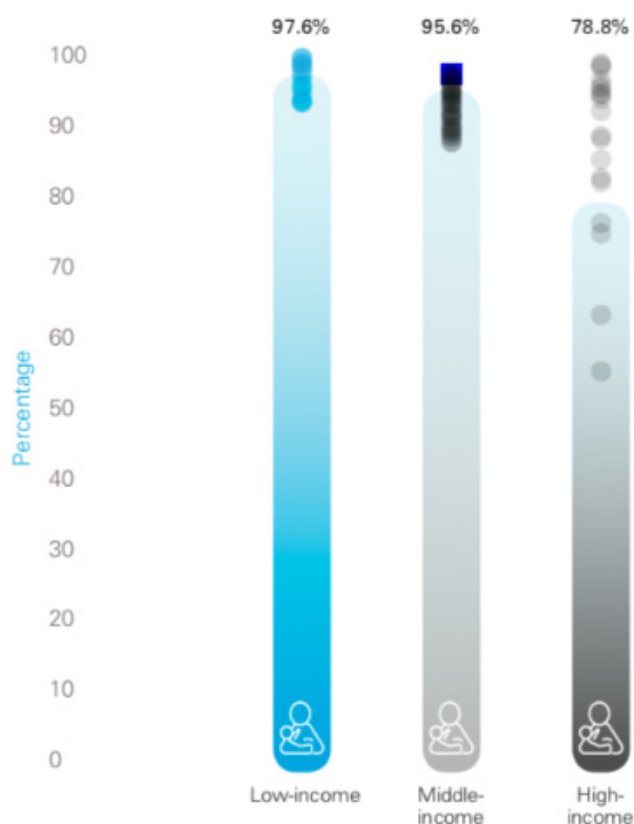
In 2018, UNICEF conducted a comparative study to determine the rates at which mothers breastfeed among high-income, middle-income and low-income countries and found that France has one of the lowest percentages of women ever breastfeeding. France ranks second to last among high-income countries with only 63 percent of women ever attempting to breastfeed, while the US ranks at 74.4 percent and the UK at 81.0 percent. The highest ranking high-income European country is Sweden at 98 percent of mothers attempting to breastfeed, the lowest is Ireland at 55.0 percent. These numbers are demonstrated in the table below, portraying data from the UNICEF study.

World Bank Income Grouping	Countries and Territories	Ever Breastfed (%)
High Income	Ireland	55.0
High Income	France	63.0
High Income	United States	74.4
High Income	Spain	77.0
High Income	United Kingdom	81.0

High Income	Sweden	98.0
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UNICEF. (2018). “Breastfeeding: A Mother's Gift, for Every Child.” *UNICEF Publications*. Retrieved from https://www.unicef.org/publications/index_102824.html

Countries such as Sweden and Norway have breastfeeding rates of over 90 percent, according to the comparative study, but other high-income countries do not rank so highly on a global scale. In fact, low-income countries have an average percentage of 97.6 percent of women ever breastfeeding and middle-income countries have an average percentage of 95.6 percent of women ever breastfeeding. For high-income countries this average significantly drops to only 78.8 percent of women ever breastfeeding, which is still higher than France’s average. These are demonstrated comparatively in a graph constructed by UNICEF below.

