“Motherhood brings Joy and Happiness”, Discourses of the Ideal Mother in South Africa

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DEDICATION

Gratitude goes to the women who allowed me, a stranger, to interview them generously, sharing vulnerable moments, both the joys and pains of what it means to be a mother. Your stories will stay with me for my lifetime. They have irrevocably changed how I understand the architecture of our society and parenthood and have been woven into the fabric of how I think about therapy for women and children. Thank you. I hope this study will do you justice simply by existing and adding one more stone to the pile that grows toward the tipping point that brings change.

Deep gratitude goes to my supervisor Maxine Spedding. Thank you for sharing your abundance of knowledge and experience. I appreciate your patience with the process and our COVID limitations. Thank you for being generous with your feedback and time. I really enjoyed your candour and humour. Thank you for teaching me so much.

Love and gratitude to Byron and family and friends near and for this incredible opportunity that has allowed me to follow my dream; without your support, I would be in a different boat.

Thank you.

ABSTRACT

This research explores the effect of mothering ideologies found in dominant discourses by examining the discourses mothers draw on when describing mothering. First-time mothers who attended perinatal care in public healthcare centres are often faced with interventions like the First 1000 Days of Life Campaign drawn from the Global North. Using Thematic Discourse Analysis, the dominant effect discourses have on South African women's experiences, and practices of mothering will be explored.

This research draws on 12 interviews with first-time mothers in low-income areas in Cape Town, exploring first-time mothers' experiences of motherhood. There is limited research on how patriarchal values imposed by the Global North affect South African mothers' discourses and experiences of motherhood. The research took the form of secondary data analysis of semi-structured interviews. Thematic Discourse Analysis was used to discern dominant discourses in the qualitative data. An intersectional feminist lens was used to highlight significant discourses identified through the literature.

Results: The analysis highlighted three primary discourse themes. Discourses of the ideal mother had three subthemes: motherhood comes naturally and brings fulfilling joy, mothers should be baby-centred, and good mothers are professionally guided. These medicalised mothering ideals from the Global North promulgated by the medical fraternity left many mothers feeling unsure of their own mothering knowledge and choices. Discourses of the ideal mother often split mothers into good or bad mothers. Discourses of the present mother and absent father were identified and often resulted in discourses of mothering in poverty. Discourses that contested patriarchal gender norms were found to be omitted. Mothers revealed high levels of stress, shame and impoverishment. Asymmetrical power dynamics

favouring men combined with a systemic lack of supportive social and economic policies for mothers often resulted in their oppression, grant dependence and poverty.

Conclusion: The research demonstrated the ways in which local mothers' mothering practices were significantly entrenched in powerful patriarchal ideologies promulgated by medical and social discourses. Ideologies imposed on mothers through primary healthcare facilities were shown to cause mothers uncertainty, anxiety and fears of inadequacy. Lack of adequate social support through the child grant was shown to maintain systems of class and gender inequity and often resulted in significant impoverishment.

Key words: motherhood, mothering ideals, discourse analysis, primary healthcare, perinatal healthcare

ACRONYMS

CDA	Critical Discourse Analysis
NPO	Non-profit organisations
TDA	Thematic Discourse Analysis

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CHAPTER 1: INTRODUCTION

1.1 Motherhood, Mothering and Mother

'Motherhood' is an evocative word that conjures a myriad of ideals, images, and notions that frequently conflict. Discourses of motherhood are moving, changing social entities, shaped across time by culture. Motherhood is also a social construct outlined by feminist writers such as Lazar (2007), Nicholson (1999) and Phoenix et al. (1991). Arguably there is no other role a woman plays that draws more attention, criticism, control, opinion or judgment. Consequently, motherhood has become a powerful site of control, a construct in which oppressive patriarchal discourses and ideologies develop, exert authority over, and dominate (Collins, 1990; Parker, 2012).

Society projects that a woman's feminine gender identity is defined by motherhood, despite not all women wanting to be mothers (Gillespie, 2003; Mamabolo et al., 2009; Nicholson, 1999; Phoenix et al., 1991). Social norms perpetuated through discourses promulgate that a woman should produce children and provide childcare (Kruger, 2006). In most cultures having children is rewarded with social approval and considered a woman's proper role (Richardson, 1993). Subsequently, motherhood is oppressed by a matrix of domination, with countless influences, but none more striking in recent times than that of the medical fraternity (Collins, 1990). Numerous publications declare 'doctors know best', provocatively asserting there is a science to bringing up children (Apple, 2014; Boston Women's Health Book Collective, 1978). The medical fraternity has eroded the age-old tradition of older women and mothers passing down their wisdom and experience to new mothers (Apple, 2014).

In South Africa, prior to colonisation, the community was jointly responsible for raising children (Pentecost & Ross, 2019). However, as patriarchal ideals from the Global North [1] gained strength and migrant labour caused by Apartheid, and capitalistic aims took root, motherhood became individualised. Mothering pamphlets and manuals with ideals unrelated to South African contexts 'responsiblise' mothers to solely meet all their children's developmental goals, regardless of a mother's unique needs or limitations (Apple, 2014; Pentecost & Ross, 2019; Phoenix et al., 1991). Patriarchal ideologies promulgated through discourse limit the focus of motherhood to the primary relationship between mother and child. Despite these dominant ideologies, mothering is not simply an individual process but rather a multilateral one that involves relationships between mother, father and child, grandmother, child and mother, and the broader family, community, and ecological contexts (Bronfenbrenner, 1989). Consequently, mothering and alternative supportive ways of viewing it more broadly are omitted from the guidance offered by professionals to local mothers (Pentecost & Ross, 2019). These sexist gender norms from the Global North, which favour men, are oppressive to women. Increasingly, mothers are expected to balance an impossible mix of conflicting roles, from a consistent, sensitive carer who is warm and ever-present to the sole breadwinner. Ideals of mothering roles place inordinate pressure on women (Delany, 2011; Horwood et al., 2019). Mothering ideologies split mothers into either 'good' mothers doing the 'right' things or 'bad' mothers doing the 'wrong' things, while men's roles as fathers are less attended (O'Reilly, 2016).

In South Africa, the damaging effects of classicism and the patriarchal matrix of control on mothering are far-reaching (Mamabolo et al., 2009; Parker, 2012; Walker, 1995).

[1] The Global North consists of the richest and most industrialised countries, located mainly in the Northern Hemisphere. Although this nomenclature is the subject of much debate, it is useful to our purposes, as it identifies countries that both fund most of the research and develop most of the interventions strategies used in healthcare (Pike et al., 2014).

South Africa has one of the highest situations of inequality, with 49% of the population living below the poverty line and 52% of this figure being women (Stats SA, 2019). Women are largely more vulnerable and more exposed to poverty. Stats SA (2019) suggests that the lower poverty line in 2019 was R561, the minimum funds needed to meet the basic energy requirement for food in a month. In the same year, the child grant offered by the government was below this amount. The deficit is clear. The child grant was originally created to cover the basic cost of raising a child in terms of food and clothes. However, the current amount is insufficient to provide a healthy diet that might avoid malnutrition (Hall & Budlender, 2016). With 52% of women surviving below the poverty line on less than R561 per month, the medical fraternity still inexorably places the brunt of the blame on mothers if children do not reach their developmental goals (Pentecost & Ross, 2019).

In order to understand a woman's experience of mothering, it is essential to understand the patriarchally gendered reality she exists in and the ensuing discourses she needs to mitigate. A driving factor of mothers living in situations of poverty is the predominance of absent fathers, who offer no support financially, materially, or emotionally. Statistics show that in 2017 only 34% of children in South Africa lived with both parents (Stats SA, 2018). Only 3% of children lived with their fathers only, while 41%, roughly 8 million children, live with their mothers only, and another 20% live with their aunts or grandmothers (Hall & Budlender, 2016; Mitshali, 2015). Thus, while an absent father is a common reality, an absent maternal figure is almost unthinkable.

Studies show a consistent link between female-headed households and poverty recurring across time and space (Buvinić & Gupta, 1997; Flatø et al., 2017). Moreover, South Africa ranks as one of the countries with the highest proportions of women-led households globally, with 71,3% of women suffering from extreme poverty (Flatø et al., 2017; Stats SA, 2020). Thus most mothers in South Africa experience multi-dimensional poverty, meaning

they live in households experiencing a deficiency in more than three out of the seven dimensions: nutrition, health, sanitation, housing, protection, education, and information (Stats, SA, 2019). According to Stats SA (2020), 61% of children in South Africa live below the poverty line, which means that six out of ten children live below the poverty line and suffer from multi-dimensional poverty. According to Wright et al. (2013), some of the reasons for this include economic vulnerability, the legacy of Apartheid, absent fathers, urbanisation, pandemics, labour migration and changing cultural norms.

Mothering ideals are constantly being remoulded and reimagined in relation to an ever-shifting landscape of cultural ideals. The study of mother's discourses is a means of understanding how reality emerges through the repetition of specific dialogues over time and illustrates the narrative construction of consciousness in its social world, building capacity. It enables an understanding of how mothering roles, values, and practices from the Global North impose colonial values and consequently impact local mothering discourses, ideals, practices and mothering experiences. Intervention strategies from the Global North implemented by the medical-health fraternity in South Africa play a significant role in impacting local mothering practices and experiences through discourses. The First 1000 Days Campaign, on which the parent study is based, is a nutritional intervention strategy rolled out at primary healthcare centres in South Africa in 2016 (Pedro et al., 2021; Thanjan, 2016). The parent study, on which the discourse analysis is based, explored mothers' experiences and knowledge of nutrition and attachment in the first 1000 days of their child's life (Pedro et al., 2021).

1.2 The First Thousand Days of Life

The first 1000 days of a child's life constitute the days between conception and the age of two and represent the greatest opportunity for children to reach their fullest potential (Thanjan, 2016). The possibility of positive impact is so powerful that what happens during this critical period forms the structural development of the brain and creates the relationship patterns for the entire lifespan (Berry & Maleck, 2017; National Scientific Council, 2014; Papalia & Feldman, 2011; Toga et al., 2006). The First 1000 Days Campaign aimed to teach health workers across the country to educate mothers on nutrition. The aim was to improve mothering practices and knowledge to combat malnutrition (Republic of SA, 2015). The rollout of these interventions across South Africa; was developed and funded by high-income countries in the Global North and propagated ideals of childcare embedded in cultural colonialism (Pentecost & Ross, 2019; van Stam, 2017).

1.3 Research Aims

This study aims to explore the discourses mothers in low-income communities in Cape Town draw on when describing their experiences of motherhood prior to and during the first 1000 days of their baby's life. This will be done by examining dominant discourses embedded in the social fabric of experiences of motherhood. The study was guided by the following research questions:

1. What are the discourses of the ideal mother in South Africa?
2. What are the socially embedded discourses that promulgate patriarchal gender norms?

3. In what way do these discourses affect mothering practices and mothers' experiences of mothering?

1.4 Thesis Structure

This thesis consists of five chapters. Chapter one introduces the core themes that explore the focal points and key considerations of this thesis. Chapter two reviews the literature relating to the topic, illuminating themes such as the colonisation of motherhood, the idealisation of motherhood, the medicalisation of motherhood, mothering in poverty and mothering alone – focusing on discourses that promulgate patriarchal sexism. Chapter two ends with the rationale for the study and the theoretical framework. Chapter three describes the methodology, looking at the research design, setting, participants, and data analysis going on to explore the important ethical considerations. Chapter four describes the analysis while presenting and discussing the main findings. Chapter five presents the findings, integrating them with the literature while offering tentative conclusions. The strengths and limitations of the study are discussed, along with suggestions supporting the need for future research studies.

CHAPTER 2: LITERATURE REVIEW

In this chapter, literature and research on mothering roles and motherhood as an ideal will be explored both globally and within the local South African context. The aim of this literature review is to provide a framework for the study and introduce the reader to factors that influence the construction of mothering discourses. The reader will be familiarised with studies on mothering coupled with a retrospective exploration of past literature on motherhood, and a wider conceptual lens will elucidate the ways in which motherhood has been colonised by values imposed by the Global North. This is followed by reviewing ideologies that cumulatively affect mothering practices and mothers' well-being. Literature on the medicalisation of motherhood will be presented, concluding with studies on mothering in poverty with the absence of support. Owing to motherhood being a product of a culture that shifts and moves with time, only aspects that are significant to the research question have been alighted on.

2.1 The Colonisation of Motherhood

The colonisation of motherhood has occurred in several distinct ways. Historically discourses show that mothering across many cultures has been collectively performed as a communal endeavour (Amos, 2013; Doumanis, 1983; Lavell-Harvard & Anderson, 2014; van Campen & Russell, 2010). Local South African discourses similarly show motherhood more historically located in the collective, as reflected in the allegory of the old African proverbs, "It takes a village to raise a child" and "No single hand can raise a child" (Amos, 2013; Bray & Dawes, 2016). Outlining the collective discourse of 'Ubuntu' for some and 'the community as family' for others demonstrates how parenting was located in the collective

and occurred through a complex community network of supportive extended family (Bray & Dawes, 2016). Hatch and Posel's (2018) recent research shows that grandmothers are still at the helm in many homes, making up 27% of female-headed households in South Africa, which suggests that motherhood is more broadly constructed. This is partly due to the legacy of Apartheid, which forced separation, leaving many parents with no choice but to leave their children in the rural 'homelands' in the care of their parents or other family members while they sought work in the cities and towns with devastating consequences (Mtshali, 2016).

It is essential to note that while traditional notions of mothering are still present in local discourses, as found by Walker (1995), current global medical, psychosocial and nutrition interventions are largely grounded in a construction of motherhood informed by western values (Thanjan, 2016). This is reinforced by the colonial import of the nuclear family, with its Judean-Christian roots that have been adopted through a combination of enculturated ideals and a series of laws and regulations (Phillips, 2009). This has resulted in the normalisation of the father as the head of the house while the mother is bound to be the principal childcarer, often resulting in the effective subjugation of women by men and contributing to motherhood becoming a patriarchal site of control (Walker, 1995).

What is evident from recent global research is that discourses on motherhood revolve around the individualisation of mothering and her position as the primary caregiver (Hays, 1996; Machirori, 2021; Phoenix et al., 1991). These Global Northern values single out 'mother' as the sole caregiver responsible for all her children's well-being needs; these assumptions are considered normative and are uninterrogated (Pentecost & Ross, 2019).

Colonisation positioned mothers to face the absence of community and relational support, along with a women's absence of agency (Delany, 2011). Mothering practices imposed by the Global North have entrenched values that alienate women by individualising mothering practices, and this practice is vastly unrelated to local mothers' needs and unique

contexts. The colonisation of motherhood has caused the interruption of traditional mothering systems and practices. The patriarchal system that has been inserted in its place homogenises mothers' needs into a 'one size fits all' solution (McCarney, 2019).

2.2 The Idealisation of Motherhood

The harmful effect of socially prescribed mothering ideologies is far-reaching. A critical analysis shows that the concept of the 'good parent' is not ungendered (Lehner-Mear, 2021). The mores of many cultures specifically place enormous strain on mothers. The moralising notions of what is considered normal translate into what is considered 'ideal' and shape the discourses of what it may mean to be a 'good mother'. This highlights a dominant theme in the literature, as identified by Walker (1995), the collusion of motherhood with the patriarchy that constructs dominant ideologies to serve the needs of men.

Motherhood as both a role and a period in a woman's life is often romanticised (Lewis, 2002). The postnatal period is specifically idealised as a time when a mother should feel tremendous joy and contentment, but consequently, many women find themselves ill-prepared for the reality, which is often fraught with numerous difficulties (Machirori, 2021). Powerful discourses on the 'wonders of motherhood' leave many mothers facing unexpected isolation, stress, anxiety, and hardship (Arendell, 2000; Henderson et al., 2016; Machirori, 2021; Ross, 1995). Studies show how the discourses of 'natural mothering' are romanticised with common beliefs holding that mothering is natural and thus should be easy, but this simplistic notion further alienates mothers who experience normal struggles, which they then bear in silence in order not to be considered a 'bad mother'(Lewis, 2002; Martucci, 2015). However, Meyers (2001) notes that women who choose not to have children are no less affected and are often subjected to social stigmatisation by a society which considers

motherhood a women's primary goal and 'natural state'. There is considerable literature on the notion that motherhood defines a women's feminine gender identity (Gillespie, 2003; Mamabolo et al., 2009; Nicholson, 1999; Phoenix et al., 1991). Gillespie (2003) accordingly found that for most women, becoming a mother was considered crucial to being seen as a 'real' woman. In the same vein, women who have children are regarded as good women doing the right thing, and consequently, this "is rewarded by social approval and social acceptance" (Richardson, 1993, p. 1).

Discourses that subscribe to myths of 'the perfect mother' lead many mothers to feel guilty and inadequate (Lewis, 2002). Modernisation and culturally diverse arrangements seem to have heightened the discourse in which mothers are expected to be perfect, 'doing it all' and with a smile (Hays, 1996). It is not surprising then that predominant discourses from the Global North encourage mothers to work and earn while remaining positioned as the primary caregivers of their children, often leaving mothers feeling burnt-out and inadequate (Sims-Schouten et al., 2007; Sodi et al., 2020).

In the West, the prevailing discourses assert the ideal that it is not only a women's right but a women's duty to return to work after her child's birth (McCarthy, 2020). Conflict ensues when this is paired with powerful western psychological discourses that are informed by interpretations of Bowlby's (1979) theories of attachment. These interpretations of Bowlby's (1979) theory reinforce a return to traditional gender roles, which frames non-maternal childcare as possibly causing lifetime psychological damage to the child's ability to form attachment in relationships. Bonding and attachment discourses cause great internal conflict in mothers who need or want to work. The guilt of having to leave their child in childcare makes even the idea of going back to work more stressful. The conflict intensifies when, as Renk et al. (2003, p. 306) point out, the mother is still primarily seen as the "childcare specialist" lionised as the only parent fit to assume such a role. This is emphasised

further in the finding of Phoenix et al. (1991), which showed that the mothering discourse that encourages mothers to be present all the time dominates numerous childcare manuals circulated by clinics that reinforce the discourse that it is a mother's duty not only to be available to her child but to be exclusively present.

