



# A Southern encounter: Maternal body work and low-income mothers in South Africa

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This article explores the maternal body work practices of black low-income mothers from resource-poor urban spaces in South Africa. Using Southern Theory to open our analytical lens, we recognize that location has implications for how we understand the embodiment of gender and the lactating body in the global South. We argue that maternal body work, as one form of gendered embodiment, must be understood in a postcolonial landscape where histories of colonization and indigenous gender orders continue to shape how women respond to work conditions and how they manage the competing demands of work and breastfeeding. Our analysis from 51 in-depth interviews conducted in Cape Town, demonstrates that maternal body work practices are interpreted through the entanglement of embodiment and work and non-work spaces. By emphasizing contextual specificities relating to low-income workers' living, working and family realities, we advance studies on maternal body work and employment from the global South.

## KEYWORDS

breastfeeding, embodiment, low income, maternal body work, Southern Theory

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## 1 | INTRODUCTION

Acknowledging the effects of space and location on the embodiment of gender is rare in organizational research. Where research exists, it is primarily within the global North, largely representing western forms of embodiment from white colonial interpretations (Metcalfe & Woodhams, 2012) and written with assumptions of a unitary notion of work and non-work spaces. In this article, we critique the universalizing of space by exploring its effects on the embodiment of gender in a global South context. We use the example of maternal body work practices (Gatrell, 2013) among low-income black mothers in South Africa managing breastfeeding and employment. Maternal body work highlights the juxtaposition of types of body work required of 'good' mothers (who nurture their maternal bodies and infants' bodies), as defined within public health discourses, and 'good' employees who are expected to comport their bodies appropriately in an organizational space (Gatrell, 2019).

By drawing on Connell's Southern Theory (Connell, 2007, 2014, 2019), we argue that elucidating particularities in the local context has implications for how we understand the embodiment of gender and the lactating body. Southern Theory calls for a recognition of the geopolitics of knowledge and for rooting theory and practice in the context in ways that can contribute to global theory (Connell, 2007). Here maternal body work can be understood in a postcolonial landscape where histories of colonization (and in South Africa, apartheid) together with indigenous gender orders continue to shape how women respond to work conditions and how they manage the practice of breastfeeding at work. By recognizing the Northern hegemony in knowledge production (Collyer, Connell, Maia, & Morrell, 2019), we open the space not only to add empirical richness from the South to studies in the field, but also theoretical innovation, concepts and ontologies. These can be of relevance both because the North is experiencing increased poverty, inequality and precarity (Comaroff & Comaroff, 2012), and because the return to work is a key barrier to breastfeeding globally.

This article contributes to advancing maternal body work and employment research (e.g., Gatrell, 2011a, 2011b, 2013, 2019; Gatrell, Cooper, & Kossek, 2017; Haynes, 2008, 2012; Mäkelä, 2012) from the global South. Using Southern Theory as a postcolonial critique, we ask how space and location matter to the lactating body and examine the resulting maternal body work that South African low-income lactating mothers perform in work and non-work spaces. We begin by highlighting the Northern dominance of literature on maternal body work and organizations. Next, we raise specificities in the local Southern context of South African low-income working women. Finally, we ground our empirical analyses in this rich context from which we recommend theory and practices to be developed.

### 1.1 | Northern knowledge hegemony and the importance of context: Embodiment, space and maternal body work

Gatrell's (2011b) review of transdisciplinary research on the pregnant and newly maternal body at work shows that the event of new motherhood results in a devaluation of the employed female body, and in both employers and colleagues treating maternal workers as 'object others' (Gatrell, 2019). The global public health discourse discusses breastfeeding bodies as 'good mothers' who are regarded as 'out of place' in the work space and expected to disguise their self-identity as mothers whilst at work, and to conform to behaviour interpreted as a 'good employee' (Gatrell, 2011a, 2019; van Amsterdam, 2015). Regardless of maternal workers' performance in practice, employers associate them with poor work orientation, unreliability and high absenteeism, and view them as being prone to leakage (Gatrell, 2011b, 2013; Lee, 2018; Longhurst, 2001, 2008; Turner & Norwood, 2013; van Amsterdam, 2015).

In this article, maternal body work refers to the physical and emotional body work that mothers employ as a coping mechanism to combine breastfeeding with employment. It includes the bodily act of breastfeeding and management of the lactating female body, as well as associated practices (expressing and storing milk, 'regulating breasts') required to comply with workplace norms (Gatrell, 2013), and also the emotional labour of adapting mothering before and after the return to work. Maternal body work extends the theoretical notion of 'body work' which has

been used to refer to the practices involved in both the body work of care for the bodies of others (e.g., care work, hair dressing) (Cohen & Wolkowitz, 2018; Wolkowitz, 2006) and beauty and self-modification practices undertaken to conform to societal norms and ideals (Gimlin, 2002, 2007; Haynes, 2012).