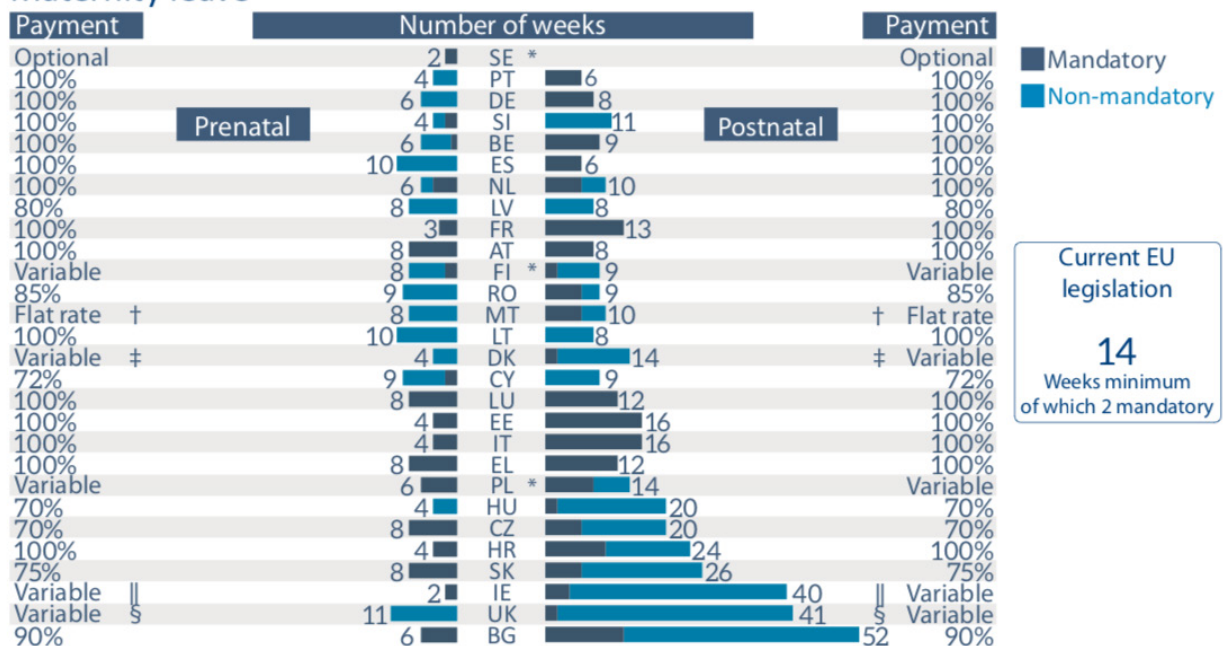


Note: Each coloured circle represents a country within the income group. The figure presented at the top of each column is a population-weighted average. This means that rates of breastfeeding are affected more by the performance of countries with the largest number of births within that column.

UNICEF. (2018). Percentage of newborns ever breastfed, by country income group, 2017. *UNICEF Publications*. Retrieved from https://www.unicef.org/publications/index_102824.html

It is logical that women in higher income countries would breastfeed less if they have greater access to resources, government subsidies, and alternative feeding options. Conversely, if women in lower and middle-income countries have fewer resources to purchase these alternative options, they will be forced to continue solely breastfeeding for longer. The rates at which women return to work after giving birth across countries may differ as well, which could in turn affect breastfeeding rates. Mandated maternity can have an impact in determining when women return to work after giving birth. The European Union now recommends that women receive at least 14 weeks paid maternity leave and mandates two weeks, before and/or after childbirth. As of 2019, they were in the process of approving legislation for mandated paternity leave as well. There have been multiple efforts to extend these periods, but as of now they remain the same. Below are two infographics produced by the EU depicting maternity and paternity rates in member countries. They are broken up into the number of weeks both before and after birth that are allocated to the mother and the total number of weeks for the father.

Maternity leave



Paternity leave

* See notes overleaf

Number of weeks	Payment
SE * 2	80%
PT 5	100%
DE	
SI 4	90%
BE 2 (3 days mandatory) †	Variable
ES 4	100%
NL 1	100%
LV 1.4	80%
FR 2	100%
AT	
FI * 9	Variable
RO 1	100%
MT 1	100%
LT 4	100%
DK 2	100%
CY 2	72%
LU	
EE 2	100%
IT 1 (4 days mandatory)	100%
EL 2 (2 days)	100%
PL 2	100%
HU 1	100%
CZ 1	70%
HR	
SK	
IE 2	‡ Flat rate
UK 2	§ Variable
BG 2	90%