This places mothers in a highly conflictual catch-22 situation and begs the question of how a mother returns to work while remaining the only person fit to be with her child all the time. Mothers who support this discourse that a mother cannot pursue real motherhood while holding onto a career, personal or social aspirations face serious limitations that frequently lead to alienation and depression (Machirori, 2021). Whereas mothers who choose to go back to their careers after the birth of their child have to brave social guilt and face immense pressure to perform a conflicting combination of self-abnegating selflessness while also being the stoically career-driven super-women (Choi et al., 2005; Douglas & Michaels, 2004; Machirori, 2021). Choi et al. (2005) termed this the ‘super mother’ – a mother who strives to be excellent at everything, despite the exhausting conflict of roles seeking fulfilment. This combination of conflicting discourses means mothering practices and behaviours have become a constant battleground between social, cultural and institutional expectations.

In the South African context having a career is a distinctly middle-class privilege. The majority of South African mothers have little choice in the work they do to survive. Historically, there is also a practice of black mothers looking after middle-class, mostly white babies while their parents return to their careers, thereby laying the foundations of classist oppression and domination of mothering practices (Collins, 1990; Parker, 2012). Suffice to say, the literature shows that very few South African women have the luxury of discarding the conventional roles they are expected to fulfil in both the family and community in order to pursue their own interests (Parker, 2012). This aligns with the psychological and medical

discourses that socialise mothers to be self-sacrificing since motherhood is a self-fulfilling act (Kruger, 2006).

Contrary to popular thought, Duarte and Gonçalves (2007) found that the definition of what it means to be a good mother was decided prior to birth and during pregnancy rather than being formed after the child's birth. Thus, many mothers are not only taught but projected to fulfil the endeavour of the good mother prior to birth. Suffice to say, narratives around the good mother reference obligation with bold alacrity (Lehner-Mear, 2021; Machirori, 2021). Discourses espousing maternal goodness are powerful, implying that a good mother is not only self-sacrificing of her own needs but that she also simultaneously meets all of her child's needs while remaining warm and consistent. This feat requires a herculean effort and is an inhuman expectation at best. Many mothers who fail these ideals by foregrounding their need to return to work, thus outsourcing childcare, end up having to carry the crushing guilt or fears of falling into the category of the 'bad mother' (Machirori, 2021).

Studies show that even women who do not subscribe to these dominant discourses of the idealised 'good mother' are at risk of experiencing harmful effects on their mental health and compound stress and anxiety (Flett et al., 2005; Henderson et al., 2016; Singh, 2004). These studies further elucidated how mothers internalised the guilt of not being the perfect or good mother even though they had not consciously prescribed these discourses (Flett et al., 2005; Henderson et al., 2016; Singh, 2004). The dark underbelly of the discourses of the good mother is its dependence on the discourses of delinquent or bad mothers. Machirori (2021) found that mothers who expressed the contradictions and conflicts of mothering were often labelled bad mothers. Douglas and Michaels (2004) further argue that this intensive focus on the good mother or super mother discourse is another version of what Betty Friedan, in 1963, termed the "feminist mystique" (Friedan, 1999).

Numerous studies confirm the damaging effects of these ideological discourses on mothers, with depression, suicidal ideation and burnout being the most common effects (Meeussen & Van Laar, 2018; Sims-Schouten et al., 2007; Sodi et al., 2020). Dominant discourses around motherhood, such as ‘a good mother provides her child with everything they need’, is in many ways a utopian pursuit, an ideal completely unattainable for the majority of mothers (Douglas & Michaels, 2004; Kruger & Lourens, 2016; Machirori, 2021). With more children experiencing poverty in South Africa than not, most mothers end up feeling inadequate for not being able to provide for their children, which causes extreme psychological distress (Kruger & Lourens, 2016; Mikolajczak & Roskam, 2018; Stats SA, 2020). These conflicting discourses point to a disturbing construction of contemporary motherhood and the compounding factors that can lead to mental health issues.

Aside from the normal day to day stress of being a mother and mothering with limited resources, discourses around parental perfectionism have a negative compounding effect due to mothers being positioned by society to be warm, caring and highly involved. Distressed mothers are less able to provide sensitive care, which means mothers naturally fail to meet the super-human expectations set, resulting in additional distress and shame (Henderson et al., 2016; Roskam & Mikolajczak, 2020). Studies show that this shame and distress often translates into a desire for emotional distance from the child and even violence exposing a clear correlation between maternal stress and mental health difficulties being substantial predictors of child abuse (Mikolajczak & Roskam, 2018; Rodriguez & Tucker, 2015; Schmidt & Azzi-Lessing, 2021; Stith et al., 2009).

2.3 The Medicalisation of Motherhood

The medicalisation of motherhood begins with prenatal care. Discourses that medicalise motherhood are powerfully pervasive and have been spread throughout popular culture (Apple, 2014). Historically, mothering was taught by experienced relatives, friends and skilled mothers in the community, where women's experiences formed the foundations of traditionally respected mothering practices (Apple, 2014). However, the 19th century saw the medical field progressively expand its influence, and mothers were increasingly told, "there is a science in bringing up children" (Boston Women's Health Book Collective, 1978, p. xii). By the time the 21st century began, the medical fraternity had dangerously subsumed the role as the highest authority on mothering with carte blanch to shape motherhood by dictating mothering practices that could ensure mothers would be the best they could be through education in perinatal care (Apple, 2014; Delany, 2011; Pentecost & Ross, 2019; Phoenix et al., 1991). Oakley (2016) asserts that even in the maternity ward, the birthing process itself had become a site of control, with births being timed and women's bodies being regulated like machinery.

In South Africa, when new mothers attend primary healthcare facilities for perinatal care, they are often presented with interventions based on the discourses from the Global North that remain entirely unrelated to their unique socio-cultural experience of motherhood (Pentecost & Ross, 2019). New mothers who come to clinics seeking perinatal support and advice are instead faced with the highly distressing circumstance of being taught alienating discourses unrelated to their lived experiences, which often propagates psychological harm (Delany, 2011; Flett et al., 2005; Henderson et al., 2016; Sodi et al., 2020). Healthcare workers and their parenting pamphlets unilaterally tell mothers what all children need based

on what is primarily determined by medical discourses that disregard their diverse context and needs (Pentecost & Ross, 2019; Sodi et al., 2020; Stats SA, 2020).

The gendering of responsibility is powerfully promulgated by the medical-health fraternity, which designates mothers as exclusively responsible for their child's well-being (Pentecost & Ross, 2019; Renk et al., 2003; Schmidt, 2008). Discourses that make mothers solely responsible in this regard ignore the relational aspect of co-production, co-parenting and South African mothers' rootedness within the community. Healthcare discourses punted by medical staff to mothers in clinics teach that motherhood is non-communal, and by individualising mothering practices, a mother becomes the only carer in line with norms of the Global North (Delany, 2011; Pentecost & Ross, 2019). Similarly, new mothers in the Global North position women as searching for answers through health professionals, antenatal classes, books and having their mother stay for short periods as a norm (Deave et al., 2008; Spinelli et al., 2016).

Mothers are socialised by powerful discourses perpetuated by the medical fraternity that states the 'breast is best', synonymous with the notion that a good mother breastfeeds (Lee, 2018). Consequently, local South African clinics are teaching mothers that if she does not breastfeed, she is responsible for harming generations of children, which positions them as the bad mother (Lee, 2018; Pentecost & Ross, 2019). In this vein, while there is resounding evidence that breastfeeding is nutritionally best, it is undoubtedly not literally 'best' for every mother due to women's differing physical and environmental needs and limitations (Berry & Gribble, 2008; Labbok, 2008). By reinforcing this value stemming directly from the Global North, that mothers alone affect generations far into the future, further cementing of gender inequalities and mother-blaming occurs (Pentecost & Ross, 2019). Caplan and Hall-McCorquodale (1985) found mother blame to be a substantial facet of professional literature that feeds the discourse that a mother is responsible if her child is

well or unwell “regardless of social, biological or environmental constraints” (Delany, 2011, p. 8). If a mother needs to return to work and elects to place her baby on formula, there is little support for her decision. Mothers have been taught to trust medical institutions above their own experiences and needs, which results in guilt and conflict. This guilt is fanned by medical professionals. Andrews and Knaak (2013) presented evidence of a culture of judgment, criticism, competition and surveillance regarding breastfeeding amongst medical professionals. Accordingly, clinical journals have robust and entrenched mother-blaming messages circulated to mothers through clinics by the medical community (Caplan & Hall-McCorquodale, 1985; Jackson & Mannix, 2004; Pentecost & Ross, 2019). It is not surprising that these dominant discourses found in primary healthcare facilities that target new mothers are situated in colonial norms from the rich Global North, where a child’s health is well supported by the government, unlike local mothers who are less supported with very different and often challenging socio-cultural experiences and needs (van Stam, 2017).

Studies suggest that whether a mother takes these medical discourses on board or not, she risks dangerous schisms of mental health and identity (Henderson et al., 2016; Sodi et al., 2020). The extent to which these discourses control, guilt and shame mothers into conforming to the medicalised model of motherhood leaves many mothers with limited resources feeling alienated, isolated and inadequate (Henderson et al., 2016).

2.4 Mothering in Poverty

The stress of poverty for mothers is multifaceted and includes; unsafe housing, insufficient education, unsafe sanitation, health issues and lack of food security. The gendered pay gap is a contributing factor. Men in South Africa earn 43% more than women on average; studies confirming this finding show that children in male-headed households are

less likely to be poor (Landman & O'Clery, 2020; Makhalima, 2020). These sexist earning trends reinforce gender discrimination and result in mothers finding it more challenging to financially provide for their children than fathers. Similarly, Mosomi's (2018) research reveals some striking pay gap figures showing that women, on average, earn between 35% and 23% less than men. This means that not only are women exclusively responsible for child-rearing, but in most instances, they are also the sole breadwinners despite their gender-related deficit in earning capacity. However, adequate and affordable childcare for mothers who are informal workers scarcely exists, which often places mothers in an impossible situation of needing to work to eat but having no childcare (Alfers, 2016). The prospects for mothers who do have work are not much brighter. Horwood et al. (2019) found that 61% of mothers with informal work miss a meal in the month, while 35% reported that their child missed a meal as well. The gravitas of food insecurity is a complex problem rooted in other multifaceted issues, aside from unemployment; it relegates many women to mothering under duress which has far-reaching negative implications.

Food insecurity causes nutritional deficiencies linked to lifelong struggles and permanent disabilities such as stunting, psychosis, depression and attention deficit hyperactivity disorder (Groce et al., 2014; Ke & Ford-Jones, 2015). Maynard et al. (2018) concur that food insecurity in high- and low-income countries is often associated with poor mental health amongst mothers and malnutrition in their children. Similarly, Moodley and Slijper (2016) found a strong correlation between mothers who access the grant and depression, indicating that many mothers forced to access the grant experience depression.

Mothers who struggle to adequately provide for their children due to environmental, economic and social limitations beyond their control often experience profound guilt and shame, which is a compounding factor for emotional distress (Henderson et al., 2016; Walker & Bantebya-Kyomuhendo, 2014). Although imposed externally through institutions and

individuals, literature shows that poverty-shame is internalised and experienced as a potent negative emotion by mothers, causing a debilitating sense of powerlessness and withdrawal (Chase & Walker, 2013).

Arguably the compounding factor of mothers raising children in situations of extreme multi-dimensional poverty is the very scenario Nixon (2011) identified as 'slow violence'. Oppressed mothers who are unemployed with only a grant to rely on to keep their children nourished are the slow violence of social policy perpetuated upon mothers through institutions (Kruger, 2020, 12:45). Nixon (2011) states that slow violence occurs gradually, spreading across time and space. Due to limited institutional support, although mothers in need are given a childcare grant, this amount is grossly insufficient to live above the poverty line (Hall & Budlender, 2016). Thus, this grant not only remains unable to help mothers keep their children from food insecurity and malnutrition but further disempowers them from being able to protect their children from the lifelong damages of malnutrition (Delany et al., 2016; Hall & Budlender, 2016).

Mayblin (2019) theorised that these "policies of purposeful impoverishment" like the child grant are another example of institutionally sustained relations of domination and oppression, referring to them as "the slow violence of social policy" concurring with Nixon's (2011, p. 9) argument. Nixon (2011) states that slow violence is "relatively invisible … neither spectacular nor instantaneous but instead incremental, whose calamitous repercussions are postponed for years and decades and centuries" (p. 2).

Many mothers are forced to endure tremendous hardships in South Africa. Vastly unsupported institutionally and alienated through sexist gender norms that privilege men above women and do so at the expense of women and their children's psychological and material well-being. Institutions support and maintain these patriarchal gender norms through social policies and discourses that are repeated over time.

2.5 Mothering Alone

Prior to the 21st century, little attention was paid to the effect of absent fathers on women's experiences of mothering. Fatherhood is embedded in complex social structures and family practices. In South Africa, the various historical trajectories of class, politics, economics, and race have all had a significant impact on the way motherhood and fatherhood have been shaped and practised (van den Berg & Makusha, 2018). In the 19th century, the aims of capitalism and colonialism, and later the effect of Apartheid in the 20th century, resulted in compounding negative consequences on South African families who, prior to this, were more broadly constructed within communities (Murray, 1981). Additionally, the imposition of the colonial nuclear family with its Judeo-Christian values also contributed to the normalisation of men being hierarchically privileged above women (McCarney, 2019; Walker, 1995).

Historically, the amalgamation of the influences of capitalism and colonialism saw many working-class fathers forced into migrant labour, resulting in them working far away from home for long periods of time, which had a harmful impact on family structures (Makiwane, 2017; Murray, 1981). Similarly, Ziehl (2001) found that industrialisation and urbanisation had an equally instrumental effect in breaking up the South African family. The combination of colonialisation and industrialisation had a dramatic effect on the traditional family and led to it becoming more commonplace for young mothers to face the challenges of parenting alone, often without material or financial support (Delius & Glaser, 2002).

Recent studies show that family structures remain relatively unchanged, with many children growing up without a father's support. Stats SA (2018) confirms that between 74% and 92.6% of children live without their fathers, while 29% have no male role model in their home lives. The Sonke Justice and Gender Organisation (2018) confirm this finding showing

that the absent father is a common occurrence in South Africa, with most women in their study sharing this experience (van den Berg & Makusha, 2018).

In South Africa, as with many gendered systems appearing cross-culturally, the masculine is hierarchically privileged above the feminine (Cislaghi & Heise, 2020). This is partly due to the strong influence from the Global North that perpetuates patriarchal discourses. These values cause profound gender inequalities in parenting roles. Inequalities are clearly evident in Pentecost and Ross (2019) and Thanjan's (2016) studies that show mothers being ideologically positioned as the primary caregivers. These ideologies undoubtedly promote and support the discourse of the absent father. If a mother is the only important parent, a father is not necessary, and his absence is not only condoned but acceptable (Phoenix et al., 1991; Renk et al., 2003).

Dominant norms of patriarchal masculinity are not only harmful to women and children but also to men (Evans et al., 2011). While many negative images of fatherhood predominate in South Africa, historically, the absent father is the most common and has become a pernicious gender norm (Coley, 2001). Bradshaw et al. (2002) described discourses of the absent father as those that accept fathers who take no responsibility for their children, emotionally, physically or financially, and who is completely absent from the lives of their children. Furstenberg (1988) discusses the commonality of fathers who do not contribute, economically or physically, to the running of the home or caring for the children; while painting the problematic reality that at times when a father is present, he is abusive.

Moore's (2013) findings point to generations of men in South Africa being absent from participatory caregiving. Peculiarly, these negative discourses around fatherhood seem to have been perpetuated and supported by social and medical constructs for many years in that colonial values place the role of the father as being the one away from home, while mainstream childcare discourses reinforce father absence by simply not including him at all

(Townsend et al., 2006). Schmidt (2008) states that fathers are noticeably invisible from most aspects of widespread childcare manuals, which strongly implies that the father's absence is medically endorsed, and the mother's presence is unwittingly enforced as the mother becomes the sole proprietor of all things childcare related. Discourses that reinforce a father's absence not only position mothers as primary caregivers but make it acceptable for fathers to abdicate all their parenting responsibilities. With 4% of children in South Africa living with their fathers only, this vast disproportion reveals that while an absent father is expected, the absent mother is more taboo (Unicef, 2020).

Discourses of the absent father are found across various cultures, and although they are often given different names, they are closely related. Cammett (2014) talks about the discourse of the 'dead-beat dad' or a father unwilling to take responsibility for any aspect of child-rearing; this, he argues, is interrelated and supported by the discourse of the 'Welfare-Queen'. Although these are American terms, they explicate, uphold and help reproduce the same patriarchal dynamics of oppression that are repeatedly found across time and culture.

Absent fathers are constructed and perceived as 'dead-beat dads' in that they maintain no financial or any other responsibility for child-rearing and thereby unwittingly support the creation of mothers dependent on social systems ill-equipped to support them fully. In Randles' (2020) research, she adds another dimension to this layered issue by drawing attention to the strong connection between classist inequalities and these discourses. Suffice to say, middle-class mothers subjected to absent fathers are not dependent on welfare or the child grant. In South Africa, moms and dads from disadvantaged backgrounds are far more inclined to be subjected to discourses of father absence and grant dependence than middle-class South Africans. Locally these discourses are equally relevant, albeit with different names. The 'Welfare-Queen' might be equated with the 'babies for bling' discourse identified by Hodes et al. (2016) in reference to women having babies to access the grant.

The interrelated discourse of the ‘dead-beat dad’ is similar to that of the absent father rhetoric. In both discourses, the ‘babies for bling’ and the ‘absent father’, uphold and enable disempowering gender norms that help maintain the current patriarchal system. According to Hodes et al. (2016), nurses and frontline workers claimed mothers in South Africa were having babies to abuse the welfare system, despite babies costing more than the child grant. Over the past two decades studies have further confirmed that the availability of the child grant did not incentivise pregnancy, showing a negligible positive relationship between increases in pregnancy and access to the grant (Makiwane, 2010; Rosenberg et al., 2015). Suggesting that most mothers in South Africa are not motivated to get pregnant to ‘cheat the system’ but rather reliant on the limited resource the grant offers. Bradshaw et al. (2002) concur that in the wake of absent fathers, lone mothers are highly likely to depend on the grant.

In his studies on fatherhood in South Africa, Langa (2020) exposes the complimentary yet troubled relationship between the absent father and the present mother discourse. Both are strengthened through gender norms that are constructed and interrelated through dialogues repeated over time. Foucault (1981) maintained that discourses are both formed and maintained through their mutual structure. In this case, the discourse of the present mother and the absent father reveals their dynamic interrelationship with one another. They are both constructed by and ensure the mutual construction of one another, creating an entire social system in their wake. This interaction occurs dynamically through the selection, exclusion and domination of specific dialogues repeated over time (Young, 1981).

