



**BREASTFEEDING IN
HOSPITAL**
MOTHERS, MIDWIVES AND THE
PRODUCTION LINE

FIONA DYKES

Breastfeeding in Hospital

'Breast is best' is today's prevailing mantra. However, women – particularly first-time mothers – frequently feel unsupported when they come to feed their baby. This new experience often takes place in the impersonal and medicalised surroundings of a hospital maternity ward where women are 'seen to' by overworked midwives.

Using a UK-based ethnographic study and interview material this book provides a new, radical and critical perspective on the ways in which women experience breastfeeding in hospitals. It highlights that, in spite of heavy promotion of breastfeeding, there is often a lack of support for women who begin to breastfeed in hospitals, thus challenging the current system of postnatal care within a culture in which neither service user nor service provider feels satisfied.

Incorporating recommendations for policy and practice on infant feeding, *Breastfeeding in Hospital* is highly relevant to health professionals and breastfeeding supporters as well as to students in health and social care, medical anthropology and medical sociology as it explores practice issues while contextualising them within a broad social, political and economic context.

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the production line

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Foreword

Mavis Kirkham

Breastfeeding is not something we, as a society, do well, despite the knowledge that it is 'best'. Department of Health breastfeeding statistics demonstrate this, as do women's stories of their 'failure' to breastfeed or their insufficient milk supply.

In recent years, researchers and midwives have made considerable efforts to increase breastfeeding rates. Women have been provided with information, leaflets abound and experts have ensured that babies are correctly positioned and attached at the breast. Yet breastfeeding rates have changed little and midwives, understaffed and overstretched, sometimes lose heart, as do so many mothers.

This book is important because it helps us to see with fresh eyes, like all good ethnographies of local, rather than exotic, subject areas. It shows what the setting and its culture feel like to those involved: how breastfeeding on the postnatal ward is experienced by new mothers and midwives. The picture conveyed makes me sad, but it feels accurate to me as a midwife and as a mother.

Beyond accurate description and sensitive use of women's words, a key strength of this study is how breastfeeding on the postnatal ward is skilfully placed in its theoretical and historical context. Industrial concepts of time and production are clearly identified and explored.

If we have to understand our world in order to change it, Fiona Dykes has performed a great service to all of us seeking to improve mothers' experience of breastfeeding. Her analysis identifies key conceptual tools which may be used to bring about the radical change that she envisages at the end of the book.

There is a natural tendency, when faced with a problem, to go on doing more of what we normally do. Midwives are constantly urged to do more, which creates frustration and guilt for all concerned and is not conducive to problem solving. This book demonstrates how a very different approach is needed. The analysis develops the growing critique of the culture of maternity services, which is rarely applied to postnatal services. It should be read by policymakers.

An industrial model ill fits the establishment of the essentially nurturing and nourishing relationship which is breastfeeding. NHS structures, cultures and priorities are not good for relationships. Yet, relationships sustain all of us, especially new mothers and babies. In presenting and analysing these contradictions, this book has a relevance way beyond breastfeeding.

Mavis Kirkham, University of Sheffield, 2006

Preface

Breastfeeding in hospital: a production line experience?

The promotion of breastfeeding as the optimum infant feeding practice has become a major aspect of the international public health agenda. Breastfeeding is a uniquely female activity that brings women into altered experiences of time, space, relationships and their body. However, within many industrialised communities women commence breastfeeding within a highly medicalised setting, the hospital. This presents a particular set of challenges to breastfeeding women and those endeavouring to support them.

The book describes a critical ethnographic study that focuses upon the experiences of breastfeeding women in hospitals in England and illuminates the experiences of midwives working with breastfeeding women in this medicalised setting. Providing for another's needs in a culture that focuses upon 'racing against the clock' leads to both breastfeeding women and midwives feeling like they are on a production line and experiencing breastfeeding and caring respectively in terms of demand and efficient supply. The book suggests that it is time for: a reconsideration of the way in which we understand and experience our bodies as women; a re-conceptualisation of women's time; a reconfiguration of knowledge about breastfeeding; a re-look at mother–baby and midwife–mother relationships; and finally, a relocation of the place in which women commence their breastfeeding journey.