* See notes overleaf

■ Mandatory
■ Non-mandatory

Expected new
legislation

2
Weeks

Notes on payment

†	MT	weekly rate of €66.25
‡	DK	up to DKK 4 300 (€576) per week based on former earnings
	IE	100% for 26 weeks; the remaining 16 weeks unpaid
§	UK	first 6 weeks 90%; next 33 weeks a flat-rate payment of either £145.18 (€169.47) or 90% of average gross weekly earnings (whichever is lower); the remaining 13 weeks are unpaid.
†	BE	100% for 3 days (paid by the employer), 82% of earnings for the remaining period
‡	IE	weekly rate of €240
§	UK	weekly rate of £145.18 (€169.47) or 90% of average gross weekly earnings (whichever is lower)

Definitions

Maternity leave: leave from work for mothers in the period immediately preceding and following birth.

Paternity leave: leave from work for fathers or recognised second parents, similar to maternity leave

Parental leave: leave after maternity/paternity leave which can be taken by either parent

European Parliament. (2019). Maternity and Paternity Leave in the EU. *European Parliamentary Research Service*. Retrieved from [https://www.europarl.europa.eu/RegData/etudes/ATAG/2019/635586/EPRS_ATAG\(2019\)635586_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/ATAG/2019/635586/EPRS_ATAG(2019)635586_EN.pdf)

France has a total of 16 weeks for maternity leave, three prenatal and 13 postnatal, all of which are mandatory. During this time, French women are paid 100 percent of their normal salary. While this is near average for most European countries, there has been a push to extend the time postpartum to 14 weeks. There has also been a push in France to extend the length of paternity leave which is currently set at 11 consecutive days and 18 if there are multiple births. This is not a comprehensive representation of the amount of paid leave parents receive across all countries because it does not include parental leave. While Sweden only enforces two weeks of maternity leave for women, each parent is eligible for 240 days of parental leave, all but 90 of which can be transferred to one parent. Therefore, Swedish mothers can have up to 150 of these days, or more than 21 weeks of maternity leave. On the other hand, the UK stipulates 52 weeks

of maternity leave total, but only mandates two (Jurviste, Ulla, et al, 2019). It is interesting to note that both Sweden and the United Kingdom have higher breastfeeding rates than France as well as higher rates of parental leave, suggesting that these could potentially be linked. In a more extensive study, research on their correlation could be useful in determining why France's breastfeeding rate is so low.

If French women have shorter periods of paid maternity leave, it is intuitive that they would return to work after giving birth relatively quicker than women in other countries. As a result, France's female employment rates are also considerably high. While France's female employment rates have been above 87 percent since 2008, countries like Angola and Afghanistan, a low and a middle-income country, have had female employment rates below 50 percent up until today (Trading Economics, 2019). However, both of their breastfeeding rates are significantly higher than France's, Angola's at 94.9 percent and Afghanistan's at 97.8 percent ("Breastfeeding...", 2018). This data seems to indicate that in countries where a lower percentage of women work, breastfeeding rates are higher and it holds true when considering other high-income countries' female employment and breastfeeding rates. While the US, the UK and Sweden all have higher rates of breastfeeding than France, (74.4, 81, and 98 percent respectively) they each have lower rates of female employment ("Breastfeeding...", 2018). The US had the lowest rate of female employment at 55.4 percent of women in 2019 (Duffin, E., 2020). The UK had the highest rate of female employment in 2019 with 72.4 percent of women (Leaker, D., 2020). Sweden follows shortly after the UK with 72 percent female employment according to the OECD (OECD, 2012). By contrast, France's female employment rate in 2017 was 89.11 percent which is significantly higher than that of all three countries' whose

breastfeeding rates shadowed that of France (Trading Economics, 2019). These statistics have been compiled into the table below for better visual comprehension.