It is important to note that while the dynamic of the absent father and the present mother discourses affect both mothers and fathers negatively, the material implications are primarily a burden on mothers (Mikolajczak & Roskam, 2018). Studies show that many mothers do not feel entitled to material support and thus seek no legal counsel in order to

obtain maintenance (Stumbitz & Jaga, 2020). This points to the view that the father's lack of involvement is acceptable. As Mikolajczak et al. (2019) point out, considerably more emotional, physical and financial pressure is placed on mothers, who are exclusively expected to fulfil multiple, often conflicting roles under duress, such as remaining warm and nurturing while trying to provide for their child's every need. Because mothers are expected to perform multiple parenting roles without support consequently, many mothers experience burnout.

According to Mikolajczak et al. (2019), parental burnout is an experience of intense exhaustion associated with a parental role that results in emotional distress, social isolation, a desire for distance from the child and self-doubt about the parent's own inherent capacity to be a good parent. Studies show that lone mothers who lack the resources to adequately provide for their children and deal with economic and environmental stressors experience more significant distress and burnout (Mikolajczak & Roskam, 2018).

Roskam and Mikolajczak (2020) also found that while both parents suffer distress, more mothers suffer from a higher rate of parental burnout than fathers due to their exposure to consistently higher levels of parenting stress than fathers who are not expected to be involved. Mikolajczak et al. (2019) also found that mothers who experience burnout were more inclined to behave violently and neglectfully toward their children.

Burnout is principally promulgated by a negative balance between risks and resources. Mothers in South Africa often face everyday risks, from hunger to safety, while having grossly inadequate resources to draw on to support them. Accordingly, these detrimental effects are compounded by patriarchal systems that hierarchically and systematically privilege the needs of fathers above that of mothers. This illustrates an insurmountable challenge revealing how challenging it may be for South African mothers to be present mothers in the face of absent fathers.

2.6 Chapter Summary

The literature illustrates the many ways in which motherhood is a site of control. Retrospectively the construction of motherhood has remained a conflicted process. By exploring dominant discourses, how mothering practices have been interrupted and controlled were explored. The feminist lens elucidated how colonial ideologies from the Global North have been imposed and normalised and led to the individualisation of motherhood, thereby interrupting traditional mothering practices. Discourses of the ideal mother, in turn, looked at how these ideologies increased women's vulnerability to mental illness. Medicalised motherhood examined how mothering practices from the Global North have become a science that is reinforced through the medical fraternity through a culture of surveillance and mother blame. Literature showed the effect of the absent father on women's mothering practices showing the far-reaching impact of the burden this places on mothers. To date, vast numbers of mothers in South African mothers live under duress in situations of poverty, with many mothers experiencing multi-dimensional poverty and children suffering from malnutrition.

2.7 Theoretical Framework

An intersectional feminist perspective formed the framework for this study and allowed the researcher to apply a critical lens to analyse discourses that promulgate exploitation, gender divides and inequalities which reinforce oppression. The intersectional feminist framework is a means for thinking about power and questioning who is included and excluded in the holding of it (Morris & Bunjun, 2007). Intersectionality is an approach to understanding and responding to the ways in which gender and other identities intersect and

contribute to situations of oppression and privilege (Symington, 2004). The intersectional feminist framework assists in the examination of the subtle and unsubtle ways in which discourses around motherhood are shaped through gendered and power-knowledge relations. The intersectional feminist framework also allows the complex inner-workings of ideologies and the power of the discourses that sustain them to be highlighted. Discourses that are drawn from hierarchically gendered social orders can be exposed, elucidating how these ideologies structure levels of social reality and frame ways of being and becoming (Alvesson & Karreman, 2000).

The themes outlined in the focus of this study form central tenants to the intersectional feminist perspective, namely: the concern with social injustices, gender inequities and differential power dynamics, noting the places where these intersect to cause oppression. In examining mothers' experiences contextually, hegemonic power structures that form the backdrop to mothering experiences in South Africa are raised. The feminist framework provides a lens for discourse analysis that enables the elucidation of androcentric stances on local mothers' discourses. Lazar (2007) notes the specific function of feminist discourse studies, saying:

> The aim of feminist critical discourse studies, therefore, is to show up the complex, subtle, and sometimes not so subtle, ways in which frequently taken-for-granted gendered assumptions and hegemonic power relations are discursively produced, sustained, negotiated, and challenged in different contexts and communities (p. 142).

The intersectional feminist framework provides a lens for discourse analysis and elucidates the complex systems of gender, class and race that form a matrix of patriarchal domination.

2.8 Rationale

Current literature goes a long way to elucidate the patriarchal sexism which governs motherhood, yet there is limited research on how these colonial values imposed by the Global North affect local South African mothers' discourses and experiences of motherhood. It has not been sufficiently explored how mothers integrate the contact they have through their dependence on state care with its 'evidence-based' interventions mainly hailing from the Global North; furthermore, how mothers grapple with what it means to be a mother in the face of these powerful ideologies.

Intervention programmes like The First 1000 Days Campaign, on which the parent study was based, were rolled out in South Africa in 2016 (Pedro et al., 2021; Thanjan, 2016). It was a nutritional intervention programme aimed at primary healthcare workers in the public sector who are often the first point of contact for new mothers. The First 1000 Days Campaign taught nurses to educate mothers about effective nutrition and mothering practices with the goal of improving developmental outcomes and curbing malnutrition (Thanjan, 2016).

By examining discourses from local mothers who received perinatal care and were dependent on state health in primary healthcare centres, the discourses that underpin services like nutritional interventions were exposed. The effect these foreign mothering ideologies have on South African mothers' discourses and experiences of motherhood have yet to be explored. By examining the ways in which patriarchal ideologies from the Global North create and maintain oppressive social structures, repressive discourse can be identified and contested. This may go a long way to identifying where mothers need assistance emancipating themselves from oppressive ideologies. It is an important area of investigation and will allow for a more contextually comprehensive understanding of how mothering

ideologies are constructed, ensuring future primary healthcare intervention strategies empower local mothers and are better aligned to meeting their needs.

CHAPTER 3: METHODS

This chapter will outline and explain the study's research methods. The research aims that guided this study will be elucidated. The research design chosen for the purpose of this study will be described. The sampling and the inclusion and exclusion criteria that motivated them will be explicated, and this will be proceeded by the explanation of the method used for data collection. This will be followed by a description of the methods used to analyse the data. The procedures that were followed to carry out this study will be outlined. Finally, the ethical considerations that were followed and the process of self-reflexivity will be explored.

3.1 Research Aims

This study analysed discourses from first-time mothers who attended perinatal care in public healthcare centres in low-income communities in Cape Town to address the gaps in the literature. By looking at the discourses mothers draw on when describing mothering experiences mothering ideologies in dominant discourses which affect mothers' experiences and practices were explored.

1 What are the discourses of the ideal mother in South Africa?
2 What are the socially embedded discourses that promulgate patriarchal gender norms among South African women who attend perinatal services in public health?
3 In what way do these discourses affect mothering practices and mothers' experiences of mothering?

3.2 Research Design

Using qualitative methods, the current study entailed an analysis of secondary data from semi-structured interviews that explored mothers' subjective experiences and knowledge of the first 1000 days of their child's life. The primary study, an Honours research project conducted in Cape Town, used the explorative method of research to glean fresh insights from a relatively new topic with the view to broadening the field of enquiry from each participant's holistic knowledge − the insider's personal perspective (Bailey, 2017; Yin, 2016).

3.3 Sampling

In the primary study, 12 participants were purposively selected. Purposive sampling allowed the researcher to recruit participants with specific criteria (Bailey, 2017). Dworkin (2012) suggested that 5 to 50 participants are effective as a sample size for qualitative studies to gather data through in-depth interviews. The selection criterion allowed the researcher to focus on the scope of the study and choose information-rich cases (Bailey, 2017). Participants were purposively selected through non-profit organisations (NPOs) that provide support and resources to people who live in low-income communities[2] in Cape Town. Participant inclusion criteria were: (i) first-time mothers from low-income communities in Cape Town; (ii) mothers with children aged between birth and two years; and (iii) mothers who received perinatal care from their local public health facility. The transcripts of all 12 interviews were used for the purpose of this study.

[2] The low-income communities are defined by Hanoman (2018) as areas containing unsafe homes with high levels of poverty and lack of food security, reflecting post-apartheid socioeconomic inequalities still rampant in South Africa.

3.4 Recruitment

The participants were recruited through three NPOs in low-income areas in Cape Town: Valley Development Project in Masiphumelele, Saartjie Baartman Centre in Manenberg and Sizamile in Nyanga East. A meeting with each project manager was held to discuss the research proposal. The project managers then chose a few mothers they thought may be interested in taking part in the study.

3.5 Data Collection

Semi-structured interviews were conducted in English using an interview guide with open-ended questions to ensure a rich variety of data (Hollway & Jefferson, 2012). The semi-structured interview guide covered several topics and was divided into three parts as follows: The first section asked for a range of demographic information, including age, ethnicity, health and marital status. The second section was developed through careful consideration of current statistics to conceptualise the most relative facets of mothers' experiences. Questions on mothers' experiences of mothering, the challenging aspects of motherhood, attachment, and what mothers felt the role of mothers was were asked. The last section was based on literature reviewing studies on the first 1000 days of a child's life (Berry & Maleck, 2017; National Scientific Council, 2014; Papalia & Feldman, 2011). Finally, questions were selected based on the literature review. The combination of statistics, policies and studies revealed incongruences that needed further inquiry, which then took place through the questions. Interviews were then audio-recorded and transcribed by the researchers.

Four researchers from different demographic backgrounds conducted the interviews. This is specified to highlight differential power dynamics inherent to the data collection

process and inform the secondary data analysis. The first researcher was a 32-year old isiXhosa-speaking black African woman and mother to one. The second researcher was a 22-year old Afrikaans-speaking coloured male with no children. The third researcher was a 22-year old English-speaking white male with no children. The fourth researcher, myself, a 34-year old English-speaking white woman, step-mother to two children.

3.6 Procedures

The primary data collection commenced once permission was obtained from the University of the Western Cape's Senate Research and Ethics Committee (Appendix A). Participants were recruited through the managers of the said NPOs. Nine interviews were organised and held at the NPOs themselves, while three were held at the participant's homes. Interviewers briefed participants prior to the interview and were provided letters of introduction, information sheets (Appendix C) and consent forms to sign (Appendix D). Interviews lasted approximately 25 to 40 minutes each. The participants were then debriefed after the interviews to ensure that they were emotionally contained. They were all asked if they would like to speak to a counsellor after the interview; however, none of the participants requested to speak to a counsellor. The interviews, once performed and recorded, were transcribed verbatim. The secondary data analysis for the current study commenced once permission was obtained from the University of Cape Town's Research and Ethics Committee (Appendix B).

3.7 Data Analysis

Data were analysed using a combination of Thematic Discourse Analysis (TDA) and Critical Discourse Analysis (CDA) within a feminist framework. The suitability of TDA for analysis for this study is an acknowledgement of participants' meaning-making; in the forms of feelings, experiences, ideas, thoughts, constructions, values and norms (Burman, 1993). This enabled discursive narratives to be situated within the broader socio-cultural domain. Thematic Discourse Analysis (TDA) was performed by using thematic content to identify common themes. These were then grouped and coded to form more dominant discourses (Padgett, 2012).

The process of thematic coding is recursive and requires rigorous reading and re-reading. The themes that emerged were strongly interconnected with the data, as emphasised by Patton (1990) for its importance. Moreover, as an inductive process, the themes were identified and created through complete immersion with the data. Interpretations of concepts and perceptions from the dataset were subsequently arranged into codes and coherent headings and topics (Clarke & Braun, 2013). Coded themes were then reflected on, discussed and continually reflected on through supervision to integrate the concepts and themes. The researcher was included as an active player in the co-creating of meanings within the discursive accounts. The development of the themes was iterative in that I moved back and forth between my data set and my initial coding framework to cultivate, clarify, and hone the themes as I went.

Using Fairclough and Wodak's (1997) principles of CDA, themes of social inequality, sexism, racism and relations of power dominance and inequality were highlighted in the data set. Epistemologically both CDA and TDA are compatible with the feminist framework used for this study. The feminist framework, like both CDA and TDA, critically analyses

inequalities and exploitation and assists explicitly in highlighting the patriarchal gender norms which promulgate the oppression of women. By applying a feminist stance to analysing the data, the ways in which discourses around motherhood are shaped through gendered, power-knowledge relations were examined to explore further how they construct levels of social reality that frame ways of being and becoming (Alvesson & Karreman, 2000).

Themes that emerged in the data highlighted central tenants of the feminist perspective, namely: the co-construction of mother's identities; gender inequities, patriarchal gender norms, differential power dynamics and oppressive injustices. Additionally, the hegemonic power structures that form the backdrop to gender and class divides that are embedded in cultural colonialism were considered (van Stam, 2017). These themes were then re-reviewed, and emergent themes evolved into new coded themes of discourses. Furthermore, Parker's (2013, p. 224) tenants for good psychological discourse analysis that place significance on the "history, theory and subjectivity" of the participants were applied with innovation, which Parker maintained was more important than discipline to good research.

3.8 Ethical Considerations

Ethics clearance was given for the primary data collection by the University of the Western Cape's Senate Research Ethics Committee on the 31 of August 2018, executive clearance registration number: HS18/7/4 (see Appendix A). Ethical clearance for the secondary data analysis was granted by the University of Cape Town on the 6 of April 2021, reference number: PSY2021-009 (see Appendix B).

3.8.1 Informed Consent

Prior to commencing with interviews, all participants were required to provide written informed consent (Appendix D). The participants consented to taking part in the interview and being audio-recorded. Once transcribed, these were deleted. For the secondary data analysis, the supervisor, Dr Athena Pedro, from the primary study, was contacted to seek permission for the data to be used for secondary data analysis. Dr Pedro granted permission.

3.8.2. Anonymity and Confidentiality

The data obtained was stored on a password protected device to which no one besides the researchers had access. Once the data had been gathered, transcribed and analysed, the recordings were destroyed in honour of the protection of participants' anonymity and privacy. All identifying information was removed from the transcripts in order to protect participants' anonymity. Additionally, for the secondary data analysis, pseudonyms were given to the participants, which offered them anonymity and confidentiality. The current research maintained strict confidentiality as original names were never stored.

3.8.3 Risks and Benefits

The primary study had minimal risks save that some participants might have experienced discomfort in answering the interview questions. Participants were invited to attend counselling if they felt the need after the interview. The researchers offered the participants sandwiches, tea and muffins for participating in the study. There were no other benefits for the participants taking part in the primary study. The current study had minimal risks as all participants remained anonymous.

3.9 Self-Reflexivity

Mann's (2016) ideas about reflexivity have been used in that I employed critical reflection to examine my views, prejudices, ideologies and assumptions to consider their effect on the data. Hardy et al. (1998) offer a cautionary note of not simply listening to the talk of participants but examining their social context was central to the process of analysing the data. The ability to actively, emotionally imagine and locate myself within the context and experience of the participants further aided self-reflexivity (Blackman & Kempson, 2016). Sastry and Basu (2021) focus on the importance the multiple-meanings discourses can take. These were considered regarding what 'I' as the researcher may be missing. Mindful that the perceptual lens of the researcher constantly needs to be reflected on, I was conscious of myself as a first language English speaking, white middle-class woman, racially, socially and linguistically diverse from most of the participants. Consequently, I actively employed reflexivity to consider the effect of the participant's context in relation to my own.

Additionally, I attended talks, workshops and events held by The Decolonial Feminist hubs at the University of Cape Town and Stellenbosch University and the Centre for Group Analytic Studies to ensure I was exposed to a wide array of differing views and ideas. Throughout the research process, I continued to listen broadly to other perspectives in order to remain as conscious as possible of the potential limitations to my approach or ideas around the interpretation of the data.

CHAPTER 4: ANALYSIS AND DISCUSSION

This chapter will present and discuss the discourses observed in interviews with mothers, identified through the process of analysis. Women's constructions of motherhood will be observed through the language, ideas and stories they choose to share, as well as those which they choose to omit. In keeping with Foucault's (1981) directive to examine not only what is said but what is not said, the predominance of certain discourses that allow for the mechanistic denial or omittance of others will be highlighted. The feminist frame elucidates the hegemonic power structures and dominant discourses which form the backdrop to these experiences. The themes of mothering ideals identified in this study were consistent with those found in other studies. I identified several discourses that appear to inform South African mothers' notions of the ideal mother through the analysis process. These include mothering as a 'natural' phenomenon, the 'baby-centred' mother, the 'self-sacrificing' mother and the 'professionally guided' mother who is compliant with the medical fraternity and has become synonymous with being a 'good' or 'right' mother. Mothering ideals over-responsiblise mothers to become 'everything mothers', mothers who are responsible for every aspect of raising children, present in the wake of absent fathers. Discourses of the 'everything mother' reinforces the normalisation of discourses concerning the 'absent father' and the 'grateful mother', despite the abject poverty many grant dependent mothers face.

4.1 Discourses of the Ideal Mother

Discourses of the ideal mother interpellate women as subjects (Althusser, 1970). Women are socialised by mothering ideals that are propagated through parenting manuals. These manuals contain pictures and dialogues repeated over time resulting in the formation

and firm establishment of her earliest mothering expectations. Discourses of the ideal mother have a powerful role to play in conditioning mothers to believe that motherhood is a ‘natural’ experience for women, that ‘good’ mothers are ‘baby-centred’ and that ‘correct’ mothering yields to professional guidance. Mothering and raising children has been made into a science (Apple, 2014). Mothers are left to believe there is a ‘right’ way to mother, a more ‘scientific’ and professionally guided way. This results in fear and doubt, which is elucidated in this analysis. The anxiety and guilt of not being the ‘perfect’ or ‘ideal’ mother are often internalised, resulting in depression and withdrawal. In the face of dominant discourses of ‘the good mother’ and women’s efforts to meet these ideals, many mothers are left despairing of their own more human abilities and limitations (Henderson et al., 2016). In South Africa, these experiences are compounded by extensive poverty, which permeates the discourses identified in this study. Thus together with the powerful ideals surrounding mothering roles, most mothers in South Africa face situations of abject poverty that cause practical limitations that are far beyond a mother’s control and yet inform her sense of inadequacy.