This research-based book brings a new perspective to the field of infant and young child feeding by illuminating the ways in which breastfeeding has become medicalised and institutionally regulated. The specific focus is upon the hospital setting in a western industrialised country. The book will appeal to researchers and students in anthropology, medical sociology, women's studies, midwifery, medicine and nursing. It will also be of particular interest to voluntary breastfeeding supporters, lactation consultants and women utilising maternity services.

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Many people have contributed to the writing of this book and I thank you all. I would like to give special thanks to Professor Mavis Kirkham at the University of Sheffield, for supporting me from my early conceptualisation of this project to final completion. She helped me to cope with the unpredictability and uncertainty of the early stages of ethnographic field work and she challenged me to expand and extend the ways in which I interpreted and presented the data. Many thanks go to the participants in the study, both mothers and midwives, for allowing me to observe, interview and discuss issues with them at a time when they were coping with many other pressures and challenges.

I would like to thank the Dean of the Faculty of Health, Eileen Martin, and the Head of the Department of Midwifery Studies, Margaret Morgan, at the University of Central Lancashire, for providing me with sabbatical time in which I conducted much of the in-depth ethnographic fieldwork. Thanks to those who carried out some of my teaching and related activities while I was on sabbatical to include Victoria Hall Moran, Kate Dinwoodie, Soo Downe, Denis Walsh and Pat Donovan. Special thanks go to my colleagues Kate Dinwoodie, Dawne Gurbutt and Victoria Hall Moran for their friendship, support and encouragement. I thank Dawne, Victoria, Sue Stout and Jane Wright for their helpful comments on the draft version of this book.

I developed some of my thinking for this book during a lecture tour in Australia and New Zealand in 2003. The team I travelled and presented with included Mavis Kirkham, Ruth Deery, Mary Smale, Linda Ball and Angie Sherridan. We presented at: University of Technology, Sydney; the National Association of Childbirth Educators (NACE) conference in Sydney; the Australian Breastfeeding Association conference in Melbourne; and Massey University, New Zealand. The opportunity to discuss research with our hosts and associates in Australia and New Zealand was tremendous. These people included Lesley Barclay, Virginia Schmied, Cheryl Benn, Barbara Glare, Athena Sheehan, Lin Lock and Sheila Kitzinger who was a keynote speaker at the Sydney and Melbourne conferences.

Aspects of the book appear in shortened versions in two publications: Dykes (2005a) "'Supply' and 'Demand': breastfeeding as labour". *Social Science & Medicine* 60 (10): 2283–2293; and Dykes (2005b) 'A critical ethnographic study

of encounters between midwives and breastfeeding women on postnatal wards'. *Midwifery* 21: 241–252. This is permitted within the Elsevier copyright agreement that allows an author to 'prepare other derivative works, to extend the article into book-length form, or to otherwise re-use portions or excerpts in other works, with full acknowledgement of its original publication in the journal'.

Many thanks go to Steve and our three children, Colin, Steffi and Andrea, who have lived the experience of writing this book with me and have supported me in so many ways. I also thank my parents, Sally and Michael, for helping with my children and for providing me with the house that belonged to my grandmother in which to write. Without this quiet and safe haven I do not think I could have completed this work.

Introduction

It is about time

Over the past century infant feeding practices within industrialised countries have become increasingly institutionally regulated and notions of how best to feed a baby have become ideologically pervasive. Authoritative knowledge on infant feeding has been constructed, reconstructed and dismantled, sometimes settling for a time, then moving on and shifting. Women's (re)productive experiences have been reconstituted and reconfigured within a profoundly medicalised setting, the hospital. Within this setting infant feeding practices may be regulated, supervised and controlled.