Like work on the broader concept of 'body work' (Coffey, 2016), the literature on maternal body work and organizations has primarily been developed in the global North (Stumbitz, Lewis, Kyei, & Lyon, 2018), neglecting views on bodies and the specific nature of families, employment and societies in the global South. For example, in South Africa, colonial and apartheid legacies of unequal education, land distribution by race and migrant labour influence the nature of family forms, working conditions and employment. The break-up of Black African families from low-wage, long-distant migrant work contributed to the vast number of absent fathers, women-headed households and extended networks of kin and non-kin in multigenerational households (Moore & Seekings, 2019).

To our knowledge, studies on maternal body work in organizations have thus far only examined the demands of maternity (nurturing both the maternal and infant body) as defined in societal and health discourses in the global North which are based on Northern ideals of what 'good mothering' entails (Sudarkasa, 2004). Our intention is to emphasize the local particularities and the complexities of class in South Africa to enhance an understanding of maternal body work practices. By grounding our research in the context, rather than beginning with Northern conceptualizations, for example, of the nuclear family form, we reconsider appropriate points of intervention at the individual, family, organizational, community and regional level (Jaga, 2020) for advancing support for breastfeeding at work. Interventions based on Northern universalism do not adequately capture the rhythms of the actual people's lives in the South (Mbembé & Nuttall, 2004).

With a few exceptions (e.g., Gatrell, 2019), research on maternal body work has also mostly focused on women in highly skilled, professional occupations (Stumbitz, Lewis, Kyei, et al., 2018). Gatrell (2019) argued that continued breastfeeding beyond a few weeks of a baby's birth was problematic especially for low-income mothers needing to combine paid work and breastfeeding. Low-income mothers in her netnographic study tended to report lower breastfeeding initiation and duration rates, were more easily replaceable, had less access to resources and little bargaining power to request their breastfeeding rights.

By prioritizing context, we reiterate that bodies are always located (Longhurst, 2001, 2008) and their identities shaped by interconnections of space, place and time. The maternal body as a physical, lactating body may be presented in public health narratives as relatively universal across the globe, however, breastfeeding as a social construction (Turner & Norwood, 2013) is strongly influenced by the geography of breastfeeding culture (Mathews, 2018). As embodied subjectivity and spatiality are in a dynamic interplay, maternal bodies tend to inhabit different (at times overlapping or contradictory) subjectivities in different spaces (Longhurst, 2008; Probyn, 2003). These subjectivities are socially and culturally regulated with respect to what is seen as appropriate comportment in a particular space (e.g., work/non-work; public/private) (Mathews, 2018), expecting maternal workers to uphold a strict dichotomy between self-identifying and behaving as 'worker' and 'mother' depending on whether they are in the work or non-work space. We thus argue that such views on appropriate comportment of maternal bodies also differ substantially between countries (views on breastfeeding) and workplace/employment characteristics (e.g., highly skilled accountant in business setting; low-skilled factory worker).

### 1.1.1 | Breastfeeding and maternity leave in the South African context

The World Health Organization (WHO, 2018) recommends six months of exclusive breastfeeding (defined as giving an infant no other food or drink – not even water – except breastmilk) and combined feeding for up to two years and beyond. South Africa has high breastfeeding initiation rates (being breastfed within one hour of being born) of 75–97 per cent (Siziba, Jerling, Hanekom, & Wentzel-Viljoen, 2015), but in 2012, the country reported the lowest exclusive breastfeeding rates in the world at 8 per cent (UNICEF, 2012) at six months. The Tshwane declaration of support for breastfeeding in South Africa (Department of Health, 2011) recognizes that breastfeeding practices in

this context have been undermined by the aggressive promotion and distribution of formula milk in the past to prevent mother-to-child transmission of the highly prevalent human immunodeficiency virus (HIV). The declaration further calls on all stakeholders including civil society, the private sector and employers to actively promote, protect and support exclusive breastfeeding in all policies and strategies. With policy change on the removal of free formula, Prevention of Mother-to-Child Transmission (PMTCT) of HIV programmes and legislation on the code of marketing of breastmilk substitutes (Jackson et al., 2019), this rate has increased to 23.7 per cent for infants aged four to five months (South African Demographic & Health Survey [SADHS], 2016), but progress is still too slow.

South Africa's legislated maternity leave is four months, partially funded by the unemployment insurance fund (UIF). Mothers who have contributed to the fund through formal employment can claim up to 66 per cent of their salary for each of the four months (BCEA Amendment Act, 2018). However, many low-income South African women cannot survive on this reduced income and are thus forced to return to work earlier than the legislated four months maternity leave (Siziba et al., 2015). In addition, those in informal work, do not benefit from these funds. If mothers want to follow the WHO guidelines, they thus must combine breastfeeding with employment.