4.1.1 Motherhood Comes Naturally

Discourses that idealise motherhood as something that comes naturally often begin prior to birth and place inordinate pressure on women who tend to fear ‘normal’ struggles. Natural mothering ideologies romanticise new mothers as instinctively being able to provide the best care while at the same time finding motherhood completely fulfilling. While mothering discourses perpetuate motherhood as a natural and intrinsically instinctive role, mothers' own accounts contradict this ideal. This is evident in the following interview excerpts:

> Mmm [long pause] I used to read, talk and sing for my baby, so that is where the bond started so jha, even now, we are still doing the same thing. It happens naturally because when you are a mother, everything happens naturally, the love and the uhhh [long pause]. Everything you have with your baby comes naturally. [Thembisa[3]]

In this excerpt, Thembisa makes it clear that she identifies with the 'natural' mothering ideal. This discourse places undue pressure on what she should be able to do and experience as a mother. When natural mothering is the ideal, it suggests mothering should be easy or that mothers should have an innate ability to know, which has the potential to pathologise the everyday experiences of mothers who struggle with motherhood. Later in the interview, we see a glimpse of this struggle in the same participant:

> Sleepless nights hahaha, when the baby is crying at night, and you don't know what the baby wants, you give him everything, and he still crying. [Thembisa**]**

Here, the participant suggests that she has tried everything she knows to do, yet the child is still not soothed. The participant shares her anxiety around some of the difficulties of mothering when she laughs nervously, saying, "Sleepless nights hahaha …", arguably elucidating the disparity caused between the discourse of the idealised 'natural mother' for which every aspect of mothering comes easily because it is 'natural', and the reality of the hardships mothers face when everyday aspects of mothering are foreign, unknown or difficult. Huppatz (2018) found that the emotional responses most commonly reported by new mothers ranged between anxiety, grief, guilt and anger, contrasting the dominant romantic narratives espoused by 'natural' mothering ideals. Discourses that naturalise motherhood suggest that 'good mothers' find mothering comes instinctively or naturally. In Foucauldian terms, the reverse immediately becomes apparent: mothers who feel mothering

[3] All names are pseudonyms not participants' real names.

does not come easily or naturally to them fear becoming ‘bad’ mothers (Foucault, 1981). The idealisation of ‘natural mothering’ not only makes normal experiences of a mother’s struggles abnormal, it infers ‘bad mothering’ because, for the ‘good mother’, it is also implicit that parenting comes naturally. The ideology that all aspects of motherhood should be natural and known sets unreachable expectations on new mothers. This is seen in the following excerpt:

> I’m saying now, but as a mother, those natural instincts should also kick in … at some level, they should kick in and then you would obviously know how to protect your child or take care of them so that those 1000 days you can make use of them the best you can. [Nicci]

In this excerpt, Nicci aligns herself with the ideal of natural mothering. She states that natural childcare instincts should activate, and when they do, they produce an inherent knowing. This means the natural mothering ideology directly comes into conflict with a women’s experiences of not always knowing how to care for their babies. The additional and unnecessary stress of believing that as a mother, you should have natural instincts can be alienating for mothers who have experiences that fall outside of the ideals of natural mothering. Experiences of anxiety, discomfort and exhaustion are commonly documented, yet ideals of natural mothering pathologise this reality (Faulkner, 2014; Pas et al., 2014). According to Shu-Ju (2003), natural mothering is made up of ideologies that mothering is an inherent knowledge that comes to women simply and is easy. The greatest problem embedded in this ideology is its predominant reliance on privileged middle-class mothers, who are the icons of parenting magazines and manuals and are more likely to be able to experience ‘easy’ mothering than poor South African mothers (Phoenix et al., 1991). For most mothers in situations of poverty, the challenges and difficulties are multifaceted, making easy mothering often an unattainable goal. Again, the discourse of the bad mother is inferred as what is feared when mothering is not known, simple and natural; it is then unnatural,

foreign and difficult. While it is implicit in natural mothering ideologies that mothering is easy, natural mothering is also expected to be completely fulfilling. New motherhood is romanticised as being a naturally enjoyable and fulfilling experience. These powerful discourses begin prior to birth, inflating new mothers' expectations unrealistically, often resulting in experiences that are comparatively far from the original ideal. This is evident in the following excerpt:

> The point of being a mother, it's good to be a mother because when time comes, and you die, people will remember you by your children. It's not good to be childless; even the barren are trying to have children. Motherhood brings joy and happiness. [Elizabeth]

In terms of the context in which this interview occurred, Elizabeth did not smile at any point during the interview and shared no joy as she expressed this discourse. Prior to this excerpt, Elizabeth shared the abject hardship of mothering alone, without support and insufficient informal work, which she describes results in her constantly experiencing food insecurity.

Elizabeth makes it clear that she identifies with the mothering ideology that romanticises new motherhood as being fulfilling and enjoyable. Despite Elizabeth's experience of mothering in a situation of grave hardship due to severe limitations, as expressed throughout her interview, she still subscribes to discourses that Lewis (2002) noted as romanticising motherhood as a natural time in a women's life that brings great happiness and fulfilment. While motherhood can indeed be a time of fulfilment, new motherhood is often reported as a time of difficulty and hardship (Boulton, 1983). Although Elizabeth says, "motherhood brings joy and happiness", there was no sense of happiness or contentment expressed in her tone or facial expression throughout the interview about her experiences of motherhood. It is unclear whether she does experience the joy and happiness of child-rearing

that she expected to feel in the mothering ideal she aligns herself with or whether the ideal has become a defence of motherhood. This harkens back to Kruger's (2006) finding that motherhood ideals expect mothering to be both rewarding and fulfilling. Implicit in this discourse is the harmful underlying discourse that mothers who do not find motherhood emotionally enjoyable are pathological (Chadwick, 2006).

Elizabeth expresses her desire to be remembered when she says, "when time comes, and you die, people will remember you by your children. It's not good to be childless". Mbiti (1990) states that if there is no one to remember you, it is a great misfortune, linking this discourse to the African belief that there are many fortunes inherent in child-bearing. Accordingly, children are believed to provide continuity through reincarnation, status and social security (Dyer, 2007; Mbiti, 1990). These discourses support the fear and stigmatisation that Egede (2015) reflects on in the experience many parents face when they cannot have children. Elizabeth reveals her alignment to this discourse when she says, "even the barren are trying to have children," noting the unenviable position of barren women; the stigma attached is implicit. It also refers to a more traditional conceptualisation of motherhood in Africa, in which a women's reproductive function is central to her role, and motherhood is a natural part of this and essential to her identity (Parker, 2012). This way of objectifying women excludes women with no children and limits the multiple roles women can enjoy outside of the role of motherhood (Collins, 1990). Suffice to say, many non-mothers feel low self-esteem about their status and experience social rejection. For some, the fear of stigma is motivation enough to have children and speaks to the complexity of the subversive power patriarchal systems wield. This reveals the multiple layers and the intricate way Collins's (1990) matrix of domination can bring harm to women's lives.

4.1.2 Baby-Centred Mothering

New mothers are presented with a vast range of material on what motherhood is like and how it should be practised (Huppatz, 2018). In this material, the good mother is often idealised as a woman who is baby-centred, which places significant pressure on mothers to be present to their children all the time. Mothers who idealise motherhood as 'baby-centred' do so at the expense of their own needs as a woman, sacrificing themselves to focus exclusively on the baby. This is evident in the following interview excerpts:

> Uhm, a mother's role to her child is to always be there for her baby. And take care for her baby [long pause] always, every time, every second. All the time. [Thulani]

Here Thulani highlights the power of the discourse of the baby-centred mother who is present to her child all the time. These ideals are perpetuated both socially and within the medical fraternity. Phoenix et al. (1991) found that being consistently present and attentive was advocated by countless parenting manuals on childcare, "To mother adequately a mother needs to be present to her child 24 hours each day and be actively engaged providing stimulating and attentive company" (p. 8.) This discourse puts unhealthy and unreasonable expectations on mothers by denying a woman's needs outside of her mothering role.

Patriarchal ideals of mothering practices value mothers who value their children over themselves and encourage women to be unquestioningly self-sacrificing (Lehner-Mear, 2021; Machirori, 2021). Thus whether a mother needs to work to support the household or has needs outside of her mothering role, baby-centred mothering discourages this. In this way, mothers are conditioned to deny their own needs. This is illustrated in the following excerpt:

> There are no issues, but somewhere somehow, last year [pause]. Was it last year? I had to take her to my mom, and because I was looking for a job, I was very desperate [long pause]. Ya. And for me, it was not all right, but I had to. And then I felt that I

am losing that connection and that's why I had to take her back, although I'm not working! [Jembi]

Okay, so if your mom was looking after her, then you guys did not have that close relationship? [Interviewer]

Yes, yes. Uhhh [long pause]. It is not right for a child to not grow up without her mother [pause]. That's what I think, because of [pause] she is going to think I don't like or love her or I can't take care of her although I bring her on to earth. Yes, that is what I think but I don't know about her but you must just make sure that you take care, even if you don't eat, just take care of your child.

It means a lot of responsibility, it is time, everything, energy, everything. It must be there for your child as a mother. Yes, for me it is caring and be there all the time. Mmh [long pause]. It's difficult, but somewhere somehow, I enjoy it because she is here already, and I can't make changes. [Jembi]

Jembi reveals the complexity of mediating between her need to earn money and the discourse that enjoins her to put her baby first. The conflict Jembi mediates is needs versus ideals. Jembi reveals her need to work, "looking for a job I was very desperate", versus the alignment to the baby-centred mothering ideal saying, "even if you don't eat, just take care of your child". Consequently, being a good mother in terms of the baby-centred ideology requires the detrimental sacrifice of well-being. The power of medical and psychological discourses which suggest that good mothers are present to meet all their baby's needs are evident (Oakley, 2016; O'Malley, 2006; Phoenix et al., 1991). Jembi illustrates how these kinds of ideals create impossible quandaries for mothers, especially mothers who are poor. Lomax (2013) notes that 'good mothers' are positioned as meeting the best interests of the baby. In this sense, mothers are socialised to believe that being baby-centred and meeting all a baby's needs is the best way to be a good mother. We see this in Zanele's narrative:

> Uhm, uhm, I'm a perfect mother. Uhm, I'm always there for my child whenever she needs me, I'll be always there. Yes, always, no matter what [giggles]. … The thing is I'm not working [long pause], and sometimes the food run out. [Zanele]

Zanele draws the connection between the mothering ideals of the perfect mother and its connection with the 'baby-centred' mother who fulfils this ideal but at great personal cost. The medical-health fraternity has a substantial role to play in the socialisation of mothers as it designates mothers to be solely responsible for their children's well-being (Pentecost & Ross, 2019; Renk et al., 2003; Schmidt, 2008). Furthermore, when these harmful ideals of self-sacrifice are not met, Lewis (2002) noted that mothers experience guilt and inadequacy. But in the South African context, the consequences are far more serious. The danger of these ideals that promulgate extreme self-sacrifice as suggested by Zanele when she says, "I'll be always there … no matter what", which in this case means starving, illustrating the lengths mothers are prepared to go to fulfil these mothering ideals.

The omitted discourses in terms of Foucault's (1981) theory is the fear of becoming the 'imperfect' mother by not being baby-centred. Constructions of motherhood that are dependent on these dichotomous ideals imagine there is a good or bad, perfect and imperfect way to mother, which in this case is dependent on how baby-centred and present you are to your child. By manufacturing dichotomous realities where there are artificial right or wrong ways to mother, mothering practices are being directed and controlled (Collins, 1990; Parker, 2012). Patriarchal values prescribe that women always be present to their children, while men's roles remain more uninvolved and carefree (Langa, 2020). This highlights the danger of patriarchal discourses which idealise mothering roles.

4.1.3 Professionally Guided Mothering

Mothering practices that are professionally guided have a far-reaching impact on women's experiences of motherhood, and by and large, they are ideals of motherhood endorsed by science (Apple, 2014). Mothering manuals, doctors, and nurses form the framework of 'professionally guided' mothering practices that socialise mothers through 'expert' opinions to follow ideals of motherhood which are 'right', like those of the 'baby-centred' mother (Hays, 1996; Phoenix et al., 1991). These discourses are best exemplified in the following quotes:

> To take care of my child. She must come first. [Anathi]
>
> What kind of things did they focus on when you went to the clinic? [Interviewer]
>
> Taking care of the baby the time she is inside, doing everything right. Every date for going to check-up must never miss them because it's important to go for check-up. Every time. Even if I have a problem, I must go [to the clinic] because the baby comes first. Because I am HIV+ I had to make sure that I do everything right because I didn't want my child to get infected also. [Anathi]

Anathi begins by enjoining herself to the ideals of the 'baby-centred' mother and the 'professionally guided mother'. In the discourse of the baby-centred mother, correct mothering practices involve always putting the baby's needs above your needs as a woman. Anathi aligns to the ideal that ascribes doing everything right as a mother with attending every clinic appointment, saying, "doing everything right. Every date for going to check-up". This ideal, promulgated by the medical fraternity, is underpinned by the ideal of right mothering, which is mothering that is 'professionally guided' by science to be correct (Henderson et al., 2016; Phoenix et al., 1991). While Anathi shows great care

and responsibility for her HIV status, which increases both her and her baby's chance of living long healthy lives, she also affirms that her baby's well-being comes at the expense of her own when she says, "Even if I have a problem I must go (to the clinic) because the baby comes first". Anathi demonstrates her compliance with professional guidance above her own needs. However, ideals of professionally guided mothering do not consider mother's limitations; attending every clinic appointment is challenging and sometimes impossible due to the expense of transport; often, mothers need to choose between clinic visits versus going hungry (Kruger, 2020). Considering that circumstances beyond Anathi's control often dictate whether she can attend her clinic appointment or not, medical-health ideologies place unnecessary strain on mothers like Anathi. Ideals of mothering that are professionally guided do not acknowledge a women's needs outside of her mothering role but rather train her full attention and responsibility onto the baby (Pentecost & Ross, 2019). These mothering practices remain uncontested as they are considered scientifically correct (Apple, 2014). Mothers are guided by doctors and nurses to mother their babies according to professional opinion on what the correct or incorrect way of doing it is. Discourses promulgated by the medical fraternity of bad or wrong mothering, although not physically present in Anathi's excerpt, underpin the dialogue because they are part of the implicit fear motivating her to attend every appointment (Henderson et al., 2016; Phoenix et al., 1991). Arguably when Anathi acknowledges the rightness of the medical fraternity, it bears questioning whether she is also hinting at the opposite implication, her own possible wrongness, if she does not comply with the scientific advice advocated. The uncertainty that expert guidance provokes is demonstrated in the next quote:

> Well, everything that I'm doing now, I hope I'm doing right. Maybe I stand under correction. Maybe there is a few things that I could learn, you know. But I'm hoping

> that I'm doing things right and that everything that I'm doing now is correct … to me, like I said, for now, everything is perfect, but there could be something that I could learn that could be beneficial to me and something that I'm doing wrong and where I can improve. Because not every mother wants to feel that they are doing something wrong, but if there is, I would like to know as a mother. [Bibi]

Bibi discloses the pressure she feels to 'get it right', and her uncertainty as to whether she is getting mothering right or not is evident in this excerpt. She notes the apprehension that mothers might feel at being found wanting; "not every mother wants to feel that they are doing something wrong, but if there is, I would like to know as a mother". Studies have found that the medical fraternity frequently positions themselves as 'knowing best', better than the child's own mother through; surveillance, critical manuals and mother blame (Caplan & Hall-McCorquodale, 1985; Jackson & Mannix, 2004; Pentecost & Ross, 2019). Although Bibi does not reveal where she inculcated her sense of right or wrong, correct or incorrect mothering, she highlights that as a mother, she does not position herself as the one to be able to discern what right mothering is. It also highlights the uncertainty of what correct/right mothering should or would look like. Arguably in the face of dominant discourses of professionally guided mothering encountered at clinics, many mothers are left to feel alienated and undermined in their confidence and ability to mother. For women who live in poverty, the choice between following professional guidance or not is often not made by the mother herself but rather by external limiting circumstances such as insufficient amenities (Henderson et al., 2016). Due to the power of dominant mothering ideals, most mothers are left feeling anxious when they make their own choices about how to mother their babies best, going against the preferred scientific mothering method.

Among the discourses of mothering practices that are professionally guided is one that advocates that 'breast is best' (Kramer, 2010). In the face of these dominant discourses,

mothers for whom breastfeeding is not best struggle to make the choice to not breastfeed when they cannot. The primary imperative of educational interventions in the First 1000 Day's project, according to Pentecost and Ross (2019) and Thanjan (2016), has been to responsiblise mothers, making them aware of their exclusive epigenetic role in the impact of undernutrition today on future generations and drawing attention to mothers' role as primary providers through breastfeeding awareness. In the face of this powerfully persuasive discourse, a mother's own needs and limitations are dwarfed. This becomes apparent in the following exchange:

> My breast went dry. They were not producing milk at all. It was not my choice, but maybe if I had more information on how to get my milk supply to be better I'm sure I would have done something, but at that point, nothing was happening, so I only had heard of a few remedies that could help my milk be more sufficient, but those didn't work so I automatically stopped. [Nicci]
>
> … did they give any advice during your clinic visits about breastfeeding in general, or you were just making decisions on your own? [Interviewer]
>
> Mmm [long pause] they did because I think when you come out of the hospital, there is always these pamphlets that they will always give you because obviously, they tell you that breast milk is the best option for the baby and then so for me that was support but like after that mmm [long pause] there is no other follow up. They will I mean you get asked if you are breastfeeding, and if you are at that moment, then it's ok for them but then because I was and still a working mother, breastfeeding was also not a very much big of an option for me because obviously I had to be at work and when I pump I don't pump enough so then for me not breastfeeding became next best option because I was working and was not producing enough milk, so I didn't have a choice. [Nicci]

[Pause] How did taking the decision not to breastfeed make you feel? [Interviewer]

At first, I felt guilty because I wanted my child to drink my milk and get the best nutrients from me, but I also wanted to provide for him, so I had to make peace with the fact that I was not producing enough milk and that reality was that I had to go to work so that I could provide for my baby. [Nicci]

Nicci reveals her positioning in the discourse of the professionally guided mothering, disclosing the uncertainty and guilt she feels at taking the decision not to breastfeed. The guidance that 'breast is best' is given widely by medical professionals and parenting manuals (Kramer, 2010). The 'mother blame' associated with not breastfeeding is promulgated in significant ways by the medical fraternity through a culture of surveillance and judgment, which causes mothers great fear and anxiety (Andrews & Knaak, 2013; Knaak, 2010). The discourse that 'breast is best' fails to include that the breast is not best for all mothers. Some mothers need to go back to work, as Nicci discloses when she says, "because I was and still a working mother, breastfeeding was also not a very much big of an option for me because obviously, I had to be at work". Nicci is unable to breastfeed, and yet she feels guilty: "At first I felt guilty". It is concerning that while Nicci is making the best decision for her well-being to work and support her baby, she is unsupported by medical professionals and thus feels guilty. Indicating there is little provision for mothers like Nicci. Consequently, she experiences anxiety about going against the 'breast is best' ideal, saying, "I had to make peace with the fact that I was not producing enough milk and that reality was that I had to go to work so that I could provide for my baby". This act of conforming to dominant ideologies of motherhood leaves many mothers feeling alienated, isolated and inadequate (Henderson et al., 2016). Despite women making the best decision for their children's well-being based on their unique contexts, mothers are still encouraged to trust the 'professional guidance' at the expense of their own knowledge, abilities and limitations. While Nicci is able to contest the

‘breast is best’ ideology, she also puts herself at risk of being cast as a ‘bad’ mother by doing so. At the mercy of mothering ideals that are mandated by professional guidance, even mothers who felt they were doing their best were observed in the interviews to question themselves and wonder whether they were doing mothering right. This highlights the way in which ideals about mothering practices are so pervasive that most mothers believe there is a science to mothering, an objectively knowable right or wrong way. These ideologies fail to acknowledge that ideals are often socio-culturally determined, resulting in few mothers being able to identify with being a good enough mother.