Breastfeeding is a uniquely female embodied activity that brings a woman into altered experiences of temporal and spatial dimensions and new relationships with her baby and others. Breastfeeding is a culturally mediated bio-psychosocial activity and as such has been studied in many academic disciplines ranging from biomedicine, nutrition, midwifery, nursing, politics, sociology, anthropology, psychology and medical geography. There are now several academic journals devoted specifically to the subject and many guide books. Breastfeeding has also become the focus of considerable political activity.

My deliberate use of the word 'breastfeeding' as detached from those who do it reflects the predominant focus of many academics. This centres upon breastfeeding as a health behaviour of considerable importance to maternal and child health. While this is one crucial perspective it is only during the past two decades that researchers have started to ask the question, what is the experience like for *women*? How do they negotiate this experience and what are the constraints upon women from *their* perspectives? While these questions are slowly being understood, the research tends to be discipline-bound. For example, sociologists and feminists exercise caution with regard to the physical aspects of breastfeeding as this may be seen to cross into biological domains and risk a return to essentialism. However, the study of women's experiences of breastfeeding provides exciting and unique opportunities to cross interdisciplinary and theoretical boundaries. With the above considerations in mind, I now highlight my personal journey towards writing this book followed by a brief outline of each chapter.

I was breastfed by my mother, Sally, for three months until she got mastitis and was advised to discontinue. I have little recall of other vicarious experiences

related to breastfeeding until I became a student midwife in the south of England. My early reflections on women breastfeeding in a hospital and their encounters with midwives are summed up in a constructed scenario:

The setting is a ward in a maternity unit in the south of England in the 1980s. Mothers are 'arranged' in two long rows, sitting up 'nicely' in neatly made beds with their quiet babies lying alongside them in perspex cots. The noisy and unruly babies are elsewhere in a nursery. One of the mothers, still sedated and shocked from a traumatic birth, calls for help with her crying baby. The midwife bustles in and purposefully looking up at the large clock, asserts that it is not time for a breastfeed yet and that she will settle the baby in the nursery. The mother looking half bewildered, half-relieved sits back against her neat pillows and watches the postnatal ward 'world' go by. About an hour later the midwife returns; it is now time for a breastfeed. The mother rouses herself and sits up in bed for the feed. The midwife, having enquired as to which breast the woman last fed from, grasps her other breast and pushes the baby on to it. The mother, hands by her side, has a strangely detached look in her eyes as if this was neither a part of her nor even happening to her. The baby, having cried for an hour in the nursery, is neither interested nor energetic, and eventually the midwife 'gives up' and deposits the baby unceremoniously back into the cot to sleep off her exhaustion. When the baby wakes again, the midwife again tries to 'fix' her on, and after a further failed attempt, pricks the baby's heel to test her blood sugar level and then announces that the baby needs some milk and that she must give some formula. I watch her collect the ready-made, packaged and labelled bottle, screw on the teat and sit herself in the chair beside the mother. The teat is pushed into the baby's mouth and the baby duly sucks. Each time she stops sucking the midwife 'rattles' the teat in her mouth to keep the baby going. When the procedure is finished the midwife returns the stunned but satiated baby to the cot and announces to the mother that she has taken 30 mls and will be fine. She documents the time and quantity on the chart at the end of the bed, also noting that the baby had passed urine but not meconium. She reorganises the mother's pillows and assists her to reposition herself comfortably and neatly. Order has been restored and mother and baby are looking 'nice', quiet and tidy.

Witnessing scenarios like this started a profound questioning in me as to what had become of the fundamentally female experiences of birth and breastfeeding and what had happened to midwives. What would happen to me if I stayed in this system? A few months after qualifying as a midwife I joined a pioneer team of midwives providing continuity of carer to women. We grew to know the women and they came to trust and relate to us. However, this experience was short-lived as I then moved to the north of England. On commencing work in a northern maternity unit I felt like I had entered a time warp and arrived in the 1960s. I moved into a local housing estate in a socially deprived area for the first few

months. The deck access flats have since been condemned and demolished. They were cold, isolated, grey and seriously depressing. In the maternity unit I powerfully re-experienced the frustrations and tensions that had been building up when I was a student midwife. The combination of the aversive living conditions and the hostile maternity environment strengthened both my political convictions and my desire to challenge the current maternity system and the ways in which birth and breastfeeding were 'managed'. This led to a gradual journey into the relative 'safety' of education where I felt, probably somewhat naively, that I could support 'future' midwives in questioning, challenging and changing the system.