South African legislation provides for breastfeeding breaks at work. The Basic Conditions of Employment Act's (No. 75 of 1997) code of good practice states that arrangements should be made at work for employees who are breastfeeding to have 30 minutes twice per day for breastfeeding or expressing milk for the first six months of the child's life. However, while there are feminist-supported national efforts for implementing maternity protection and breastfeeding breaks, we critically analyse tensions between this rights-based policy (developed on Northern values) and the contextual realities of holding onto a job to provide for and fulfil extended kin obligations.

### 1.1.2 | Colonial and apartheid legacies: Low-income mothers in South Africa

Low-income lactating women are not only abject at work, they are also marginalized in society through their low socioeconomic status. South Africa has the highest levels of inequality in the world with the richest 10 per cent accounting for half of all South Africans' household expenditure (Statistics South Africa, 2019). Most of the poor are black and women — two thirds of blacks live in poverty compared to 1 per cent of whites and female-headed households (38 per cent) are poorer than households headed by males because they have more dependents under their care (Moore & Seekings, 2019; Statistics South Africa, 2018). The Group Areas Act (1950) enforced the physical separation of races in apartheid South Africa, creating communities and townships as residential areas for poor black people on the urban periphery. Despite 26 years post democracy, the majority of black women remain in poverty and in low-skilled or informal employment (Smit et al., 2016).

Low-income women's daily lives in their work space and their community space continue to be affected by the legacy of colonialism and apartheid spatial planning (Booyesen & Nkomo, 2010), drawing attention to the embodied dimensions of space and highlighting how context supports the activities of bodies in space (Duff, 2007). These entanglements of embodiment and space have effects on the social and cultural constructions of motherhood and feeding practices, shaped by the living and working conditions of low-income mothers. First, low-income areas are located far from their employment and burdens workers with high transport costs, long and complicated commutes to work, and fear of crime during their journey. Women walking from their homes to their public transport depots often do so early in the morning or late at night when it is dark, due to the lack of street lighting and high densification, hence community surveillance is difficult and provides opportunities for crime (Smit et al., 2016). There is nearly no research on the relationship between the characteristics of location and breastfeeding at work. Low-income communities and townships in the global South provide an understanding of these complexities, offering an extreme example of inequality of space and its impact on breastfeeding at work; a focus that has both local specificity as well as general relevance to other contexts characterized by low-income working and living conditions.

Second, there is a limited presence of fathers in the home lives of many black children. South African black children (30 per cent) from poorer households are least likely to live with both parents compared to white children

(78 per cent) from wealthier households (Hall et al., 2017). The absence of men as participatory caregivers has been a feature of these South African low-income communities for generations (Moore, 2013) and resulted in women developing their own survival strategies. The lived experiences of motherhood in this South African context is thus in stark contrast with the idealized nuclear family rhetoric prevalent in public discourse (Sudarkasa, 2004). Accordingly, we engage in a process of advancing research on maternal body work by including women's lived experiences from the South, without which taken-for-granted Northern assumptions prevalent in the literature remain unchallenged.

## 2 | METHOD

The data for this study was based on a funded project on advancing support for breastfeeding at work in South Africa. We explored this unknown phenomenon qualitatively to gain an in-depth understanding of the issues within the South African context and to give meaning to these marginalized mothers' voices. We adopted a qualitative, exploratory approach to support the role of the Southern location in the making of knowledge that offers rich descriptions of concepts specific to the South, surfaced through participants' experiences.

After receiving ethical clearance to conduct the research, we identified participants using both purposive (Suri, 2011) and snowball sampling (Neuman, 2006) techniques. We conducted 51 face-to-face, semi-structured interviews between June 2017 and October 2018 in Cape Town, South Africa. Of these interviews, 36 interviews were conducted with low-paid mothers (earning under US\$285 per month) and 15 with managers of different levels including first line supervisors, senior managers and owners of companies that employed low-income women. Of the managers, eight of the 15 were male, though all the male managers were in senior management positions or owners, whilst all supervisors were female and of coloured<sup>1</sup> racial identity. All the managers were parents.

To be included in this study, mothers needed to have a child born after 2011, following South Africa's adoption of the Tshwane Declaration of Support for Breastfeeding (Department of Health, 2011) which declared South Africa as a country that would actively promote, protect and support exclusive breastfeeding. Mothers also needed to have experienced working during pregnancy and returned to work after maternity leave. The mothers and employers were from diverse organizations and industries in the formal sector, including factories, restaurants, domestic work in private homes, cleaning, retail, hospitals, education settings and the public sector. The interviews were conducted in English, Afrikaans or isiXhosa, depending on the interviewee's preference, assisted by four female South African research assistants who were conversant in local languages and dialects and acted as interpreters.