4.2 Discourse of the Present Mother and the Absent Father

The absence of children’s fathers has far-reaching implications for women’s experiences of motherhood. Discourses that normalise the absent father make their lack of emotional and material support acceptable while imposing that mothers be more consistently present in childcare (Bradshaw et al., 2002; Langa, 2020). Significantly, out of the twelve mothers interviewed, only one reported that she was receiving financial support from the child’s father. In the narratives below, the mothers express their loss due to the absence of the father, consequently illustrating the significant dependence and impoverishment that they often have to face. However, it is significant to note that none of the mothers contested the status quo, often showing acceptance of the fathers’ lack of responsibility and, in turn, their own need to be entirely present for all aspects of childcare. It is significant to note that the mothers often subsumed the responsibility for the father’s absence and described themselves as more present to the child due to the father’s absence. Foucault maintained that regularities and patterns such as these: the absent father and the present mother, are found when the social fabric of our reality is constructed through the repetition of specific discourses

(Neergaard & Ulhøi, 2007). The repetition results in the enactment of powerful social dynamics which in turn keep dominant patriarchal ideologies in place. This is elucidated in the analysis. The overarching theme of acceptance that predominates this narrative supports a study by Stumbitz and Jaga (2020) that mothers in situations of poverty do not feel entitled to any form of support, albeit valid financial or material support. These discourses and themes are best exemplified in the following quotes:

> From grant money, I can buy nappies, milk, but not good food for her [long pause]. Yes. The problem is, where I'm staying, I must pay rent [long pause], I'm not working [long pause], and I must feed her [long pause] also, I must feed me. [Jembi]
>
> So there are a lot of expenses. [Interviewer]
>
> Yes. So her father, he was not even there for the first year [long pause]. Yes, so I must do everything because it is only me. So I must make sure that I am a mother and a father! I must show that father thing to her, I make sure of that. It's been lonely [long pause]. Not that I blame her father for not being here, but it is difficult, man, it's not easy. [Jembi]

Here Jembi begins by outlining her situation, sole provider with limited resources and reliant on the child grant. She aligns herself to the discourse of the 'absent father' and reveals her position allied to the ideology of the 'present mother'. She discloses her acceptance of her presence in relation to the absence of the father when she says, "Yes, so I must do everything because it is only me". Despite Jembi experiencing a compounded role of responsibility, she takes on an additional role when she says, "I must make sure that I am a mother and a father! I must show that father thing to her …". Jembi reveals the complexity of her situation and the discourse that enjoins her to feel responsible for subsuming the father's role as well as her own. It bears questioning whether the present mother discourse is so strong that it socialises mothers to feel responsible for all aspects of childcare, including those of the fathers.

Ideologies around mothering practices promulgated by parenting manuals and medical professionals are a powerful way of responsibilising mothers to feel entirely accountable (Pentecost & Ross, 2019). Notably, once Jembi has highlighted the father's absence, she is quick to acknowledge that she is not resentful about the situation when she says, "Not that I blame her father for not being here …". The permissibility of the fathers' lack of financial support is clear. It is worth interrogating whether this is because Jembi feels a lack of entitlement to maintenance or whether blame is not a socially acceptable response. Possibly the absent father discourse is so dominant that there is no space for discourses that contest it. This supports the theory that dominant and oppressive discourses control what can and cannot be said. Foucault (1981) referred to this as the 'exclusionary mechanism' of 'discursive practices'. In this case, the discourse of the absent father has an inhibitive quality and an exclusory prescriptive effect on the existence of other possible discourses. Thus discourses such as the 'present father' and discourses of fathers who take responsibility for co-parenting are omitted. What exist in their place are discourses that uphold and support the patriarchal social structure of the absent father. Capitalistic discourses that encourage and reward a father's exclusive investment in the economy also encourage a father's absence (Murray, 1981). Furthermore, it is easy to see how father absence continues to be actively promulgated by the medical fraternity because, as Phoenix et al. (1991) and Pentecost and Ross (2019) observe, fathers are still not included in teachings at the clinic or childcare pamphlets. In the face of strong social and medical advocacy for women to be the sole caregivers, it bears consideration as to whether there is space and support for fathers to be financially and emotionally present. Consequently, mothers often struggle with a significant limitation of resources. This is made clear in the following exchange:

> I have challenges for money for the nappies when the father is not around because when you are a new mother, you need all the support, you need people to support you,

you need a support system from your family and everyone that is around you. So jha sometimes I do have challenges [long pause], and the father is nowhere to be found so jha that is the biggest challenge and the money when you are a new parent you need money to buy nappies to take your child to the clinic. [Thembisa]

So you mentioned earlier on that you are a full-time student, so how are you coping with being a mother because you are not working? [Interviewer]

Mmm [long pause] the grandmother she's very helpful at the moment because when I am going to school, she is taking care of the baby jha ... so I am a little bit coping because she is helping, even if I'm doing my homework she is helping with the baby. [Thembisa]

Thembisa aligns with the absent father discourse through her exclusion of the father from any form of responsibility and accountability. She accepts the father's absence and expresses her need to rely on a "support system" for her needs for money and nappies. Limited resources are her biggest parenting challenge. Thembisa echoes the resignation expressed by the other mothers when she says, "the father is not around" and "nowhere to be found". This does suggest that Thembisa is looking for him and feels his absence. It also demonstrates how the co-parenting need she expresses here has been transferred to the grandmother showing how mothering roles are still more broadly constructed; it also normalises the presence of mothers as primarily responsible while fathers' are then further omitted (Hatch & Posel, 2018). Absent father discourse has a significant impact on mothers and children, as illustrated in the excerpt below:

How would you describe your experience of motherhood so far? How has it been? [Interviewer]

Yooo it's hurt me a lot. The father of the baby left me within three months. I was suffering a lot. Yoo, It was hurting me a lot [begins to cry]. Cause they have stuff that

> they need and I cannot give it to them. Cause their money did not come out for two months now. So, watching my child seeing other kids eating and stuff. Just makes my heart sore, and that is the most challenging. Not being able to give my kids what they need. I must ask for help by the social workers for meals and everything and kimbies [diapers]. Sometimes from my side, I feel like I'm not being mother enough because I am not able to give them what they need. [Zintle]

Zintle enjoins herself with the discourse of the present 'everything mother' who, in the face of the absent father, is responsible for every aspect of her child's needs. Her account illustrates the far-reaching impact of the patriarchal discourse of the absent father on mothers' experiences of mothering. Notably, Zintle omits talking about the child's father; besides mentioning his absence as a co-parent, she is clear that he offers no support. As the sole caregiver, Zintle discloses the emotional pain she experiences when she cannot provide for her children when she says, "… they have stuff they need, and I cannot give it to them". Zintle discloses how she feels less of a mother when she is not able to meet her children's needs for food, saying, "… I feel like I'm not being mother enough …". Parents in situations of poverty often experience feelings of shame and inadequacy, in South Africa, this is more commonly the burden of mothers (Lehner-Mear, 2021; Machirori, 2021). Mother blame adds another layer of complexity to the effects of mothering ideologies. Despite women being socialised to be the solely responsible caregivers, they are also blamed if a child does not meet the developmental requirements (Pentecost & Ross, 2019). Idealised mothering roles do not take women's limitations into account. Delany (2011) noted that mothers are blamed and responsiblised irrespective of their economic situation, while fathers largely remain blameless and are comparatively able to live freer lives, unfettered to child-rearing responsibilities. Mother blame has a significant role to play in maintaining patriarchal discourses such as the absent father. This is made clear in the excerpt below:

Sometimes I wonder if I am giving them enough love. [Sindiswa]

Why do you feel that you are not giving them enough love sometimes? [Interviewer]

Just the way I grow up neh. I didn't grow up with both parents. My mom, she never raised us, she was in and out of jail. My father was married with another woman. So, I had to stay with different people, and I had to look out for myself at the age of 14. I was raped and by my boyfriend, and he was hitting me and wasn't treating me good. He forced me to sleep with him, and if I don't want to he would hit me. So, now I'm feeling guilty that I put him in jail. It's like I'm seeing him as my mom because she didn't give me a chance to be with my father. So, I feel like [long pause] sometimes that I fail my kids. Cause I feel like they are growing exactly the same way I did. [Sindiswa]

Here Sindiswa highlights the power of the mother-blame discourse while expressing the absent father discourse. In this dialogue, the guilt and blame for the father's absence from two generations fall exclusively on the mothers. Sindiswa blames her own mother for her father's absence from her life when she says, "because she (my mother) didn't give me a chance to be with my father", despite disclosing that her father married another woman and evidently chose to remain with his other family rather than being present to Sindiswa. She still perceives her father to be blameless in his absence. This harkens to discourses that blame and responsiblise the mother (Jackson & Mannix, 2004). In this case, mother blame is projected out onto her mother as well as turned inwards on herself when she says, "I'm feeling guilty that I put him in jail". Her children's father raped and abused her repeatedly, fearing for her life Sindiswa reported him. However, Sindiswa finds fault with her own actions because now her children are fatherless. This demonstrates how pervasive discourses of mother responsibility and mother blame are, as evident when she says, "So, I feel like … sometimes that I fail my kids". She feels it is her failure and her mother's failure when she

says, “cause I feel like they are growing exactly the same way I did”. While the acknowledgement of his responsibility for his actions is omitted, arguably, as Foucault (1981) notes, discourses like ‘father-responsibility’ are mechanistically excluded, which helps maintain dominant patriarchal ideologies. Guilt, responsibility, and blame all sit unevenly with women, while the discourse of ‘father-responsibility’ to the mother or children is, in many instances, non-existent (Collins, 2021). The interconnection between discourses of father absence and father as abuser are common. Furstenberg (1988) notes the commonality of these discourses, absent fathers who do not contribute, while highlighting the problematic image of the father who, when present, is abusive. This is clearly demonstrated in the excerpt below.

> Okay, have you experienced any problems with forming the bond you have with your child? [Interviewer]
>
> Uhm, [long pause] in the beginning, yes. Uhm [long pause] yes, because of her dad. Uhm, he was very abusive and things like that. I was always emotional and so tried to keep her away from me, and the experience I was going through was very difficult in the beginning, you know. But after I left him, we started bonding even more as mother and daughter. So, in the beginning, it was a little bit difficult because of him. But now it is like we are stuck like two. [Bibi]
>
> What are some of the biggest challenges? [Interviewer]
>
> I think the fear of not giving her what she needs [baby screaming]. She needs a home. She needs to be taken care of. She needs safety. [Bibi]

Bibi highlights the discourse of the absent father, revealing that when he was a present father, he was abusive, saying, “Uhm, he was very abusive and things like that.” She struggles to share this with the interviewer, notably pausing for long periods, and when she does reveal her story, she talks about the abuse quickly and in an offhand minimising manner.

Bibi resonates with Sindiswa's alignment to the absent father ideology in that neither father is responsible or accountable for their behaviour or absence. Discourses of father absence in many ways support the masculine being privileged above the feminine, which in these cases happens at a women's violent expense (Cislaghi & Heise, 2020). Like most of the other mothers, Bibi receives no economic or material support from the father. This highlights a common thread in the father absence discourse, that of the resultant poverty and a fear of not being able to provide for the child's needs. Bibi acknowledges this when she responds to the question of what her biggest challenges are; she replies saying, "I think the fear of not giving her what she needs". All three women, Bibi, Sindiswa and Zintle, highlight this fear of not being able to provide for their children in the face of the absent father. The effects of father absence cause an increase in mother poverty, as seen in the report on poverty for female-headed households done by Stat SA (2019). Father absence puts great pressure on mothers, who are then obligated to be present and responsible. This is demonstrated in the following excerpts below:

> It's very hard for me because the father doesn't support the child. I am supporting my child alone. It's very hard for me. No support. [Elizabeth]

Elizabeth reveals the hardship caused by the father's absence detailing her lack of support as a mother. The significant stress of being responsible while experiencing limited resources results in compounding emotional distress, as reflected in studies by Henderson et al. (2016) and Walker and Bantebya-Kyomuhendo (2014). The loss of co-parenting support also reduces a women's agency outside of her mothering role. This is illustrated in the excerpt below:

> I just loved him [her baby] since the day he was born. I just closely hold on to him. Cause he is growing up without a father, and I'm raising him alone as a single parent.

> So, for me, it was always just about loving my son and hold him near me at all times because there is no father I'm alone. [Nokuthula]

Nokuthula draws the connection between the mothering ideals of the present mother and the baby-centred mother with whom she aligns herself. The present mother ideology is revealed when she describes herself as a parent alone caring for her child. She is accepting of her child's absent father. Without co-parenting support, Nokuthula commits to taking on the full responsibility of her child's care, aligning herself to the ideology of the baby-centred mother who is present all the time when she says, "… and hold him near me at all times because there is no father". The quote demonstrates subtly how discourses of the absent father embolden a father's absence while canonising the mother's presence which is then resigned to full-time childcare, etching out a very clear dynamic of embedded power and gender relations. These hegemonic power dynamics cause the continual re-construction of normative gender behaviour, which suppresses mothers' needs and agency while also dramatically increasing their responsibility. This is further illustrated in the excerpt below:

> Being a mother? Some of the single parents, like me [long pause] they are supposed to take care of the baby and [long pause] and let me just say if you don't mind, the baby's father is not around you see [pause]. Ya, so you have to take care of the baby from the first day. Ya [long pause] until the baby is growing up. Ya, it is not easy. [Thulani]

Thulani relates to the absent father and present mother ideology in a collective way by referring to all single mothers saying, "… they (mothers) are supposed to take care of the baby". The responsiblisation of mothers as the sole carers is unquestionable in Thulani's mind. Thulani makes a subtle request for permission to disclose the father's absence by saying, "… and let me just say, if you don't mind, the baby's father is not around you see …". Arguably, Thulani requests permission to comment on the father's absence which infers

her sense of stepping over a boundary by revealing the father's absence. This suggests that she perceives she is saying something she is not socially permitted to say. Impoverished mothers do not feel entitled to resist the dominant ideology of the absent father (Stumbitz & Jaga, 2020). Discourses of father-responsibility or father-blame are completely omitted from mothers' dialogues', although the mother's experiences illustrate the oppressive effect patriarchally gendered parenting responsibilities have on their lives. In place of discourses that contest the status quo, discourse of the present everything mother, responsible for every aspect of childcare, was found. The discourse analysis shows how the absent father, who offers no support to the mother and child, promulgates the poverty of mothers.

4.3. Discourses of Mothering in Poverty

Mothers from disadvantaged backgrounds without financial support from fathers are often reliant on the state's childcare grant. Discourses associated with mothering in poverty are strongly related to the ideologies of the absent father and present mother. These ideologies co-create discourses of mothering in poverty and the 'grant dependant mother', which further upholds patriarchal gender norms and the social policies that maintain them. The discourses of mothering in poverty and grant dependant mothers are aligned to hegemonic power structures that maintain the patriarchy and ensure men remain privileged over women. As seen in the excerpts below, many compounding factors contribute to the high unemployment of mothers, the lack of financial and material support, the lack of affordable childcare and inadequate social infrastructures (Hatch & Posel, 2018). Discourses of mothering in poverty and under duress were identified in the research, notably, as with the absent father discourses, there were no discourses of anger at the current status quo, and there was a notable lack of discourses contesting the current status quo. This complex combination

of factors serves to erode women's self-value leaving most women not to feel entitled to speak out about the status quo, let alone contest it. This is clearly illustrated in the excerpt below:

> Do you think there is anything that the government can do to help you, being a mom and raising your child? [Interviewer]
>
> All the single parents, or just me? Mmm. Uhm. [Long pause, then laughs nervously]. [Thulani]
>
> You can say anything! There is no wrong answer! [Interviewer]
>
> Uhm. Okay, you see, the problem is here, it's not that we are not thankful about the grant money or something like that; we are very thankful about the money we are receiving each month. Mmm. But I think the money is, is [long pause]. I think the money is not [long pause] the money is too small. [Thulani]
>
> Yes, you need more to be able to …. [Interviewer]
>
> Ya, you see it's 400, so what you can buy with 400? [Thulani]
>
> Ya. [Interviewer]
>
> It's not that we are not grateful …. [Thulani]

Thulani reveals the discourse of the grant dependent mother. She begins by asking whether she must differentiate between her own personal needs or the collective needs of the community of women she is part of. Thulani is at first unwilling to answer the question, as indicated by her long silence and pause. The interviewer coaxes her to speak by 'giving her permission' when she says, "You can say anything! There is no wrong answer". She begins by laughing nervously. Thulani is initially clearly unwilling to express how she feels about the current support she is receiving from the government. Only once non-judgmental emotional safety is established does she feel able to speak. The differential power dynamics between the participant and researcher are apparent, as the researcher is placed in the

powerful position of either being able to allow rhetoric that has previously been disavowed or not allowed. It is worth questioning whether the participant would have expressed her true feelings if the researcher had not enabled her by giving her permission to do so.