In 1990 I gave birth to my son Colin. The experience of breastfeeding Colin was highly challenging for the first three months with episodes of nipple thrush and mastitis punctuating the journey combined with the pressures related to being a new mother. However, after this time I moved onto a profound relational and positive embodied phase during which the experience became increasingly empowering and indeed transformative. Colin stopped breastfeeding at around fourteen months, of his own accord. My second child, Stephanie, was born in 1992 and I breastfed her for sixteen months. My third child, Andrea, was born in 1994 and I breastfed her until she was three-and-a-half years old. I can remember reflecting at various stages during this period in my life upon the experiences of other women, knowing that very few women reached the point at which, in my case, the challenges of breastfeeding were replaced by tremendous fulfilment.

These experiences were key in my developing a particular interest in the global social, political and economic influences upon infant feeding practices. I developed a university module on breastfeeding that I subsequently led and taught (Dykes 1995). This was the first such module to become a compulsory part of undergraduate midwifery education in England. In 1996 I conducted a hermeneutic phenomenological study into the breastfeeding experiences of ten women at three points in their journey, commencing six weeks following their birthing (Dykes and Williams 1999; Dykes 2002). Seven of the ten women felt that they 'fell by the wayside', explaining their sense of isolation and lack of support, nurture and replenishment. Three women described a powerful and enjoyable experience.

Through this study I increasingly realised that during my own experiences of breastfeeding I had received an enormous amount of social support from my family and friends and that this was not the norm for many women. As women spoke with me they often reflected back on their experiences of inadequate midwifery support both in hospital and at home. I wished I had started the study from the postnatal ward experience onwards, rather than from six weeks after the birth. Second, I realised the need not only to hear about the hospital experience but to see it. I wanted to understand what it was like for women breastfeeding in UK hospitals at the turn of the twenty-first century, and how the postnatal ward culture and midwifery practices and interactions influenced these experiences. I was also interested in exploring midwives' ways of working with and supporting breastfeeding women. This led me to conduct the ethnographic study described in this book. I now present an outline of each chapter.

In Chapter 1, I focus upon the parallel yet synergistic development, in the west, of industrialisation, mechanisation, factories and biomedicine and how these influenced women's reproductive experiences. I refer to key moments of historical significance through a 'critical' lens, with the notions of ideology and power being located centrally. In line with this critical approach I avoid presenting a detailed and linear chronology, but rather highlight key social, political and economic events of relevance to this book. I commence with the Enlightenment as this era marked the way for a profound reconfiguration of the ways in which reproductive activities were conceptualised and experienced by women. I then focus upon the development and rise of the techno-medical model of medicine and its central arena, the hospital. I highlight powerful and hegemonic influences upon women's reproductive experiences and the way in which the hospital, based on the factory, became the place and space within which women gave birth. I also discuss some of the ways in which women engaged with and indeed contributed towards a reconfiguring of birth by relating them to the complex socio-cultural context of women's lives.

In Chapter 2, I discuss critical moments of significance that have influenced infant feeding and more specifically breastfeeding policy and practice in industrialised countries across the world. This includes discussion around the medicalisation of infant feeding and the marketing of breast milk substitutes. I highlight the hospital as the place in which breastfeeding became institutionally regulated and notions of how to feed infants became ideologically pervasive. I also focus upon breastfeeding within the fabric of women's lives, acknowledging that there are multiple and complex influences upon their infant feeding decisions and experiences.