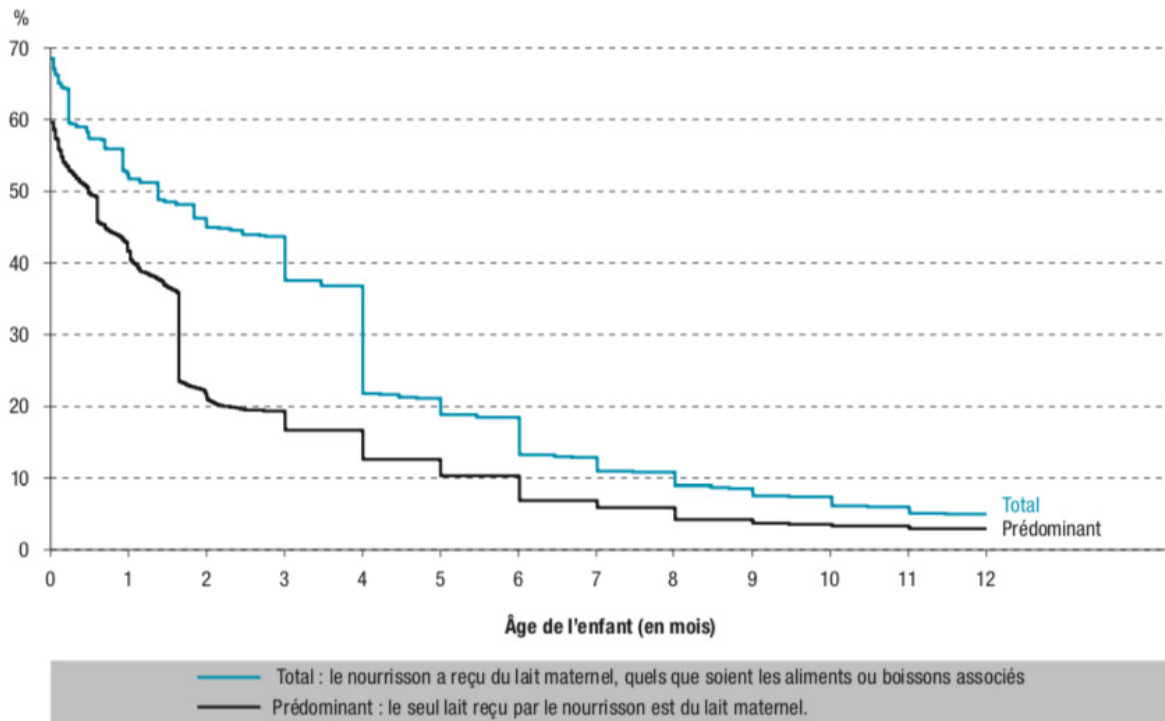
Countries	Breastfeeding Rates	Female Employment Rates
France	63.0	89.11
United States	74.4	55.4
United Kingdom	81.0	72.4
Sweden	98.0	72.0
Angola	94.9	43.6
Afghanistan	97.8	28.7

While generally there appears to be a negative relationship between breastfeeding rates and female employment, I will not be able to analyze this for my research. I am more interested in France's unique social and political environment in which women do not feel the need to breastfeed as much as other European countries. However, the analysis of this relationship could be useful in creating a stronger argument for the incompatibility of feminism and motherhood globally.

France's Santé Publique, or Public Health, surveillance website delves into the specifics of low breastfeeding rates in France. One of their projects is ELFE (Étude Longitudinale Française Depuis l'Enfance) which followed the health of children in France from infancy. Their results concluded that only 70 percent of French mothers ever breastfeed and typically stop after 17 weeks. For only seven of those weeks are children solely fed with breast milk and no formula. At the six month mark, which is recommended as the minimum time by the WHO, only 19 percent of French mothers are still breastfeeding their babies (SPF, 2011).