Thulani starts by affirming her need to be seen as grateful, which is immediately apparent when she says, “we are grateful”. She does this by referring to herself in the plural as ‘we’ in reference to the community of mothers. There is a clear fear that mothers would be seen as ungrateful should they highlight the inadequacy of the child grant. Thulani then slowly reveals that the grant money is insufficient, saying, “You see it’s 400. So what you can buy with 400?” Thulani succinctly outlines the problem she finds with the insufficient financial support she receives from the government. This is linked to what Mayblin (2019) argued that these policies are “policies of purposeful impoverishment” (p. 9). Thulani then ends the dialogue by reverting back to the discourse of gratitude, saying, “It’s not that we are not grateful”. Foucault’s principle looks at what is stated first and then asks the question of what cannot be said, which enables a fuller picture to emerge (Neergaard & Ulhøi, 2007). Behind her deference which is reaffirmed through the expression of gratitude, lies what cannot be said; the expression of outrage for the lack of economic support that results in most mothers suffering from poverty and deprivation. Two underlying narratives come to the fore underpinning the discourse of gratitude. First is the model of the ideal feminine woman, who is subservient and agreeable. Second is the transmission of the narrative of marginalised people, who are expected to be gracious or remain silent (Bhatia & Priya, 2021). Both discourses supplement the reproduction of the larger discourse of patriarchal dominance and inequality (Fairclough & Wodak, 1997). The institutional violence perpetuated upon mothers through social policies means that mothers are faced with food insecurity and child malnutrition and have no voice contesting the status quo because it cannot be said (Foucault, 1981; Mayblin, 2019; Neergaard & Ulhøi, 2007). Discourses on grant dependent mothers and

mothering in poverty reveal the significant level of deprivation mothers endure. This is clear in the excerpt below:

> Uhm, the most challenging things about being a mother, is whereby the baby gets sick [long pause]. Ya, even uhm, she will just get sick in the middle of the night then you don't have money on you, and you have to take transport to the hospital, and they are going to cost you 350, just imagine [pause]. And you don't have even that kind of money or it's middle of the month [long pause]. No one has the money. Uhm, and another thing is it's whereby when she runs out of food or nappies, ya that's a stress. Those are the challenges. And when she uhm gets sick, yes. Ya! Yoh! You get very scared [long pause] ya, very, become very scared and uhm all this stuff. When she gets sick in like this time, maybe I just go out quickly to someone and borrow money. [Zanele]

Zanele illustrates the discourse of mothering in poverty under duress. She reveals that she is in a similar situation to the rest of the people in her community, saying, "And you don't have even that kind of money or its middle of the month … No one has the money". She also points out that she is forced to rely on others when her child is sick, but these others are in the same situation of poverty as she is. Zanele highlights the shared experience of a women's dependence on a system unable to support their well-being. She also discloses her powerlessness and fear at not being able to afford a hospital visit for her baby by outlining the fear and desperation she experiences, saying, "And when she uhm gets sick, yes. Ya! Yoh! You get very scared …Ya, very, become very scared". By saying "when she runs out of food and nappies", she reveals that food and nappies running out is a common occurrence for her. In this narrative, a picture of dependence and poverty as powerlessness emerges, a sense that mothers feel shared helplessness to effect change. Fineman (1992) referred to the inevitability of this dependency which is embedded in our social structure, and noted how it

constructs the very fabric of the ‘neutered mother’. A woman who is powerless to effect change. The sense of hopelessness in discourses of mothering in poverty draws attention to the asymmetrical power dynamics that underpin social policies like the child grant and the slow violence of their insufficiency (Mayblin, 2019). Despite sharing her displeasure at her situation, Zanele does not contest the status quo. However, mothers who do contest their dependency on the child grant face a different set of difficulties when they do try to find work. This is evident in the following excerpt:

> I don’t know. The hardest part is being a single mother also. It’s very hard because I must do everything myself. I must make sure she has everything she needs. Providing for her has been the hardest. [Anathi]
>
> And, do you feel like you have enough support? [Interviewer]
>
> No, I do not have. What I want is to work. [Anathi]
>
> I do drop my CVs every time I got chances, but sometimes you must have money, because you must go all over, for transport. And sometimes now, like I do not have tax number I must go take it by Cape Town, but I do not have transport; because everywhere now, if you drop your CV, they always look for tax number. Other places, they don’t even take your CV without tax number. [Anathi]
>
> Ok. And you have a tax number? [Interviewer]
>
> Yes, I do but I must go take it by SARS. I did had it but I lost the copy I had because there was a fire in my house so I must go take ... I lost it that time there was a fire in my house so I must go take. It [the child grant] doesn’t help a lot because it’s R400, nappies R100 and something, and I must have formula for the whole month because its only coming every first. She only uses formula because she must have formula every time. And it’s every day, day and night. [Anathi]

Anathi enjoins herself in the discourse of the grant dependent mother, and this discourse interrelates with the discourse of the absent father. She reveals that she is both single and unemployed and struggles to get work. Anathi relates to the discourse of the present mother who is expected to fulfil all her child's needs, saying, "I must make sure she has everything she needs". Anathi has insufficient funds to travel to look for work or get her SARS number in order to obtain work. Another compounding factor for mothers is the lack of affordable childcare, making it difficult for mothers to find consistent formal work (Horwood et al., 2019). Given the lack of institutional, financial and material support Anathi receives, it bears questioning whether Anathi has a choice about leaving the oppressive situation she finds herself in. As Alfers (2016) noted, mothers are forced to make impossible decisions between, in Anathi's case, buying formula or paying for transport to get a job. However, even mothers who are able to find work still experience mothering under duress, as seen in the following except:

They [the government] give me a grant. You can't buy clothes. You can only buy nappy, milk and pap. I am working two days, being paid R100 a day, so R200 is not enough. I also need to eat food. [Elizabeth]

In this excerpt, Elizabeth identifies with being grant dependent and mothering in poverty. She states the complexity of her situation, being informally employed along with receiving the child grant but still not being able to keep herself and her baby food secure when she says, "… R200 is not enough. I also need to eat food". Women in South Africa still play the largest role in the informal economy, often needing to hold multiple jobs because they are low paying; these factors make it difficult for mothers to remain food secure (Horwood et al., 2019). The compounding effect of needing to work while remaining the sole childcare provider causes many mothers to mother under duress. Despite this reality, mothering ideologies that alienate mothers from being the sole childcare provider are still

promulgated by institutions and the media, which exclude the familial support network that mothers rely on (Pentecost & Ross, 2019). Only mothers with sufficient support are able to work while raising children, which few mothers have. This is demonstrated in the excerpt below:

> Whooo!!!! It has been a journey and a half [long pause]. I think if you have the support at home as well, it also helps you out you know, so because for me as a working mother, that's what I needed because if I don't have anybody behind me or to leave the child with or to take care of the child while I'm at work or anything like that then I would have obviously fallen apart, so I think mmm [long pause] the support as well from whoever is in your life at that moment also is 100% needed [long pause] where to leave your child. Mmm [long pause] I think at this moment being a mom, you always want to have the financial support as well so that you can supply your child with whatever they need in terms of whether its baby clothes, whether it's the food … or your average daycare centre you can afford that can take care of them at the time you are not there. So I think the most struggle that mothers generally face is the financial struggle of having a child. I would think mmm [pause] generally people mmm [pause] suffer. [Nicci]

Nicci summates and confirms what the other mothers have been disclosing. Nicci reveals how much she depends on her familial support system, affirming that she would not be able to work without it saying, "if I don't have anybody behind me or to leave the child with or to take care of the child while I'm at work … I would have obviously fallen apart". Many mothers are not able to access support and are commonly faced with ideologies of mother care from primary healthcare facilities that exclude the support of extended family from childcare practices (Pentecost & Ross, 2019). This underlines the damaging impact the discourse that individualises mothering has on traditional maternal support structures (Hatch

& Posel, 2018), further elucidating why so many mothers suffer from burnout (Machirori, 2021). Familial support allows mothers to support their children through work, and without it, working is significantly less possible, with the result that mothers often become dependent on the child grant, which can lead to deprivation. Nicci goes on to talk about the most challenging aspects of motherhood, echoing the issue raised by most mothers; the need for financial support during this critical time. She outlines the experience of duress that most mothers disclosed, saying, “Generally people mmm [pause] suffer”. This also highlights the pervasive lack of support on an institutional level in the form of inadequate social policies which promulgate discourses of mothering in poverty and under duress.

4.4 Summary

This chapter looked at mothering ideologies and how they interpellate women through the process of her encounter with culture and the socialisation that proceeds from this. Discourses of the ideal mother, a mother for which motherhood comes naturally, the baby-centred mother and the professionally guided mother were identified and discussed. Discourses that idealise motherhood were examined, exploring how medical professionals split the ideal mother discourse into being right mothers or wrong mothers, good, perfect mothers or bad, lacking mothers. Discourses of the present mother and absent father were identified. The responsiblisation of mothers to be sole providers of childcare further highlights discourses that perpetuate patriarchal gender norms. Finally, discourses of mothering in poverty and grant dependant mothering were identified, exploring how these discourses, which were underpinned by impoverishing policies such as the insufficient child grant, dominate and control mothering practices.

CHAPTER 5: CONCLUSION

The primary objective of this study was to identify dominant discourses and ideologies around motherhood and local mothering practices. This chapter will assimilate the findings with the literature where relevant, drawing inferential conclusions where possible. The themes that were identified in the analysis and through the literature will be briefly discussed. This will be followed by a discussion of the limitation of the study and the future directions and considerations. Finally, this chapter will end with a conclusion of the study.

5.1 Summary of Findings

The discourses mothers used to describe their experiences of motherhood demonstrated the ways in which local mothers mothering practices were significantly entrenched by powerful patriarchal ideologies. The data reflected the literature which identifies modern motherhood as largely taking place in a patriarchal, heteronormative social construct that positions mothers as full-time carers while fatherhood remains largely unattended. The intersectional feminist lens highlighted the way these mothering ideologies are underpinned by patriarchal values that at times form a matrix of domination which is often subversive in its control of mothering practices (Collins, 1990).

Thematic Discourse Analysis (TDA) revealed the extent to which mothering ideologies influence mothering practices and, in turn, mothering experiences. These ideologies were often found to be promulgated by medical and social discourses drawn from the Global North, which has made a science out of mothering (Apple, 2014; Collins, 1990). These ideologies were found to be unrelated to South African mothers' needs and have serious consequences for mothers who enjoined themselves to them.

Discourses of the ideal mother were identified and divided into three themes, although as the analysis proceeded, the themes were observed to be more interconnected. Despite new motherhood being conventionally idealised as fulfilling and mothering practices as intrinsically natural and known, the reality was found to be quite different. New South African mothers shared their experiences of hardship and anxiety in motherhood. The discourse analysis findings were consistent with the literature. Ideals of the baby-centred mother drawn from the Global North were shown to cause substantial harm to South African mothers who often needed to work to feed themselves, and their babies yet felt too conflicted to do so. The ideology of the baby-centred mother in many ways interlinked with the professionally guided mother. The analysis was consistent with the literature that showed mothers were taught at primary healthcare centres to be baby-centred and self-sacrificing (Pentecost & Ross, 2019). The literature highlighted the way medicalised discourses maintain there is a right and wrong way to mother. The analysis illustrated the way mothers are impacted by enjoining themselves to these ideologies they are taught whilst attending perinatal state care facilities. Discourses of the present mother and absent father were found to be interlinked with discourses of mothering in poverty. Discourses of mothering in poverty are significantly affected by insufficient social support, like the child grant. Mothers shared that they were regularly in situations of hunger and unable to afford to attend clinic visits.

The research illustrates how mothers who enjoin themselves with these mothering ideologies do so often at serious expense to their mental and physical well-being. These dominant ideologies often leave mothers feeling uncertain of their own mothering knowledge and practices. Illustrating the substantial role the medical fraternity could play in creating supportive social structures that can help prepare new mothers and enable them to be empowered by making mothering choices based on their unique needs.

5.1.1 Discourses of Natural Mothering

Dominant themes identified in discourses of the ideal mother revealed that mothers believed that motherhood should be satisfying and come naturally. Mothers who enjoined themselves to the natural mothering ideology had high expectations of what they should know and experience as a mother. The discourse analysis showed that natural mothering ideals were connected to anxiety around the baby's day to day struggles and needs. The analysis illustrated that natural mothering ideologies place unnecessary stress on mothers who then expect to find motherhood easy and enjoyable. Common experiences of motherhood are less romantic and reveal vastly different trends with emotions ranging from grief and anxiety to anger and guilt (Huppatz, 2018). Mothering ideologies like the natural mothering ideal incline mothers to feel greater anxiety, fear, and disappointment when experiencing the ordinary difficulties found in new motherhood. Mothering ideologies predispose mothers to feel heightened anxiety and inadequacy.

5.1.2 Discourses of the Baby-Centred Mother

The research showed that mothers aligned themselves to the ideology elucidated in the literature, that a good mother is baby-centred (Hays, 1996; Phoenix et al., 1991), illustrating the extent of self-sacrifice needed in order to maintain this ideal. The baby-centred mother is a colonial ideal from the Global North and far easier to fulfil as a middle-class mother, able to afford not to work compared to a poorer mother. The difficulty of meeting the ideal of the baby-centred mother was demonstrated when mothers revealed that if they did work, they risked becoming detached from their child. This clearly illustrates the internal conflict mothers grapple with. Pentecost and Ross (2019) found that medical

fraternities played a dominant role in educating new mothers to be entirely responsible for all aspects of childcare as well as being entirely present for their babies at all times. These patriarchal gender norms position mothers to be child grant dependent, bearing in mind that baby-centred mothers cannot work, and the child grant is insufficient to meet a baby's basic needs. In many ways, the baby-centred mother is guided by health professionals in clinics to align with this ideology. Consequently, the analysis revealed that these discourses are largely interconnected.

5.1.3 Discourses of the Professionally Guided Mother

The literature supported the findings identified in the research that mothers receive healthcare guidance from primary healthcare facilities during perinatal care, encouraging them to attend all clinic appointments for the baby to remain well (Pentecost & Ross, 2019; Phoenix et al., 1991). Mothers who subscribed to this ideology attribute clinic attendance to their babies' long term health. The extent of self-sacrifice needed to meet this ideology was demonstrated when mothers revealed that choosing to attend a clinic appointment sometimes meant choosing not to eat. The pressure medical fraternities place on mothers by promulgating discourses that idealise the mother who is compliant with the science of mothering places mothers at risk of malnutrition and starvation (Apple, 2014). Mothering ideologies like 'breast is best' were shown to alienate mothers who could not breastfeed. These mothering ideologies create a fantasy that there is a 'correct' way to mother at the expense of a women's own needs. It appears as though local mothers' contexts and needs are not accounted for in the mothering practices taught to them by public health centres.

5.1.4 Discourses of the Present Mother and Absent Father

Mothering ideologies place significant pressure on mothers to be present; this is especially evident in the face of absent fathers. The research is consistent with the literature that found present mothering to be a common response to discourses of the absent father (Langa, 2020). This discourse further supports the ideology of the responsiblised mother who is responsible for all aspects of childcare (Pentecost & Ross, 2019). The research showed that most mothers accepted being positioned as the only caregiver and did not feel entitled to financial support from the father or any other form of support. The analysis found there were no discourses of mothers contesting their situation, and none of the mothers expressed any feelings of entitlement to receive support. At times mothers requested permission to say that the father was absent, suggesting that father absence is not a permissible subject to discuss. This aligns with Foucault's (1981) finding that discourses control what can and cannot be said. It means that even if mothers wanted to contest the status quo, it remains unsayable, supporting Foucault's theory of the predominance of certain discourses, ensuring the denial of others (Neergaard & Ulhøi, 2007). The research shows that the discourses that have been omitted result in a predominance of discourses that are in line with the patriarchy. Meaning gender norms that hierarchically preference men above women allow men a complete lack of responsibility while mothers are positioned as entirely responsible, which results in women's oppression and significant poverty.

It is clear that these discourses promulgate a powerful dynamic, a vicious social cycle that sees the interrelationship between two seemingly opposing discourses; the present mother, sole parent, often impoverished and dependant on the child grant and the absent father, free to roam and unfettered to any aspect of child-rearing responsibility. The interaction and interrelationship between these two discourses form an archetypal dynamic, a

commonly identifiable pattern that forms a problematic structure in our social world. The data reveals the result, overburdened impoverished mothers and absent fathers.

5.1.5 Discourses of Mothering in Poverty

Discourses of mothering in poverty are strongly interlinked with the absent father discourse. The research supports the findings in the literature that while there are many factors that contribute to mothering in poverty, lack of financial and supportive social infrastructures stood out as the other primary factors (Hall & Budlender, 2016; Hatch & Posel, 2018). Mothers revealed resistance to acknowledging the insufficiency of the child grant, but once permission was given to talk about it, they revealed their anxiety in doing so, suggesting that expressing dissatisfaction is taboo. The analysis showed that even when coaxed by the interviewers, mothers were resistant to revealing the extent of deprivation caused by insufficient social support. Mothers also reported feeling guilty for acknowledging that the grant was unable to meet their baby's basic needs. The analysis of discourses of mothering in poverty drew further attention to the asymmetrical power dynamics that underpin social policies like the child grant and the slow violence of their insufficiency (Mayblin, 2019). Significantly mothers who were employed still experienced impoverishment, and mothers who were unemployed and trying to get employed struggled to get employment, revealing the complexity of interlocking systems which result in oppression, illustrating how difficult it is once a mother is in the situation of poverty to get out of it. This dependency is embedded in our social structure and constructs the disempowered mother who is unable to effect change (Fineman, 1992). The need for adequate financial and social support is the most significant factor able to shift mothers from the cycle of dependence and deprivation.

5.2 Limitations

A considerable limitation was that all the interviews were conducted in English while many of the participants spoke isiXhosa and Sotho as their first language. This was due to a lack of funding for translators. Consequently, the words used in the interview schedule at times were not understood by participants. Researchers mitigated this by adapting the questions to use words with similar meanings as best as possible to clarify the questions. However, some of the participant's nuances were lost. Some questions were quite understandably greeted with avoidance. It became clear that some mothers felt too ashamed to answer certain questions, perhaps worried they might be judged or misunderstood. At times it seemed as if the women did not want to go into too much detail about the extent of their circumstances. It bears questioning whether our own class as university students and thus people privileged with education limited the information that was able to be shared in the interviews. It is possible that had participants felt more equal, then additional information could have been gained at critical junctures in the interviews. Another limitation was that there were four different interviewers meaning the loci of observation and interest were varied, which impacted the direction interviews were taken in. Despite these factors, the interviews yielded good in-depth information.