Mothers' ages ranged between 23 and 45 years. All mothers were black, either African Black ( $n = 14$ ) or coloured ( $n = 22$ ), self-identified along racial categories established in apartheid South Africa. This categorization was also used during apartheid to inform a race-based segregated education system designed to protect the privileged white minority by perpetuating a social hierarchy in which skin colour was intricately woven with class (Hartshorne, 1992). The effects of this unequal system are still evident today and were reflected in our sample. Among the 36 mothers, most ( $n = 21$ ) did not complete high school, many were single or reported that different men had fathered their children and four mothers voluntarily shared that they were HIV positive.

All participants provided written consent to be interviewed and recorded. The interviews covered understandings of current regulations/policy of maternity supports at work, and experiences of managing staff pregnancy and early motherhood (managers), and of working during pregnancy, and managing work and family responsibilities, including breastfeeding, upon the return to work (mothers). An important contribution of this project, and consistent with the aims of Southern Theory, is that we used a collaborative model to democratize knowledge and to encourage activism (Collyer et al., 2019). In concluding the interviews with both mothers and managers we used the space to raise awareness of mothers' statutory entitlements to breastfeeding breaks.

The interviews were transcribed verbatim and translated into English where necessary. Data collection and analysis were conducted simultaneously (Coffey & Atkinson, 1996) until saturation of data was reached (Strauss &

Corbin, 1998). The QSR software package NVivo was used to assist with data management. Given the exploratory nature of this study, thematic analysis was used to identify, analyse and detect reporting patterns within the qualitative data (Braun & Clarke, 2006). The text in the transcripts was coded by both authors through an iterative process. The application of our theoretical framework, including transdisciplinary elements on maternal body and using Southern Theory, helped us to unravel both the persisting and changing realities of breastfeeding low-income mothers and employment in a global South setting.

### 3 | FINDINGS

All lactating mothers had become involved in some form of maternal body work shaped by the need to return to work. They organized the functions of their bodies and infants around the demands of their workplaces, as well as broader structural determinants associated with their commutes, living conditions and access to childcare. We analysed the maternal body work performed by these women to manage their return to employment in the interacting spheres of work and non-work spaces.

#### 3.1 | Maternal body work in the work space

##### 3.1.1 | Low sense of entitlement to support for maternity

In the context of poverty, hunger and inequality, combined with a normative sense of duty and obligation to an extended family, young low-income black women often display a low sense of entitlement (referring to what they think is fair to ask for) (Stumbitz, Lewis, & Rouse, 2018). This was reflected in the women developing maternal body work strategies as a coping mechanism to combine motherhood with employment. Participating mothers often forwent partially paid maternity leave and breastfeeding breaks, maternity supports they were entitled to.

We found that, despite statutory 17 weeks of maternity leave in South Africa, the low-income women in our sample typically returned to work earlier, out of economic necessity. While mothers were entitled to claiming a percentage of their salary via the national UIF when on maternity leave, we discovered a lack of claiming of funds. Mothers felt that the UIF forms were too administratively or logistically burdensome or felt that they did not have the appropriate level of education to complete these forms. Consequently, they decided to give up the opportunity to claim. As illustrated by the following example, not claiming these funds meant mothers had no income during their maternity leave and returned to work earlier than the legislated four months:

*I did have a child in 2003 and took my maternity leave, although I didn't claim that UIF because there was something that wasn't right.... and then at home I was suffering, I was struggling, my husband wasn't working. So then I decided to go back to work. So I leave it like that ... You see when you are hungry I couldn't wait for the process to be finished I just go back to work. (EMO6, factory worker)*

The low-income mothers also emphasized their desperation to maintain their employment for financial reasons, and did not want to be a burden to their employers, being fully aware that they were easily replaceable because of the large availability of a low-skilled female labour force. However, their return to work had implications for their ability to meet the WHO's six months' exclusive breastfeeding goal.

With respect to lactation support at work, we found a widespread lack of awareness of employees' rights and employers' duties to support. Breastfeeding was perceived as a private rather than a workplace issue by both employers and low-income mothers. Only one mother knew of her rights to breastfeeding breaks and most managers were not aware of these laws either. For instance, as a co-owner of a small-sized factory (EMG12) argued, 'it's two

white males running a company and our focus is not on the wellbeing of your uterine lining'. His statement provides an example of the 'malestream' of bodies in organizations (Gatrell, 2013; Tyler, 2000) and the othering of the maternal and lactating body (van Amsterdam, 2015). In his view, breastfeeding was either the employee's responsibility or that of 'government, the employee's family, or someone who is actually linked to [the mother] more'.