In Chapter 3, I discuss my critical theoretical perspective underpinning the ethnographic study described in this book. I then discuss the conduct of the ethnography and describe the hospital culture within which women commence their breastfeeding journey. I illustrate the hospital culture with some of my ethnographic observations and narratives of breastfeeding women and midwives. This provides the context for the ensuing chapters in that I emphasise not only the medical nature of the experience for women but the 'factory-like' working conditions for midwives.

In Chapter 4, I draw upon notions of labouring bodies to theorise women's perceptions of their role as breast-milk producers and deliverers and the demanding nature of this role. I utilise the industrial metaphor 'supplying' to illustrate the ways in which women conceptualised and negotiated this role with all of its inherent uncertainties. I then discuss the ways in which women experienced breastfeeding as physically and emotionally 'demanding' in terms of their temporal and bodily boundaries. I highlight the ways in which women, with their central preoccupation with supplying and demanding, sought ways in which to cope with and control for the unpredictability of their bodily experiences of breastfeeding and activities of their babies.

In Chapter 5, I focus upon the working conditions for hospital midwives with the metaphor of the factory, with its notions of production, demand and efficient

supply against linear time being central to their experiences. I highlight midwives as the main group of people with whom women engage while in hospital and illustrate ways in which they negotiate and indeed ‘process’ their work, given the enormous constraints upon them. The impact of midwives’ ways of working in hospital upon the experiences of women is illustrated. Case studies generated through interviews with midwives and breastfeeding women and observations of encounters between the two groups are utilised throughout the chapter.

In Chapter 6, I illustrate the striking parallels between breastfeeding women and midwives and assert that both are engaged in ‘productive’ activities under considerable emotional pressure in a highly public place, open to many observers. ‘Supplying’ for another’s needs in a culture that focuses upon ‘racing against the clock’ leads to both mothers and midwives constructing ways of coping and controlling their situation. Given this scenario, I discuss implications for practice and policy. I make recommendations for a reconsideration of the way in which women’s bodies are understood and experienced, a re-conceptualisation of women’s time, reconfiguration of knowledge about breastfeeding, re-visioning of the mother–baby and midwife–mother relationships and relocation of the place and space in which mothers commence their breastfeeding journey.

The birthing of the production line

Introduction

In this chapter I focus upon the parallel yet synergistic development, in the west, of industrialisation, mechanisation, factories and biomedicine and how this influenced women's reproductive experiences. I refer to key moments of historical significance through a 'critical' lens, with the notions of ideology and power being located centrally. In line with this critical approach I avoid presenting a detailed and linear chronology, but rather highlight key social, political and economic events of relevance to this book. I commence with the Enlightenment, as this era marked the way for a profound reconfiguration of the ways in which reproductive activities were conceptualised and experienced by women. I then focus upon the development and rise of the techno-medical model of medicine and its central arena, the hospital. I highlight powerful and hegemonic influences upon women's reproductive experiences and the way in which the hospital, based on the factory, became the place and space within which women gave birth. I also discuss some of the ways in which women engaged with and indeed contributed towards a reconfiguring of birth by relating them to the complex socio-cultural context of women's lives.

The Enlightenment

The era referred to as the Enlightenment represents a major turning point in human history: a 'self-proclaimed Age of Reason' that began in England in the seventeenth century and subsequently spread to western Europe during the eighteenth century (Crotty 1998: 18). This period was characterised by the development of rationalistic science as a supreme source of authoritative knowledge. Authoritative knowledge is described as the legitimisation of one form of 'knowing' over other ways of knowing; subordinating, devaluing, delegitimising and often dismissing them (Jordan 1997: 56). The Enlightenment was also the era during which there was an exponential growth in the human population and increasing industrialisation (Pelling *et al.* 1995).

Populations and production

The Industrial Revolution was well underway from the late eighteenth to mid nineteenth centuries and, as Doyal and Pennell (1979) highlight, this contributed to the mass movement of people into cities. The development and growth of the capitalist economy took place concurrently with its emphasis upon productivity for profit and monitoring of efficiency and outputs (Doyal and Pennell 1979; Foucault 1977, 1981). Indeed, the growth of the population and growth of capitalism could be seen as symbiotic, as argued by Foucault:

The two processes – the accumulation of men and the accumulation of capital – cannot be separated; it would not have been possible to solve the problem of the accumulation of men without the growth of an apparatus of production capable of sustaining them and using them; conversely, the techniques that made the cumulative multiplicity of men useful accelerated the accumulation of capital.