Figure

Prévalence de l'allaitement de la naissance à 12 mois, Étude Elfe 2011, France (n=17 562)



Santé Publique Française. (2011). Prevalence of Breastfeeding from Birth to 12 Months, Elfe Study 2011, France. *SPF*. Retrieved from <https://www.santepubliquefrance.fr/docs/duree-de-l-allaitement-en-france-selon-les-caracteristiques-des-parents-et-de-la-naissance.-resultats-de-l-etude-longitudinale-francaise-elfe-2011>

According to the ELFE study, breastfeeding rates were lower among single mothers, mothers under the age of 30, mothers with little to no education, and mothers who returned to work earlier than 10 weeks after giving birth. Conversely, the rates were higher for mothers with a higher socio-economic status, mothers who took parental leave, and mothers who attended birthing classes before the birth. Fathers' presence at the birth also increased the rates of breastfeeding for French mothers (SPF, 2011). It is clear that France is far from the recommended rates the WHO suggests, but this study shows that there are many factors which can affect the rate at which mothers breastfeed in France.

A publication by the Center for Disease Control (CDC) outlines how specific demographics can affect breastfeeding in the United States. Breastfeeding rates among African American mothers is consistently lower in most states than that of white mothers. This is partly because of the many barriers black mothers face after giving birth, including having to return to work earlier, inadequate education on breastfeeding from hospitals, and a lack of professional support (Anstey, 2017). While this article discusses racial and geographic differences in breastfeeding within the United States, many of the barriers black women face resemble those faced by women of lower socioeconomic status in France, as mentioned by both the EDEN mother-child cohort study and the ELFE study. France's racial minorities do not mirror those of the United States, but women of lower socioeconomic status in France could be discouraged from breastfeeding by similar barriers.

Working mothers in France are protected by French law which mandates employers allow at least an hour of breastfeeding is allocated to new mothers each day. *La Leche League* publicized these laws in an attempt to educate women on their right to breastfeed in the workplace. The French Labor Code or, le Code du Travail, establishes French women's rights to breastfeed in the workplace when returning to work after giving birth. The code outlines these rights in multiple articles, and if an employer does not comply with these articles, they are liable to criminal sanctions. Articles L. 224-2, 224-3, and 224-4 of the code state:

For a year from the day of birth, mothers breastfeeding their children have one hour per day during working hours.

The mother can always breastfeed her child in the establishment; the room intended for this purpose must be separate from all work premises, have a water point nearby, be clean, provided with seats suitable for breastfeeding, and properly heated.

Companies employing more than one hundred women may be ordered to install ‘nursing rooms (Claude et al., 2019).’

More than 20 articles of the code go on to dictate the layout and equipment of these breastfeeding rooms. The time women receive to breastfeed at work can be divided into two thirty-minute periods, one in the morning and one in the afternoon, or can remain one hour-long period in the middle of the day.

Currently, this “breastfeeding hour” that women take during the day is not considered actual work, and therefore is not paid. Civil servants, or government employees, can be denied this breastfeeding period in accordance with a memo from 1997 which qualifies that if the workplace has a crèche and the child is looked after during the day then mothers will not be guaranteed time to breastfeed. While there is not an established period of “breastfeeding leave,” in addition to maternity for mothers after giving birth, CPAM, the primary health insurance fund, allows:

If breastfeeding is beneficial to the health of the child, the mother can ask a doctor to extend her leave, either by leave for medical reasons or by additional sick leave (Claude et al., 2019).

Patricia Pasco, a French woman who worked for Séphora, was informed that she would have to attend a three-week training session 170 km, more than 100 miles, away from her home. She refused because at the time she was breastfeeding twice a day and was soon fired from the company. Patricia decided to sue for unjust dismissal, but also “in the collective interest to recall this right to breastfeeding for all employees (Claude et al., 2019).” She won her case in 2001 and Séphora was ordered to pay a large sum for their noncompliance with Article L. 224.2 of the Labor Code on breastfeeding breaks and the “right to respect for private and family life (Claude

et al., 2019)." Although French women face push back in the workplace, it is clear that there are effective governmental policies in place to protect their right to breastfeed up to a year after giving birth.