### 3.1.2 | (Un)controlled bodily boundaries and regulated breasts

Lactating women reported struggling to control their bodily boundaries after the return to work, talking about leakage and painfully swollen breasts. However, they did not feel confident to discuss options for expressing breastmilk in the workplace with their employers/managers, due to their lack of awareness of their right to workplace support, and silently bore the pain instead:

*It was swollen and it was sore because your breasts get tender, because the baby was not sucking, releasing that. It was like a build-up now, because you can feel the lumps in here.... It's tender and it's sore, and [your breast] is running like a bottle. [What did you do?] Tea time, I waited and I expressed some milk in my cup, and I had to throw the milk away. I didn't have a container to put the milk. (SMO16, production line worker)*

*Yes, the breast gets sore and all that, but ... when it gets sore, I put the pads in. Sometimes, when the pressure of the milk is too much, then it can just come out on its own. (SMO15, machinist)*

Only a few participants had explicitly asked their employers/managers for time and space to express breastmilk. Expression was mostly used as a coping strategy to relieve the pain and discomfort. Apart from two exceptions, none of the participants had considered to keep the milk they expressed at work for the baby. One of these exceptions was a mother, encouraged by colleagues to express her breastmilk which she was now doing on a regular basis, but without informing her managers:

*The first day I didn't express so my 'titties' was going to bust and then I was having breast pains, it was sore. They say 'don't waste the milk, Sissie', so they were supportive.... [Is there any facility at work where you could express?] Yes, in the bathroom [giggles]. I was doing it in the bathroom.... When I feel my breasts, I just go to the bathroom, I don't tell anyone, I do it in my lunch.... I put it in the bag and then I put it in the fridge. (EMO7, packer)*

Employers and managers were often oblivious to this practice of maternal body work. For instance, one (white) male senior manager who confirmed 'I work very closely with my floor staff' emphasized 'this would never happen here, no woman will sit here in pain, they would tell us and we would help them' (SMG4, senior manager, factory). Yet we found that mothers silently bore the discomfort of their leaking and swollen breasts while trying to remain productive, with one mother (SMO16) saying, 'I don't have that confidence to ask (my manager)' despite the manager in this case being female.

After some time, lactating women managed to regulate their breasts (Gatrell, 2013) around their work schedules and the time they were physically separated from their infants:

*If the breast is full and it's starting to run, it's awkward because you can't change your bra. We had to put things in there to cover that, so it's a bit awkward. [It makes your work] more challenging, say for a month, it was like that. Then, after a while, it got lesser because now my body is used to it now. Nobody's drinking your breast during this time, like it used to be. (SMO16, production line worker)*

### 3.1.3 | Legislative entitlements to support lactating bodies at work

At the end of the interview, participants were informed of workers' rights to workplace breastfeeding support. Employees shared that this knowledge would have increased their likelihood to ask for support, as they would have viewed it as a right rather than a favour. As the following mother suggested:

*We could put this in a pamphlet and say 'we are allowed by law to express and we get that time'. If the company don't want to allow it, we can take it further, as simple as that. Just to encourage people, if they're breastfeeding, that they should tell. Not like me, be shy and think 'no, maybe I'm not allowed'. To have the confidence and ask the supervisor if we can. (SMO16, production line worker)*

When asked if, in her view, the employer could benefit from providing breastfeeding support at work, she argued that workers would be more productive:

*The benefit would be, you will be more active in the work. You wouldn't feel so awkward with your breasts that's so sore and milk running here.... You will make your target more, because now, you don't need to worry 'my breast is sore', or complain 'you know, my breast is so full, it's sore ... it's really sore'. That would help if you can express.*

Another mother suggested that such support could be implemented in her workplace relatively easily, as colleagues could cover for mothers during their lactation breaks:

*It's not the whole factory that is going to be breastfeeding, maybe three or four people in the factory, so it can work, because not everyone gets pregnant every year.... There's always a backup plan for them in their department to cover the work [that could be used] for the time they express. It will actually be very easy, because a lot of ladies sit with full, hard breasts. It's sore man, and then they must still work in that way. (SMO14, packer)*

After having been informed of women's right to lactation breaks at work at the end of the interview, this supervisor identified the following benefits of such support for mothers and employers:

*I think that if the company supports this then maybe mommies won't stay out of their work and they won't leave early either and I think it's best for the mom because at least before she leaves she can take her milk out of the fridge, take it home and she won't have a problem to buy expensive milk. (SMG2, line supervisor)*

These quotes illustrate the opportunity to raise awareness among employers, supervisors and workers about the right to lactation breaks and to provide training in workplaces with respect to the requirements of safe breastmilk storage and transportation. Raising awareness about rights would also have an impact on women's maternal body work and would help to normalize their lactating bodies rather than require them to conceal their lactating activities.

## 3.2 | Maternal body work in the non-work space

### 3.2.1 | Breastfeeding not a priority in the context of low-income communities and female breadwinner households

Both mothers and managers in the study spoke about the struggles that low-income mothers face daily arising from their life in townships characterized by overcrowding, shacks and poor infrastructure. Their experiences



speak to the practice of maternal body work in a boundary crossing from the home space to the work space and vice versa. These constraints, rooted in past and prevailing systems of inequality, impact the practice of maternal body work through a lack of a safe environment, hindered access to public transport, and high levels of stress from crime, gender-based violence and poverty. These women's capacity to pay attention to their lactating bodies, their own health needs and those of their children are subordinate to their lived daily struggles.