(Foucault 1977: 221)

Thus capitalism was made possible by the ‘controlled insertion of bodies into the machinery of production and the adjustment of the phenomena of population to economic processes’ (Foucault 1977: 141). As Fairclough (1992) states, ‘modern societies are characterised by a tendency towards increasing control over more and more parts of peoples’ lives’ with technologisation playing an increasing role (215). Foucault (1977, 1980, 1981) argues that this expanding population and the need for controlled production contributed to the formation of the major systems that he calls ‘disciplines’, i.e. the military, prisons, factories, hospitals and schools. As the apparatus of production grew and became increasingly complex the growing costs required acceleration in profitability. In this context the disciplines functioned as ‘techniques for making useful individuals’ (Foucault 1977: 211); for example the individual capable of mechanical work in a factory.

Rationalistic science as the supreme source of authoritative knowledge

The Enlightenment was the era during which rationalistic science reached a supreme authoritative status, bringing with it an epistemology of objectivism. The essence of objectivism centres upon the ‘view that things exist as meaningful entities independently of consciousness and experience, that they have truth and meaning residing in them as objects’ (Crotty 1998: 5). Objectivism is underpinned by reductionism and dualism with the former referring to the philosophic view that complex phenomena are nothing more than the sum of their parts (Engel 1977; Marston and Forster 1999). Dualism relates to the view that the mind is a separate entity from the body thus paving the way for the objectification

of the latter (Engel 1977; Davis-Floyd 1994). The notion of dualism may extend to a distinction between the mind and objects within the material universe, thus enabling the study of the universe as separate from any consideration of the human mind (Crotty 1998). The objectivist epistemology so characteristic of the Enlightenment period led to the viewing of the world through a positivistic lens so that it could be explained, described, codified and quantified in order to reveal its absolute laws and principles (Doyal and Pennell 1979; Marston and Forster 1999; Crotty 1998). Therefore, during the Enlightenment, reason increasingly superseded revelation, rationalism suppressed and opposed the metaphysical, and certainty replaced mystery and complexity.

Separating spheres – constructing dualisms

It is crucial to view the impact of Enlightenment thought upon the ways in which women were conceptualised, for as Shildrick (1997) asserts, 'In directing its attention to mastery of the natural world and given the close identification of the female with nature, the scientific project of the Enlightenment may be conceptualised as inherently hostile to women' (26). While, as Shildrick (1997) argues, it is simplistic to entirely attribute separation of male and female domains to 'Enlightenment' thought, the hierarchical separation of the roles of 'male equals culture' and 'female equals nature' developed very clearly during this era. Martin (1987) refers to this doctrine of two spheres by first connecting the development of industrialised and capitalist societies with displacement of production from the home to the factory. This contributed to the construction of public and private domains. The public world of paid work, that is work involved in the production process, came to be seen as separate from the private world centred in the home. Previously, work had been located in and around the home with the extended family being seen as united in an endeavour to make provision for their own needs.

During the Enlightenment, the private world became increasingly associated with the 'natural', that is bodily functions, sexuality, intimate relationships, morality, kinship and expression of emotions. Women, who were seen as 'natural', increasingly came to be seen as located within the private world of the home, as wives and mothers. Their role was one of reproduction rather than production in the industrial and economic sense. The public world, on the other hand, was seen as related to the impersonal process of efficient, goal-orientated competitive production. It was not only seen as breaking away from nature, but indeed dominating and controlling it. This was the world of the wage-earning male who came to be seen as cultural, in contrast and in superior position to the feminine and natural (Martin 1987). Women from poor families were the exception to this public-private divide in that they were forced into the ambiguous position of juggling paid employment and home responsibilities (Doyal and Pennell 1979).