As previously discussed, employment is one of these factors which significantly influences French women's duration of breastfeeding. The many studies conducted by French research groups have found a correlation between mothers who breastfeed and mothers of a higher socioeconomic status, implying that despite notions of working mothers being less likely to breastfeed, they are in fact more likely to breastfeed in France. If employment does not act as a deterrent for breastfeeding mothers in France, but lower socioeconomic status does then it is unclear as to why women in low and middle-income countries are more likely to breastfeed. Women with fewer economic resources would presumably be forced to breastfeed without access to alternatives like formula, but France's data does not indicate that this is the case. Instead it appears that women of lower socioeconomic status are less likely to breastfeed in France. These women may not have the flexibility to modify their schedules for time to breastfeed, and they may not be able to demand the accommodations they need within their workplace. Varying breastfeeding rates in France could also indicate women's ability to have a career and not just a part-time or temporary job in the informal sector. While there are clearly more factors at play here than just employment, if economic status is not an indication of whether or not mothers will breastfeed, perhaps French society has more of an influence on women's willingness to breastfeed than expected.

Findings

After analyzing the data available on breastfeeding and feminism in France, I have found governmental, societal, and feminist factors all influence women's willingness to breastfeed as

well as the duration. The French government provides many subsidies and has enacted many laws to protect women's right to breastfeed. However, the current maternity leave is not a sufficient amount of time to encourage French women to breastfeed for 12 months, the WHO recommendation. The 16 weeks allocated both before and after birth equates to a little less than 4 months for mothers to stay home and breastfeed if they decide to take time off before birth as well. There are decent laws in place to enable women to breastfeed in the workplace, but as Patricia Pasco demonstrated with her case it is not as easy as it may seem.

French society is reluctant to allow its women to breastfeed in public as was made apparent by the online YouGov poll taken by the US, the UK, and France. After spending several months in France, myself, it was evident how the culture and lifestyle in France may not be conducive to breastfeeding. Public transportation is the dominant means to get to and from work if it is too far to walk. This makes it difficult to carry a heavy diaper bag, breast-pump, or even pre-pumped breast milk bottles to and from work or daycare where they most likely provide formula. Therefore, if the only time throughout the day for French working mothers to breastfeed their baby is on the tram, they are likely to face criticism or judgement from those around them. While this may not be a deterrent for all mothers, with a quick and convenient solution like formula readily available, the perks of breastfeeding seem to diminish.

Finally, in recent decades French feminism has taken the stance of radical-libertarian feminism when considering motherhood and breastfeeding. Simone de Beauvoir sparked the rebellion with her book *The Second Sex*, but her sentiments have only been passed down to current feminists such as Elisabeth Badinter. French women feel empowered by their ability to work and hold careers outside of being a mother, viewing breastfeeding not as a public health concern but as something they should enjoy and want to do. Pamela Druckerman witnessed this

sentiment firsthand while raising her daughter in Paris and interacting with other French mothers. French women themselves have expressed their desire for independence from motherhood through feminist blogs and articles. Being a woman in France comes with the expectation that a career and motherhood can be balanced without sacrificing personal identity and self-care. Ultimately the mother's desires and wellbeing are considered just as important as her child's and are even sometimes prioritized in France, an idea sometimes foreign to mothers in the US.

Of these three factors, government, society, and feminism, that seem to influence French women's likelihood to breastfeed and the duration that they do, none truly encourage breastfeeding. The mentality among French women is that breastfeeding is their choice, and they are not any less of a good mother for choosing not to. Despite France's low breastfeeding rates, the country's overall health does not appear to be suffering because as a result, in relation to other high-income countries. Therefore, what motivation do French mothers actually have for breastfeeding? They are not adequately supported by their government, society, or even each other to breastfeed for more than a few weeks, and they seemingly do not want to. Perhaps instead of asking why French women are unwilling to breastfeed, we should be asking why we expect them to breastfeed?