Mothers were often the sole breadwinners to an extended family. Mostly they managed mothering and work on their own, for a range of reasons including absent fathers, unemployed fathers, distant fathers due to migrant work and abusive partners. Many mothers had children from different fathers, none of which they were in a relationship with. The majority reported not to be in receipt of any financial or other support from any of the fathers and were thus forced to return to work soon after the birth of a child to economically provide for themselves, their children and their wider family.

*The child's father he don't provide ... If he have money it's only R50 (\$3 US) he give me but he don't support because he don't work.... Instead of taking care of their child or looking after them, [the fathers of my children] were busy with friends, getting drunk and stuff. (EMO3, waitress)*

*The father of the child, he beat me and he broke the leg, this leg (points to the leg that he broke). (EMO2, administrator)*

Only in two instances fathers were looking after their children while the mother was at work, but only as a temporary measure, as they were at home unemployed.

In the context of these life challenges, these women did not always view breastfeeding as a priority. Yet they gain dignity from their persistence to overcome these struggles and remain in paid employment to provide for their family. Low-income women's maternal body work practices were thus coping strategies to combine motherhood with employment and organized around the requirements of workplaces, even in the non-work space.

### 3.2.2 | Regulating bodies and adapting mothering before and after the return to work

Women prepared for the return to work in different ways and were required to perform different types of maternal body work, including reducing the physical and emotional bond to their children, as coping strategies. Mothers often started to prepare both their maternal bodies and those of their children for the time they would be physically separated due to work demands. Some even started this preparation soon after they gave birth, by introducing formula feeding alongside breastfeeding. Others only started to regulate their lactating bodies and infant feeding patterns shortly before their return to work.

*They told us at the clinic, we shouldn't give formula if the child's still so small. Because I was still at home for a long time, I decided 'I'm going to breastfeed him'. Your breasts also get swollen if you don't feed the child, and I had enough milk to give, so I decided when it came, 'let me and him first bond, and then I can give the formula', so that's what I did.' When [my baby] was about two months, I started giving him formula also, and breast milk.... I had to train him, and to let his body get used to formula milk also. I knew I was coming back to work. (SMO16, production line worker)*

Like many mothers, this participant tried to continue breastfeeding by regulating her breastfeeding pattern around the demands of the workplace:

*The first week when I came back [to work], I expressed milk at home. After a while, he got used to it [not breastfeeding during the day]. Now I'm not around him anymore so I didn't express any milk for during the day.... When I got back from work, then I only breastfed him, and I still do that, and he drinks the whole night. (SMO16, production line worker)*

Women who did not have anyone in the community to help with childcare, and who could not afford paid childcare, sent their children to the Eastern Cape (over 570 miles from Cape Town) before they returned to work, where they were cared for by a female relative like a grandmother or aunt. Children of single mothers being raised by extended family in rural areas of neighbouring provinces, is a common phenomenon among Black African families and these experiences shed light on the Northern assumption that caregiving decisions, including infant feeding, are in the control of the mother.

In the knowledge that physical distance between low-income mothers and their children would have implications for their maternal bodies (and those of their children), mothers prepared for this separation by stopping or reducing breastfeeding beforehand. Some women attempted to make the most of the limited time they had together, while others tried not to get too attached to their child both physically and emotionally:

*I love to breastfeed, you get that bond. Even now he's four months and when I breastfeed he's looking at me like ... I love to breastfeed and, if I was not working, I was going to breastfeed right through nothing else. (EMO7, packer, clothing factory)*

*My mom must take care of the baby. You see, we don't connect with the baby when she's young because I don't have time for that. I must go work and feed the baby, you see.... When the children grow up, it's like sister [referring to herself] meets mother and daughter. You see, it's because there's not that connection there. We just give birth and then give [the baby] to our mother to take care of it. (SMO15, machinist)*

The mother in the following example was working for a large multinational company and had received generous paid maternity leave beyond legal entitlements (ten months). However, she did not have any maternity supports upon her return to work. As a shift worker and single mother, she did not see any other solution but to send her child away to live with and be cared for by her aunt:

*Because of the way we are working, most of the people take their children away because with the shifts – especially if you stay alone – you can't look after the baby, because sometimes you have to go to work from 10pm till 6am. You can't leave the children because they are sleeping alone.... I stopped [breastfeeding] after 7 months, because I had to take the baby to the Eastern Cape. [Why?] I had no one to look after the baby when returning to work.... I was gonna see the baby once a year because I go to the Eastern Cape during December holidays. (EMO4, inventory clerk)*

Women were therefore required to subordinate their identity as a mother to that of the worker, even outside the work space. The realities of motherhood experienced by these women were in stark contrast to idealized notions of 'good mothering' prevalent in public narratives (Gatrell, 2019) and consequently they adapted to motherhood in ways that accounted for the realities of their context.