5.3 Future Directions and Considerations

The current study only focused on new motherhood. Future studies would benefit from including interviews with mothers with older children as this could elucidate how mothering ideologies are either challenged or remain unchallenged over time. While the

current study was only performed in English, much could be gained from having translators or interviewers who spoke isiXhosa, Zulu or Sotho.

In conclusion, the study highlighted dominant discourses that are critical of mothers and silencing their needs. The research highlighted the interlocking systems of gender, class and race in South Africa, which result in the powerful oppression of women. The analysis shows the ways patriarchal ideologies that control mothering practices remain uncontested in local mothers' discourses.

The medical fraternity has a substantial role to play in creating supportive social structures that can prepare mothers for the struggle of new motherhood by normalising the experience. Perinatal care is often a new mother's first point of contact and needs greater awareness of local mothers' contexts and mothering needs. Polices and educational role outs like The First 1000 Days can be used to empower local mothers by health professionals being well educated about local mothers' needs and contexts. The medical fraternity is in a powerful position to empower mothers and provide the support they need. Thus, interventions tailored to South African mothers' needs can go a long way to contesting oppressive discourses that make mothers exclusively responsible for childcare. This will enable a space to be created for discourses that contest oppressive patriarchal gender norms that currently control motherhood.

The finding that dominant discourses control what can be said highlights the need for dialogues that have an emancipatory effect on mothering discourses based on asymmetrical power dynamics to be initiated by health professionals. Dialogues that challenge the exclusionary mechanism of discursive practices based on the patriarchal system need to be initiated by people in positions of power, such as healthcare workers. This can precipitate bigger changes and create a space for new ways for motherhood to be reimagined.

REFERENCES

Alfers, L. (2016). "*Our children don't get the attention they deserve": A synthesis of research findings on women informal workers and childcare from six membership-based organizations.* Women in informal employment: Globalizing and organizing. WIEGO Child Care Initiative. https://www.wiego.org/sites/default/files/migrated/publications/files/Alfers-Child-Care-Initiative-Full-Report.pdf

Althusser, L. (1970). Philosophy as a revolutionary weapon. *New Left Review*, (64), 3.

Alvesson, M., & Karreman, D. (2000). Varieties of discourse: On the study of organizations through discourse analysis. *Human Relations, 53*(9), 1125-1149. doi:10.1177/0018726700539002

Amos, P. M. (2013). Parenting and culture – Evidence from some African communities. In *Parenting in South American and African contexts.* IntechOpen Book Series. doi:10.5772/56967

Andrews, T., & Knaak, S. (2013). Medicalised mothering: Experiences with breastfeeding in Canada and Norway. *The Sociological Review, 61*(1), 88-110. doi:10.1111/1467-954X.12006

Apple, R. D. (2014). Medicalization of motherhood. *Journal of the Motherhood Initiative for Research & Community Involvement, 5*(1), 115-126.

Arendell, T. (2000). Conceiving and investigating motherhood: The decade's scholarship. *Journal of Marriage and Family, 62*, 1192-1207. doi:10.1111/j.1741-3737.2000.01192.x

Bailey, C. A. (2017). *A guide to qualitative field research* (3rd ed.). Sage Publications.

Berry, L., & Maleck, E. (2017). Caring for children: Relationships matter. *Child Gauge*, 201751, 1-10.

Berry, N. J., & Gribble, K. D. (2008). Breast is no longer best: Promoting normal infant feeding. *Maternal & Child Nutrition, 4*(1), 74-79. doi:10.1111/j.1740-8709.2007.00100.x

Bhatia, S., & Priya, K. R. (2021). Coloniality and psychology: From silencing to re-centering marginalized voices in postcolonial times. *Review of General Psychology, 25*(4), 422-436.

Blackman, S., & Kempson, M. (Eds.). (2016). *The subcultural imagination: Theory, research and reflexivity in contemporary youth cultures.* Routledge.

Boston Women's Health Book Collective. (1978). *Ourselves and our children: A book by and for parents.* Random House.

Boulton, M. G. (1983). *On being a mother: A study of women with pre-school children* (Vol. 257). Taylor & Francis.

Bowlby, J. (1979). The Bowlby-Ainsworth attachment theory. *Behavioral and Brain Sciences, 2*(4), 637-638.

Bradshaw, J., Skinner, C., Stimson, C., & Williams, J. (2002). *Absent fathers?* Routledge.

Bray, R., & Dawes, A. (2016). *Parenting, family care and adolescence in East and Southern Africa: An evidence-focused literature review*. Innocenti Discussion Papers No.2016/02. UNICEF Office of Research Innocenti, Florence. doi:10.18356/caeceb38-en

Bronfenbrenner, U. (1989). Ecological systems theory. In R. Vasta (Ed.), *Annals of child development, Vol. 6. Six theories of child development: Revised reformulations and current issues* (pp. 187-249). JAI Press.

Burman, E. (1993). *Discourse analytic research: Repertoires and readings of texts in action.* Routledge.

Buvinić, M., & Gupta, G. R. (1997). Female-headed households and female-maintained families: Are they worth targeting to reduce poverty in developing countries? *Economic Development and Cultural Change, 45,* 259-280. doi:10.1086/452273

Cammett, A. (2014). Deadbeat dads & welfare queens: How metaphor shapes poverty law. *Boston College Journal of Law & Social Justice, 34,* 233-265.

Caplan, P. J., & Hall-McCorquodale, I. (1985). Mother-blaming in major clinical journals. *American Journal of Orthopsychiatry*, *55*(3), 345-353. doi:10.1111/j.1939-0025.1985.tb03449.x

Chadwick, R. (2006). Pathological wombs and raging hormones: Psychology, reproduction and the female body. In T. Shefer, F. Boonzaier & P. Kiguwa (Eds.), *The gender of psychology* (pp. 233-248). UCT Press.

Chase, E., & Walker, R. (2013). The co-construction of shame in the context of poverty: Beyond a threat to the social bond. *Sociology, 47*(4), 739-754. doi:10.1177/0038038512453796

Choi, P., Henshaw, C., Baker, S., & Tree, J. (2005). Supermum, superwife, supereverything: Performing femininity in the transition to motherhood. *Journal of Reproductive and Infant Psychology, 23*(2), 167-180. doi:10.1080/02646830500129487

Cislaghi, B., & Heise, L. (2020). Gender norms and social norms: Differences, similarities and why they matter in prevention science. *Sociology of Health & Illness*, *42*(2), 407-422. doi:10.1111/1467-9566.13008

Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist*, *26*(2), 1-13.

Coley, R. L. (2001). (In)visible men: Emerging research on low-income, unmarried, and minority fathers. *American Psychologist*, *56*(9), 743. doi:10.1037/0003-066x.56.9.743

Collins, C. (2021). Is maternal guilt a cross-national experience? *Qualitative Sociology*, *44*(1), 1-29. doi:10.1007/s11133-020-09451-2

Collins, P. H. (1990). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Routledge.

Deave, T., Johnson, D., & Ingram, J. (2008). Transition to parenthood: The needs of parents in pregnancy and early parenthood. *BMC Pregnancy and Childbirth, 8,* 1-11. doi:10.1186/1471-2393-8-30

Delany, A., Jehoma, S., & Lake, L. (2016*). South African child gauge: Children and social assistance*. Children's Institute, University of Cape Town.

Delany, T. (2011). *To entrap and empower: Maternal responsibility in an age of neo-liberal health* [Doctoral dissertation]. University of Adelaide. https://hdl.handle.net/2440/66094

Delius, P., & Glaser, C. (2002). Sexual socialisation in South Africa: A historical perspective. *African Studies, 61*(1), 27-54. doi:10.1080/00020180220140064

Department of Social Development. (2015). *National integrated early childhood development policy*. South African Government. Pretoria Government Publishers. https://www.gov.za/documents/national-integrated-early-childhood-development-policy-2015-2-aug-2016-0000?gclid=Cj0KCQiAvvKBBhCXARIsACTePW83Wy-ucGkYHCqKgVV9eS34zGMhoUorstp4WxuvgGNKcSOwj69YJ5saAoWJEALw_wcB#

Douglas, S., & Michaels, M. (2004). *The mommy myth: The idealization of motherhood and how it has undermined all women.* Free Press.

Doumanis, M. (1983). Mothering in Greece: From collectivism to individualism. *Behavioural Development: A Series of Monographs,* 146.

Duarte, F., & Gonçalves, M. M. (2007). Negotiating motherhood: A dialogical approach. *International Journal for Dialogical Science, 2*(1), 249-275.

Dworkin, S. L. (2012). Sample size policy for qualitative studies using in-depth interviews. *Archives of Sexual Behaviour, 41,* 1319-1320. doi:10.1007/s10508-012-0016-6

Dyer, S. J. (2007). The value of children in African countries – Insights from studies on infertility. *Journal of Psychosomatic Obstetrics & Gynecology, 28*(2), 69-77. doi:10.1080/01674820701409959

Egede, H. (2015). *The social stigmatisation of involuntary childless women in sub-Saharan Africa: The gender empowerment and justice case for cheaper access to assisted reproductive technologies?* [Doctoral dissertation]. Cardiff University.

Evans, J., Frank, B., Oliffe, J. L., & Gregory, D. (2011). Health, illness, men and masculinities (HIMM): A theoretical framework for understanding men and their health, *Journal of Men's Health*, *8*, 7-15. doi:10.1016/j.jomh.2010.09.227

Fairclough, N., & Wodak, R. (1997). Critical discourse analysis. In T. van Dijk (Ed.), *Discourse as social interaction* (pp. 258-284). Sage.

Faulkner, S. L. (2014). Bad mom(my) litany: Spanking cultural myths of middle-class motherhood. *Cultural Studies. Critical Methodologies, 14*(2), 138-146. doi:10.1177/1532708613512270

Fineman, M. (1992). The neutered mother. *University of Miami Law Review*, *46*(3), 653-670.

Flatø, M., Muttarak, R., & Pelser, A. (2017). Women, weather, and woes: The triangular dynamics of female-headed households, economic vulnerability, and climate variability in South Africa. *World Development*, *90*, 41-62. doi:10.1016/j.worlddev.2016.08.015

Flett, G. L., Besser, A., & Hewitt, P. L. (2005). Perfectionism, ego defence styles, and depression: A comparison of self-reports versus informant rating. *Journal of Personality*, *73*, 1355-1396. doi: 10.1111/j.1467-6494.2005.00352.x

Foucault, M. (1981). The order of discourse. In R. Young (Ed.), *Untying the text*: *A post-structuralist reader* (pp. 48-78). Routledge.

Friedan, B. (1999). The feminine mystique. In W. K. Kolmar & F. Bartkowski, F. (Eds.), *Feminist theory: A reader* (pp. 162-167). McGraw-Hill Education.

Furstenberg, F. F., Jr. (1988). Child care after divorce and remarriage. In E. M. Hetherington & J. D. Arasteh (Eds.*), Impact of divorce, single parenting, and stepparenting on children* (pp. 245-261). Lawrence Erlbaum Associates.

Gillespie, R. (2003). Childfree and feminine: Understanding the gender identity of voluntarily childless women. *Gender & Society*, *17*(1), 122-136. doi:10.1177/0891243202238982

Groce, N., Challenger, E., Berman-Bieler, R., Farkas, A., Yilmaz, N., Schultink, W., Clark, D., Kaplan, C., & Kerac, M. (2014). Malnutrition and disability: Unexplored opportunities for collaboration. *Paediatrics and International Child Health*, *34*(4), 308-314. doi:10.1179/2046905514y.0000000156

Hall, K., & Budlender, D. (2016). Children's contexts: Household living arrangements, poverty and care. In A. Delany, S. Jehoma & L. Lake (Eds.), *South African Child Gauge* (pp. 33-38). Children's Institute, University of Cape Town.

Hanoman, J. (2018). *Hunger and poverty in South Africa: The hidden faces of food insecurity.* Routledge.

Hardy, C., Lawrence, T., & Phillips, N. (1998). Talk and action: Conversations, narrative and action in interoganizational collaboration. In D. Grant, T. Keenoy & C. Oswick (Eds.) *Discourse and organization* (pp. 65-83). Sage.

Hatch, M., & Posel, D. (2018). Who cares for children? A quantitative study of childcare in South Africa. *Development Southern Africa*, *35*(2), 267-282. doi:10.1080/0376835x.2018.1452716

Hays, S. (1996). *The cultural contradictions of motherhood.* Yale University Press.

Henderson, A., Harmon, S., & Newman, H. (2016). The price mothers pay, even when they are not buying it: Mental health consequences of idealised motherhood. *Sex Roles*, *74*(11-12), 512-526. doi:10.1007/s11199-015-0534-5

Hodes, R., Toska, E., & Gittings, L. (2016, June). Babies for bling: Are teenage girls having children to access grants? *HIV Nursing Matters*, *7*(9), 22-25.

Hollway, W., & Jefferson, T. (2012). *Doing qualitative research differently: A psychosocial approach.* Sage.

Horwood, C., Haskins, L., Alfers, L., Masango-Muzindutsi, Z., Dobson, R., & Rollins, N. (2019). A descriptive study to explore working conditions and childcare practices among informal women workers in KwaZulu-Natal, South Africa: Identifying opportunities to support childcare for mothers in informal work. *BMC Pediatrics*, *19*(1), 1-11. doi:10.1186/s1288701917377

Huppatz, K. (2018). 'What have I done?': An exploration of the ambivalent, unimaginable emotions of new motherhood. In R. Kokanović, P. A. Michaels & K. Johnston-Ataata (Eds.), *Paths to parenthood* (pp. 145-164). Palgrave Macmillan.

Jackson, D., & Mannix, J. (2004). Giving voice to the burden of blame: A feminist study of mothers' experiences of mother blaming. *International Journal of Nursing Practice*, *10*(4), 150-158. doi:10.1111/j.1440-172x.2004.00474.x

Ke, J., & Ford-Jones, E. L (2015). Food insecurity and hunger: A review of the effects on children's health and behaviour. *Paediatrics & Child Health*, *20(*2), 89-91. https://dx.doi.org/10.1093%2Fpch%2F20.2.89

Knaak, S. J. (2010). Contextualising risk, constructing choice: Breastfeeding and good mothering in risk society. *Health, Risk & Society*, *12*(4), 345-355. doi:10.1080/13698571003789666

Kramer, M. S. (2010). "Breast is best": The evidence. *Early Human Development*, *86*(11), 729-732. doi:10.1016/j.earlhumdev.2010.08.005

Kruger, L. M. (2006). Motherhood. In T. Shefer., F. Boonzaier & P. Kiguwa (Eds.). *The gender of psychology* (pp. 182-195). UCT Press.

Kruger, L- M. (2020). *Gender and the slow violence of poverty: Intergenerational legacies webinar* [Speech audio recording]. Recognition Reparation and Reconciliation Series. https://www.youtube.com/watch?v=8X_-lxkgays

Kruger, L. M., & Lourens, M. (2016). Motherhood and the "madness of hunger":"…Want almal vra vir my vir 'n stukkie brood"("…Because everyone asks me for a little piece of bread"). *Culture, Medicine, and Psychiatry, 40*(1), 124-143. doi:10.1007/s11013-015-9480-5

Labbok, M. (2008). Exploration of guilt among mothers who do not breastfeed: The physician's role. *Journal of Human Lactation, 24*(1), 80-84. doi:10.1177/0890334407312002

Landman, M. S., & O'Clery, N. (2020). *The impact of the Employment Equity Act on female inter-industry labour mobility and the gender wage gap in South Africa* (No. 2020/52). WIDER Working Paper.

Langa, M. (2020). *Becoming men: Black masculinities in a South African township*. Wits University Press.

Lavell-Harvard, D. M., & Anderson, K. (Eds.). (2014). *Mothers of the nations: Indigenous mothering as global resistance, reclaiming and recovery*. Demeter Press.

Lazar, M. M. (2007). Feminist critical discourse analysis: Articulating a feminist discourse praxis. *Critical Discourse Studies, 4*(2), 141-164. doi:10.1080/17405900701464816

Lee, R. (2018). Breastfeeding bodies: intimacies at work. *Gender, Work & Organization*, *25*(1), 77-90. doi: 10.1111/gwao.12170

Lehner-Mear, R. (2021). Good mother, bad mother? Maternal identities and cyber-agency in the primary school homework debate. *Gender and Education, 33*(3), 285-305. doi:10.1080/09540253.2020.1763920

Lewis, S. (2002). Concepts of motherhood. In M. Jackson, H. Klee & S. Lewis (Eds.), *Drug misuse and motherhood*, (pp. 32-44). Routledge.

Lomax, H. (2013). Troubled talk and talk about troubles: Moral cultures of infant feeding in professional, policy and parenting discourses. In J. McCarthy, C. A. Hooper & V. Gillies (Eds.), *Family troubles? Exploring changes and challenges in the family lives of children and young people* (pp. 97-105). Policy Press.

Machirori, M. (2021). Constructs and contradictions of mothering identities as experienced by new mothers in the postnatal period in a contemporary urban setting. *DiGeSt Journal of Diversity and Gender Studies, 7*(2), 51-66. doi:10.21825/digest.v7i2.16566

Makhalima, J. L. (2020). An analysis of the determinants of child poverty in South Africa. *International Journal of Economics and Finance, 12*(2), 406-421. doi:10.34109/ijefs.202012210

Makiwane, M. (2010). The child support grant and teenage childbearing in South Africa. *Development Southern Africa, 27*(2), 193-204. doi:10.1080/03768351003740498

Makiwane, M. (2017). Family in a changing South Africa: Structures, functions and the welfare of members. *South African Review of Sociology, 48*(2), 49-69. doi:10.1080/21528586.2017.1288166

Mamabolo, I., Langa, M., & Kiguwa, P. (2009). To be or not to be a mother: Exploring the notion of motherhood among university students. *South African Journal of Psychology, 39*(4), 480-488. doi:10.1177/008124630903900409

Mann, S. (2016). *The research interview: Reflective practice and reflexivity in research.* Palgrave Macmillan.

Martucci, J. (2015). Why breastfeeding? Natural motherhood in post-war America. *Journal of Women's History, 27*(2), 110-133. doi:10.1353/jowh.2015.0020

Mayblin, L. (2019). *Impoverishment and asylum: Social policy as slow violence*. Routledge.

Maynard, M., Andrade, L., Packull-McCormick, S., Perlman, C., Leos-Toro, C., & Kirkpatrick, S. (2018). Food insecurity and mental health among females in high-income countries.