Limitations

While this was purely qualitative research, future studies may want to include a quantitative aspect that compares the data across other high-income European countries, such as Ireland whose breastfeeding rates were even lower than that of France. This could be effective in determining if there is statistical correlation between breastfeeding rates and other factors discussed throughout this work such as the rate at which mothers return to work, maternity and paternity leave, and breastfeeding laws. A limitation I faced was accessing data on French

healthcare and maternal and child health. French databases such as Gallica are difficult to navigate and do not always filter effectively. There were multiple publications on French studies that were published in English, however, that were helpful. Pairing these with what I could find on French public health and government websites was extremely useful in constructing a more holistic image of the breastfeeding situation in France.

Chapter 5

Conclusion

French feminism has evolved throughout history from fierce advocates for breastfeeding to stark opponents. The issue today is not whether or not French women are breastfeeding at the rate they should be, but whether or not they have the ability to. The expectation placed on women to identify as mothers is one that can be seen across cultures. Even in the US, Pamela Druckerman described the exhausted American mother who frantically attends to her child's every need and feels pressure to compete with other mothers to prove her maternal superiority. Motherhood has become more than just a period of life in which we raise children. It is now a means through which women define themselves and their self-worth.

Today, mothers are more concerned with proving their natural ability, that motherhood is something that comes naturally to them, than actually enjoying motherhood. It goes deeper than mere social status, it is a biological mentality that has only been reinforced by social expectations. However, as society has come to accept women as more than just their biological capacity, women have also had to acknowledge themselves as more than what they had been confined to be. For years, women's only job in life was to have children and produce an heir for their husbands. It was their responsibility and their sole identity, and if they failed, they were outcast by society and other women. At some point, breastfeeding became part of this identity

which was only fortified by the public health campaigns to promote it, further guilt-tripping mothers for not doing *everything* they can for their children, even if it means sacrificing their own lives.

The role that men continue to hold in shaping women's ideas of femininity and motherhood, notably in France, is both surprising and discouraging. Druckerman's recount of the pressure French women face to regain their pre-baby body was largely spurred by men, including husbands, boyfriends, and even doctors. However, their opinions did not stop with the women's physique, with one husband going on to criticize how the breast was made less sexy after seeing his wife breastfeed. While men do not seem to be pressuring women to stay home and tend to the housework, they do seem to be pressuring women to fit into a mold of femininity and sexuality constructed by men. Though not explicit, this is another means of controlling women that is endorsed by France's patriarchal society.

Simone de Beauvoir may have been a radical for her time and would still technically be classified as a radical feminist today, but her message was not so profound. The idea that women should be able to have full autonomy over their lives aside from the societal obligation to be a mother should not be shocking. Men have managed to successfully compartmentalize their lives into family, work, etc. and have rarely faced backlash for it. Paternity leave is just recently becoming something that men are fighting for, but maternity leave is mandated for mothers in many countries. French women have embraced the opportunity to live a full life in which they can be mothers and professionals, and their children do not seem to be suffering for it. The French government should be doing more to facilitate breastfeeding among women of lower socioeconomic status, but this should not be the responsibility of the women to have to fight for the right to be mothers and maintain their jobs at the same time. It is a right that should be demanded from all governments and societies around the world.

France's low breastfeeding rates should be a cause for concern, but not for the reason one might think. Instead of viewing this outlier as a red flag for France's health, we should view it as a red flag for how motherhood is changing, for how society is changing, and how feminism is changing. French women challenge the compatibility of feminism and motherhood by refusing to sacrifice either one thereby proving their compatibility. Despite society discouraging them from breastfeeding, despite feminists discouraging them from breastfeeding, despite their low breastfeeding rates, French mothers have continued to be just that, mothers. In and of itself, this issue is not an issue. It is a debate that further implies women must concede to the patriarchal expectations of them, and if they do not choose to use their bodies accordingly then they are shamed and made to feel inadequate. If French women want to breastfeed for a full year after giving birth, they should have the choice to. If French women want to switch to formula after a week, they should have the choice to. If French women want to maintain their identity despite the choice, they make they should be able to.

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