### 3.2.3 | Unreliable and dangerous commutes and prolonged maternal body work

The managers' and mothers' accounts combined elucidated the need to address structural barriers created by the effects of apartheid spatial planning on low-income mothers' work commutes. Travel to work was complicated,

unreliable, long, tiresome and dangerous, and further prolonged the duration mothers were physically separated from their infants. Women often reported being away from their child for at least 12 hours on workdays, affecting their opportunities to breastfeed:

*I come back from work at 6. My starting time is 8 o'clock but I leave here at 5.30 to be at work at 8.* (EMO2, administrator)

*I was working 8 till 8 (she now has to start at 7.15am). Then when I come at night she's already sleeping and in the morning I don't have enough time [to breastfeed].* (EMO7, packer)

Daily commutes to earn a living increased the demands on women to control their bodily boundaries, struggling with painfully swollen breasts and breastmilk leakage while worrying about their safety. Earning low incomes, mothers spent almost half their wages on their commutes, but the unreliability and perilous nature of public transport in Cape Town meant there was no guarantee to reach work in time and safely. When exploring with women if they would bring their babies to work if employers offered them space and time to breastfeed and childcare facilities, some argued that it would be too dangerous. The provision of childcare facilities at work in the North is mostly presented as a talent attraction strategy and an employee benefit. However, mothers in our study did not perceive childcare at work as a viable support solution due to the overcrowded and unreliable public transport conditions. Low-income women in South Africa are also particularly vulnerable to gender-based violence and sexual assault, creating undesirable conditions for commuting with a baby in the early hours of the morning or late evenings. The following quote illustrates the substantial stress that the commute caused workers:

*Because we stay in a shack so the transport can't go in [to an overcrowded township area]. So I have to walk in the road [to reach the taxi rank]. But I always pray every morning, 'O God, please protect me' because there's a lot of things going on [starts crying].* (EMO7, packer)

A small number of employers addressed this issue by helping with transport and either covered the costs, or facilitated the logistical arrangements and requested staff to pay:

*With the transport being such a problem, we often have to transport our staff in and out of work because of taxi strikes or bus strikes or rioting or violence or whatever, and sometimes those people get up at five o'clock in the morning to get to work by seven or eight o'clock....* (EMG5, co-owner of a food manufacturing company)

*So I was using the early bus [at 5.15am] but lucky the other guy that's working with us, he's taking me here, so it's much easier. [The employer arranges this transport], then we pay the guy out of our pocket.... It's very ok with me because the distance I was walking when I got off [the bus] it was 30 minutes' walk to work. Another 30 minutes' walk [from the bus] home. Like now I just go out to work and get in the car and just go home, so easy. It's saving me much time now.* (EMO7, packer)

Transport support was very well received by mothers. Not only did it make their journey to and from work more reliable than public transport, increased their safety and reduced their stress levels considerably, it also reduced their commuting time which gave mothers time to breastfeed their babies in the mornings and evenings. A benefit for employers was that staff arrived at work on time so that production targets could be secured.

## 4 | DISCUSSION

This study advances our understanding of maternal body work practices by using Southern Theory to open the analytical lens to include the contextual complexities of low-income mothers from resource-poor urban spaces in Cape Town, South Africa. All lactating mothers had become involved in some form of maternal body work as a coping strategy to combine child nurturing with the return to employment. We showed the power of these social processes to create hierarchies of bodies in work spaces commonly not designed for maternal bodies (Gatrell, 2013) and, particularly, in which black low-income, lactating mothers are made invisible by management who are mainly white and male. Driven by economic necessity, these low-income mothers subordinated their physical and emotional relationship to their babies to the expectations of their work space (Mik-Meyer, Roelsgaard Obling, & Wolkowitz, 2018). In the non-work space, social and structural determinants associated with difficult commutes, caring for extended families and poor living conditions, place breastfeeding as less of a priority.

Responding to the call of Southern theory (Connell, 2007) to emphasize local context, we drew attention to the socio-political history of apartheid and colonialism and its effects on inequality and poverty, to expand our understanding of maternal body work (and its relation to location) from the global South. We thus contribute to knowledge formation from the South and help shift the hegemony of the North in the knowledge economy (Collyer et al., 2019; Connell, 2007).

Our findings, rooted in context, serve as a starting point from which to advance theory, and for the development of management and organizational practices and policies that are relevant for the low-income working mothers in South Africa. Here we see that legislative rights to breastfeed, or even the possibility of organizations adopting a Northern-driven concept of workplace childcare facilities, do not work for these mothers. They are not sensitive to the particularities of the local context and the consequential lived daily struggles that these women face as they navigate mothering and paid work.