International Journal of Environmental Research and Public Health, 15(1424), 1-36. doi:10.3390/ijerph15071424

Mbiti, J. S. (1990). *African religions & philosophy*. Heinemann.

McCarney, K. R. (2019). *Decolonizing motherhood: examining birthing experiences of urban indigenous women in Nova Scotia* [Doctoral dissertation]. Acadia University.

McCarthy, H. (2020). *Double lives: A history of working motherhood*. Bloomsbury Publishing.

Meeussen, L., & Van Laar, C. (2018). Feeling pressure to be a perfect mother relates to parental burnout and career ambitions. *Frontiers in Psychology, 9*(2113), 1-13. doi:10.3389/fpsyg.2018.02113

Meyers, D. T. (2001). The rush to motherhood: Pronatalist disclosure and women's autonomy. *Journal of Women in Culture and Society, 26*(3), 735-773.

Mikolajczak, M., Gross, J. J., & Roskam, I. (2019). Parental burnout: What is it, and why does it matter? *Clinical Psychological Science,* 7(6), 1319-1329. doi:10.1177/2167702619858430

Mikolajczak, M., & Roskam, I. (2018). A theoretical and clinical framework for parental burnout: The balance between risks and resources (BR²). *Frontiers in Psychology, 9*(886), 1-11. doi:10.3389/fpsyg.2018.00886

Moodley, J., & Slijper, S. F. (2016). The child support grant and young motherhood: Exploring correlates of depressive symptomology. *The Social Work Practitioner-Researcher, 28*(2), 108-120.

Moore, E. (2013). Transmission and change in South African motherhood: Black mothers in three-generational Cape Town families. *Journal of Southern African Studies, 39*(1), 151-170. doi:10.1080/03057070.2013.764713

Morris, M., & Bunjun, B. (2007). *Using intersectional feminist frameworks in research.* Canadian Research Institute for the Advancement of Women.

Mosomi, J. N. (2018). *Distributional changes in the gender wage gap in the post-apartheid South African labour market* (No. 2019/17). WIDER Working Paper.

Mtshali, M. N. G. (2015). The relationship between grandparents and their grandchildren in the black families in South Africa. *Journal of Comparative Family Studies, 46*(1), 75-83.

Mtshali, M. N. G. (2016). Role reversal of rural black grandparents in South Africa. *Journal of Comparative Family Studies*, *47*(3), 369-377.

Murray, C. (1981). *Families divided: The impact of migrant labour in Lesotho* (Vol. 29). Cambridge University Press.

National Scientific Council. (2014). Excessive stress disrupts the development of brain architecture. *Journal of Children's Services, 9*(2), 143-153. doi:10.1108/JCS-01-2014-0006

Neergaard, H., & Ulhøi, J. P. (Eds.). (2007). *Handbook of qualitative research methods in entrepreneurship*. Edward Elgar Publishing.

Nicholson, P. (1999). The myth of the maternal instinct: Feminism, evolution, and the case of postnatal depression. *Psychology, Evolution and Gender, 1*, 161-181.

Nixon, R. (2011). *Slow violence and the environmentalism of the poor.* Harvard University Press.

Oakley, A. (2016). The sociology of childbirth: An autobiographical journey through four decades of research. *Sociology of Health & Illness*, *38*(5), 689-705. doi:10.1111/1467-9566.12400

O'Malley, L. (2006). Does my bump look big in this? *Advertising & Society Review, 7*(3). doi:10.1353/asr.2007.0008

O'Reilly, A. (2016). We need to talk about patriarchal motherhood: Essentialization, naturalization and idealization in Lionel Shriver's We Need to Talk about Kevin. *Journal*

of the Motherhood Initiative for Research and Community Involvement, 7(1), 64-81. https://jarm.journals.yorku.ca/index.php/jarm/article/view/40323

Padgett, D. (2012). *Qualitative and mixed methods in public health. Sage* Publications. doi:10.4135/9781483384511

Papalia, E., & Feldman, R. D. (2011). *A child's world: Infancy through adolescence* (12th ed.). McGraw-Hill.

Parker, G. (2012). 'It's the babies that keep us back': Perceptions of gender equality in the lives of a sample of black South African women. *Journal of Gender and Religion in Africa, 18*(2) 129-142.

Parker, I. (2013). Discourse analysis: Dimensions of critique in psychology. *Qualitative Research in Psychology, 10*(3), 223-239. doi:10.1080/14780887.2012.741509

Pas, B., Peters, P., Doorewaard, H., Eisinga, R., & Lagro-Janssen, T. (2014). Supporting 'superwomen'? Conflicting role prescriptions, gender-equality arrangements and career motivation among Dutch women physicians. *Human Relations, 67*(2), 175-204. doi:10.1177/0018726713489998

Patton, M. (1990). *Qualitative evaluation and research methods* (2nd ed). Sage Publications.

Pedro, A., Batweni, Z., Bradfield, L., Dare, M., Nyman, A., Petersen, C. A. L., & Truskey, K. M. (2021). First 1000 days: First-time mothers' understanding and experiences of nutritional care. *Early Child Development and Care*, 1-9. doi:10.1080/03004430.2021.1914026

Pentecost, M., & Ross, F. (2019). The first thousand days: Motherhood, scientific knowledge, and local histories. *Medical Anthropology, 38*(8), 747-761. doi:10.1080/01459740.2019.1590825

Phillips, R. (2009). Settler colonialism and the nuclear family. *The Canadian Geographer/Le Géographe Canadien, 53*(2), 239-253.

Phoenix, A. E., Woollett, A. E., & Lloyd, E. E. (1991). *Motherhood: Meanings, practices and ideologies.* Sage Publications.

Pike, A., Rodríguez-Pose, A., & Tomaney, J. (2014). Local and regional development in the Global North and South. *Progress in Development Studies, 14*(1), 21-30. doi:10.1177/1464993413504346

Randles, J. M. (2020). *Essential dads: The inequalities and politics of fathering*. University of California Press.

Renk, K., Roberts, R., Roddenberry, A., Luick, M., Hillhouse, S., Meehan, C., Oliveros, A., & Phares, V. (2003). Mothers, fathers, gender role, and time parents spend with their children. *Sex Roles, 48,* 305-315. doi10.1023/A:1022934412910

Republic of South Africa. (2015). *National integrated early childhood development policy*. Pretoria: Government Printers.

Richardson, D. (1993). Sexuality and male dominance. In D. Richardson & V. Robinson (Eds.), *Introducing women's studies* (pp. 74-98). Palgrave Macmillan.

Rodriguez, C. M., & Tucker, M. C. (2015). Predicting maternal physical child abuse risk beyond distress and social support: Additive role of cognitive processes. *Journal of Child and Family Studies, 24*(6), 1780-1790. doi: 10.1007/s10826-014-9981-9

Rosenberg, M., Pettifor, A., Nguyen, N., Westreich, D., Bor, J., Bärnighausen, T., Mee, P., Twine, R., Tollman, S., & Kahn, K. (2015). Relationship between receipt of a social protection grant for a child and second pregnancy rates among South African women: A cohort study. *PloS One,* e0137352. doi:10.1371/journal.pone.0137352

Roskam, I., & Mikolajczak, M. (2020). Gender differences in the nature, the antecedents, and the consequences of parental burnout. *Sex Roles, 83*, 485-498. doi:10.1007/s11199-020-01121-5

Ross, E. (1995). New thoughts on "the oldest vocation:" Mothers and motherhood in recent feminist scholarship. *Signs: Journal of Women in Culture and Society*, *20*, 397-413. https://doi:10.1086/494980

Sastry, S., & Basu, A. (2021, March). How to have (critical) method in a pandemic: Outlining a culture-centered approach to health discourse analysis. In S. Sastry, H. M. Zoller & Ambar Basu (Eds.), *Doing critical health communication. A forum on methods*. Frontiers Media SA.

Schmidt, J. (2008). Gendering in infant feeding discourses: The good mother and the absent father. *New Zealand Sociology*, *23*(2), 61-74.

Schmidt, K., & Azzi-Lessing, L. (2021). Neglect of young children in South Africa: Implications for prevention, identification, and intervention. *Child Welfare, 98*(6), 29-51.

Shu-Ju, A. C. (2003). The paradox of natural mothering. *Contemporary Sociology, 32*(2), 199.

Sims-Schouten, W., Riley, S. C., & Willig, C. (2007). Critical realism in discourse analysis: A presentation of a systematic method of analysis using women's talk of motherhood, childcare and female employment as an example. *Theory & Psychology, 17*(1), 101-124.

Singh, I. (2004). Doing their jobs: Mothering with Ritalin in a culture of mother-blame. *Social Science and Medicine*, *59*, 1193-1205. doi:10.1016/j.socscimed.2004.01.011

Sodi, T., Kpassagou, L. B., Hatta, O., Ndayizigiye, A., Ndayipfukamiye, J. M., Tenkué, J. N., Bahati, C., & Sezibera, V. (2020). Parenting and parental burnout in Africa. *New Directions for Child and Adolescent Development*, *2020*(174), 101-117. doi:10.1002/cad.20386

Spinelli, M., Frigerio, A., Montali, L., Fasolo, M., Spada, M. S., & Mangili, G. (2016). 'I still have difficulties feeling like a mother': The transition to motherhood of preterm infants mothers. *Psychology and Health, 31*(2), 184-204. doi:10.1080/08870446.2015.1088015

Stats SA. (2016). *General household survey*: *2015*. Pretoria: Government Printer.

Stats SA (2018). *Birth & death.* Investing in early childhood development is the future. http://www.statssa.gov.za/?p=10950

Stats SA. (2019). *Five facts about poverty* [Fact Sheet]. http://www.statssa.gov.za/?p=12075

Stats SA. (2020, July 7). *More than 60% of South African children are poor* [Media release]. http://www.statssa.gov.za/?p=13438

Stith, S. M., Liu, T., Davies, L. C., Boykin, E. L., Alder, M. C., & Harris, J. M. (2009). Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behavior, 14*, 13-29. doi: 10.1016/j.avb.2006.03.006

Stumbitz, B., & Jaga, A. (2020). A Southern encounter: Maternal body work and low-income mothers in South Africa. *Gender, Work & Organization, 27*(6), 1485-1500. doi:10.1111/gwao.12527

Symington, A. (2004). Intersectionality: A tool for gender and economic justice. Women's rights and economic change. *Association for Women's Rights in Development (AWID)* No, 9(4).

Thanjan, S. (2016). *Report on the first round of the thousand days road show in the Cape Town metro between April 2016–September 2016.* UCT Press.

Toga, A., Thompson, P., & Sowell, E. (2006). Mapping brain maturation. *Trends in Neurosciences, 29*(3), 148-159. doi: 10.1016/j.tins.2006.01.007

Townsend, N. W., Madhavan, S., & Garey, A. I. (2006). Father presence in rural South Africa: Historical changes and life-course patterns. *International Journal of Sociology of the Family*, 173-190.

Unicef. (2020). *Food security and hunger: South Africa's poor little children.* Child poverty in South Africa: A multiple overlapping deprivation analysis.

https://www.unicef.org/southafrica/media/4241/file/ZAF-multidimensional-child-poverty-analysis-policy-brief-07July-2020.pdf

Van Campen, K. S., & Russell, S. T. (2010). Cultural differences in parenting practices: What Asian American families can teach us. *Frances McClelland Institute for Children, Youth, and Families ResearchLink, 2*(1), 1-4.

Van den Berg, W., & Makusha, T. (2018). *State of South Africa's fathers 2018.* Sonke Gender Justice and Human Sciences Research Council. http://hdl.handle.net/20.500.11910/12398

Van Stam, G. (2017). The coming-of-age of super-colonialism: Chapter two. *African Studies in the academy: The cornucopia of theory,praxis and transformation in Africa*. Langaa RPCIG.

Walker, C. (1995). Conceptualising motherhood in twentieth century South Africa. *Journal of Southern African Studies, 21*(3), 417-437.

Walker, R., & Bantebya-Kyomuhendo, G. (2014). *The shame of poverty*. Oxford University Press.

Wright, G., Noble, M., Ntshongwana, P., Neves, D., & Barnes, H. (2013). *Lone mothers in South Africa: The role of social security in respecting and protecting dignity*. University of the Western Cape.

Yin, R. K. (2016). *Qualitative research from start to finish.* The Guilford Press.

Young, R. (Ed.). (1981). *Untying the text: A post-structuralist reader.* Routledge.

Ziehl, S. C. (2001). Documenting changing family patterns in South Africa: Are census data of any value? *African Sociological Review, 5*(2), 36-62.

APPENDIXES

Appendix A: Ethical Clearance UWC

UNIVERSITY of the WESTERN CAPE

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30 September 2018

Dr A Pedro, Ms L Bradfield, Ms Z Batweni, Mr M Dare, MrA Nyman
Psychology
Faculty of Community and Health Science

Ethics Reference Number: HS18/7/4

Project Title: Exploring mothers' knowledge and experiences of the first thousand days of their child's life.

Approval Period: 31 August 2018 – 31 August 2019

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

PROVISIONAL REC NUMBER - 130416-049

Appendix B: Ethical clearance UCT

UNIVERSITY OF CAPE TOWN

Department of Psychology

University of Cape Town Rondebosch 7701 South Africa
Telephone (021) 650 3417
Fax No. (021) 650 4104

06 April 2021

Laura Bradfield
Department of Psychology
University of Cape Town
Rondebosch 7701

Dear Laura

I am pleased to inform you that ethical clearance has been given by an Ethics Review Committee of the Faculty of Humanities for your study, *"Motherhood brings joy and happiness": Exploring the Intersectional Construction of Motherhood in Discourse in the First 1000 Days of Life*. The reference number is PSY2021-009.

I wish you all the best for your study.

Yours sincerely

Lauren Wild (PhD)
Associate Professor
Chair: Ethics Review Committee

Appendix C: Information Sheets from Primary Research

UNIVERSITY *of the* WESTERN CAPE

DEPARTMENT OF PSYCHOLOGY

Private Bag X 17, Bellville 7535, South Africa

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INFORMATION SHEET

Project Title: Exploring mothers' knowledge and experiences of the first 1000 days of their child's life.

What is this study about?

This is a research project being conducted by Laura Bradfield at the University of the Western Cape and I'm inviting you to participate in this research project as the mother of child who is in their first 1000 days of life. The purpose of this study is to explore mothers' experiences of their child's first 1000 of life, in terms of their knowledge of nutrition and attachment.

What will I be asked to do if I agree to participate?

You are asked to participate in an interview where you will be asked to discuss aspects of your experience as a mother in terms of your knowledge of nutrition and attachment. All questions asked will related to your experiences of child-rearing, your awareness and perceptions as a mother of what your child needs from you in terms of love and affection as well as your insights about their dietary needs. As a parent you have invaluable insights of what is needed to raise a child who is optimally functioning in terms of health and emotional

well-being. The interviews will be conducted in the comfort of your home or clinic where you are visiting. The interview will be done within 45 minutes and recorded.

Would my participation in this study be kept confidential?

All participants have complete confidentiality and anonymity forms. To help protect your confidentiality, the information you provide will be totally private; no names will be used thus you will not be identified as a result of participating in this study. Your information will be completely anonymous and confidential. A report will be written about this research project, but none of the participants' names will appear on the report, thus your identity will be protected to the maximum extent possible.

What are the risks of this research?

All human interactions and talking about self or others carry some risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about mothers' experiences in the first 1000 days in order to gain insight about what support is needed to help mothers help their children to reach their fullest developmental potential. We hope that, in the future, other people might benefit from this study in order to understand what mothers and babies need in the first 1000 days of their child's life.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose to leave the interview and not participate in the research at any time you decide. You will not be penalised in any way.

What if I have questions?

This research is being conducted by Miss Laura Bradfield from the University of the Western Cape. If you have any questions about the research study itself, please contact Miss Laura Bradfield via e-mail: laurasbradfield@gmail.com. Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

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This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee. **REFERENCE NUMBER: HS18/7/4**

Appendix D: Consent Form

UNIVERSITY *of the* WESTERN CAPE

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INFORMED CONSENT FORM

Title of Research Project: Exploring mothers' experiences and knowledge of the first 1000 days of their children's lives through nutrition and attachment styles.

I affirm that the study has been described to me in language that I understand and that all my questions about the study have been sufficiently answered. I understand why I am here and what my participation involves. I understand that I am participating of my own free will and can choose to leave at any time without fear of any negative consequences. I understand that my identity will not be disclosed to anyone.

For this research project an audio recording will be made of you, which will ensure that transferability and credibility is maintained throughout the research study. Audio recordings will be kept in a safe area at all times. After the transcription of data the audio recordings will be deleted.

___ I agree to be audio-taped during my participation in this study.

___ I do not agree to be audio-taped during my participation in this study

Participant's name: …….

Participant's signature…….

Date……

Appendix E: Interview Schedule

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INTERVIEW SCHEDULE

We are aware of the sensitivity of the following question, the information will allow us to capture context rich information and allow us to profile our participants. Your responses will remain anonymous. Thank you for your participation!

Section A: Demographic information

- Participant's age:
- Child's age:
- Child's gender:
- Participant's ethnicity:
- Child's ethnicity:
- Participant's employment status:
- Participant's marital/relationship status:
- Do you make use of childcare services? If so, please elaborate.
- Participant's health condition:
- Participant's child's health condition:
- Have you or your child ever been diagnosed with a disorder?

Section B: Interview questions

1. Exploring mothers' knowledge of nutrition in the First 1000 Days of their child's life

- What is your understanding of infant nutrition?
- What role do you believe nutrition plays in your child's life?
- Do you breastfeed? If yes/no why?
- What have you found to be some of your biggest challenges relating to your child's nutrition?

2. Exploring mothers' understanding of attachment in the First 1000 Days of their child's life

- How would you describe your bond with your baby?
- What specifically do you do to form a bond with your baby?
- Do you think it is important for mothers and babies to have a bond?
- Why do you think it is/ is not important?
- Have you experienced any problems in forming a bond with your baby? Please elaborate.

3. Exploring mothers' experiences of the First 1000 Days of their child's life

- Describe your role as a mother for your child.
- How would you describe your experiences of motherhood thus far?
- In your opinion, what are the most challenging aspects of being a mother?
- Have you heard of the concept of the First 1000 Days of Life before this study? If you have, what do you know about it, where did you hear about it?
- Do you know the importance of the First 1000 Days of Life? Please elaborate.
- What are your thoughts about the First 1000 Days of Life?

- If the person knows about the First 1000 Days: what are you doing specifically as a mother to develop your child in the First 1000 Days? *Thank you for your time!*