As our findings show, low-income mothers are less likely to be aware of their entitlements to workplace breastfeeding support. However, even when they are knowledgeable, they tend not to request these rights, as they perceive breastfeeding to be less of a priority among their cumulative daily struggles to earn and provide for their family. Among the Black African population, who are the majority of low-income earners in South Africa, traditional cultures are rooted in the fulfilment of duty rather than exercising individual rights for advancement (Moore & Seekings, 2019). Thus we argue that in a context of high unemployment, poor infrastructure and gender-based violence, the concept of 'good mother' in relation to child nurturing should extend beyond the discourse of exclusive breastfeeding. Instead, reframing these expectations from their lived realities, together with context-sensitive support interventions, and a recognition for the economic need to hold on to their jobs, will help to contribute to appropriate practices and policies that uphold the dignity of low-income women in South Africa.

This article also addressed the lack of research on the relationship between the location and breastfeeding upon the return to work. The low-income communities and townships studied in this research provided a revealing example of inequality of space and its impact on breastfeeding practices and maternal body work; a focus that has both local specificity as well as general relevance, as combining breastfeeding and employment is a societal problem globally. While we highlight the effects of contextual specificities on maternal body work practices of low-income mothers in South Africa, we suggest that these findings can be an impetus for researchers in other similar contexts of marginalized workers, to build new shared theoretical frameworks that become more generalizable (Bhan, 2019). We argue that rigid North/South binaries are unproductive. As poverty, inequality and precarity of work increase across the world, requiring new frameworks for studying maternal body work, we call for dialogue among Southern researchers and between Southern and Northern researchers.

### 4.1 | Implications for future research

This study demonstrates that for organizational and management practices and policies to be effective they must be rooted in the contexts that reflect the realities of the employees. There is an urgent need to build knowledge that

more equally represents maternal body work, from the lives of women from the South. Researchers can rethink the starting points of their research questions, by grounding them in the specific context (Bhan, 2019). For example, researchers could ask how breastfeeding at work policies and practices could be designed to best consider the lived realities of maternal body work in the context of low-income workers?

Building on our qualitative work, future research could include participatory action research involving multiple stakeholders such as unions, community leaders, managers and the workers themselves, to develop relevant workplace interventions (Jaga, 2020). Any efforts to overcome structural barriers for breastfeeding at work should include marginalized voices in the research process, as this will allow insights into the historical and sociocultural influences on women's ability to combine breastfeeding and paid work.

## 4.2 | Implications for policy and practice

Breastfeeding has been actively recognized as a health intervention issue, but rarely examined as a workplace intervention issue (Rollins et al., 2016). Where workplace interventions have been developed, they have primarily focused on large workplaces in the global North (Stumbitz, Lewis, Kyei, et al., 2018), and do not adequately address contextual issues that interact with the maternal body work practices across work and non-work spaces. We offer implications for policy and practice. First, our study suggests that raising awareness of workers' entitlements to breastfeeding breaks (Basic Conditions of Employment Act's No. 75 of 1997) can increase a sense of duty among managers, while improving low-income mothers' confidence in asking their managers to use the breaks to express milk.

Second, our findings suggest that employers' assistance in the provision of safe transport provides a viable avenue to facilitate breastfeeding and childcare support at work. We only identified a small number of employers that helped with staff transport, and sometimes only in emergencies. Employees indicated their willingness to pay a fair price for reliable and safe transport. If this support was extended to a more regular provision, it could facilitate breastfeeding and childcare support at work, and help to normalize lactating bodies in workplaces.

Finally, sustaining the impacts of efforts to support breastfeeding at work, especially among low-income earners who are still affected by apartheid and colonial ills, will require a multi-pronged approach, including commitments from government and capacity-building. As paid work remains a major reason for breastfeeding cessation, and as we have shown the implications that the lived realities of working-class women have for their breastfeeding practices, we strongly recommend that government departments collaborate when developing policy. Policy development in silos will not address the socioeconomic complexity of breastfeeding. For example, in South Africa the Department of Health, the Department of Labour and the Commission for Gender Equality should work together to develop policies on workplace breastfeeding support that pay particular attention to the challenges presented by a population in which the majority are poor. In addition to greater integration in government policy, trade unions can play an important role in raising awareness in workplaces about the benefits of supporting breastfeeding mothers. Similarly, local community initiatives, including peer-to-peer support through community volunteers, could inform mothers about safe breastmilk expression, storage and transportation. Sensitizing all community members to the importance of breastfeeding for a baby, a mother, businesses and the society can begin to shift practices.

Through a Southern Theory lens, we presented the contextual constraints that low-income mothers in Cape Town, South Africa face in performing maternal body work practices. We argued that the current body of knowledge on maternal body work remains under-theorized to accurately reflect these mothers' lived realities. Their position both deserves and motivates the need for new theory, and different legislative policy and mechanisms that are both sensitive and considerate to their daily constraints.

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## DECLARATION OF CONFLICTING INTERESTS

The authors have no conflict of interest to declare.

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## ENDNOTE

<sup>1</sup> In Southern Africa, the term 'coloured' denotes a person of mixed racial ancestry and relates to identities of a marginalised coloured community (Adhikari, 2009).

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