

**Breastfeeding, Motherhood and Employment: The experience of breastfeeding mothers
returning to work in Qatar**

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Masoud, Sara Rashid

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Declaration

I confirm that this is my own work and the use of all material from other sources has been properly and fully acknowledged.

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Dedication

I dedicate this thesis to those who supported me throughout my years, my beloved father (Rashid Masoud), beloved mother (Fatima Al-Kuwari), husband (Salman Al-Ansari), and children (Fatma & Ahmed).

Abstract

Participation of women in employment in Qatar has increased significantly over the past 10 years, from 12.4% in 2011 to 37% in 2020, with 64.1% of working women also being married (Planning and Statistics Authority, Qatar). Their professional commitments notwithstanding, most of these women are also mothers, with many breastfeeding. The Quran demands that mothers breastfeed their children for the first two years of their lives. This thesis explores this tension between a rapid increase in mothers entering the labour market, and the specific historic, cultural and religious expectations upon mothers in Qatar, which create challenges for mothers, employers and policy makers that are different from those of working mothers in the Global North and need further consideration.

This thesis employed a qualitative research methodology in which a total of 50 breastfeeding, professional, working mothers in the public and private sectors of Qatar were interviewed. The thesis adopts a multifaceted theoretical framing. First, matricentric feminism (O'Reilly, 2016) and Hay's concept of intensive mothering are considered in terms of their applicability, and expanded upon in seeking to make sense of the tensions and challenges the women experienced as they returned to work following birth and a relatively short maternity leave of only 50 and 60 days, in the private and public sectors respectively, within this particular context in the Global South. Second, the theory of the gendered institution, as proposed by Acker in 1990, posits that breastfeeding mothers cannot embody the 'ideal worker' construct due to considerations such as the roles they can handle, interpersonal interactions, self-efficacy, and culture. Third, under maternal bodies at work theory by Gatrell, Cooper and Kossek's (2017), breastfeeding mothers are perceived as social pollutants. According to this theory, women's experiences are influenced by the perspective that maternal bodies belong in the

private sphere and that their presence in the workplace is repugnant to other workers. Finally, the experiences of breastfeeding women are analysed from the perspective of their embeddedness in multiple layers of contexts, in line with the theorisation of Lewis and Den Dulk (2008). There are four layers of contexts taken into account the global, national/regional and institutional layers. Under this theoretical position, the thesis appreciates the reality that different factors interact to produce magnified or suppressed effects. Through the lens of this multifaceted theoretical framework, the findings from the interviews are analysed through thematic analysis. This thesis therefore significantly contributes to the literature on working mothers through its location in an Islamic country, and through its orientation and exploration of the significance of the religious context at the intersection of gender and employment in particular, which remains underexplored.

The findings show how the mothers' return to work is complicated by the ways in which employment policies on pregnancy, maternity and breastfeeding are not aligned with Islamic doctrine on what is expected of women seeking to conform to ideas of being a 'good Muslim mother' In line with matricentric feminism, the findings show that Qatari women have displayed increased propensity to seek opportunities under professional employment as a way of advancing their interests as women and mothers, while also taking care of their families. The participation of women in the workplace has magnified the effects of intensive mothering, whereby women are expected to pursue professional achievements in the workplace, while also being a good mother in accordance with the guidelines by Islam. These guidelines impose two years breastfeeding period after the birth of a baby, in addition to other domestic responsibilities. However, the novel work-related responsibilities have made fulfilling this mandate challenging for these women. The limitations arise from circumstances that can be

explained through elements of the gendered organisation since most workplaces are not set up to facilitate breastfeeding. Similarly, women are found not to fit the 'ideal worker' image, thus limiting the extent to which they can exercise agency. It is also apparent from the research findings that the maternal body of the Qatari breastfeeding women in the study is perceived as a pollutant and repugnant in most workplaces and public spaces. While providing breastfeeding facilities in the workplace and accommodating breastfeeding activities could solve some of these challenges, most of the workplaces where the women interviewed work have not taken such measures. Finally, there is evidence that most breastfeeding mothers' experiences can be linked to multiple factors based on layers of contexts, starting with the global, national/regional and finally at the institutional level. The effects of the failure by Qatar to ratify the Maternity Protection Convention, 2000 (No. 183) has played a role in subsequent actions such as the provision of insufficient leave days. Furthermore, institutions have not been mandated to accommodate the interests of breastfeeding mothers by providing the necessary facilities, such as private rooms for breastfeeding or for the expression of milk. These circumstances function to cause and magnify the challenges that breastfeeding mothers experience in practice upon their return to work. It also highlights the different ways they sought to overcome these challenges. It highlights how women in Qatar find themselves in a situation in which they are compelled to adhere to religious guidelines and organisational policies that are in conflict with each other.

The implications of these findings for theory, policy and practice are explored from a feminist perspective in the final discussion and conclusion. The proposal for policy changes focus on adjustments to the limited maternal leave days to provide breastfeeding mothers with more time to take care of the infant. Changes to Human Resources policies in the workplace

such as job-sharing can also provide stop-gap measures to accommodate the interests of breastfeeding mothers. For practice, it is necessary for a multi-stakeholders and multi-sector approach to developing solutions to the challenges that contribute to the negative experiences of Qatari mothers who breastfeed at work.

Contents

1	Chapter One: Introduction	1
1.1	Research Context	1
1.1.1	The Qatar Context.....	1
1.1.2	Legal Framework in Qatar related to Mothers.....	6
1.1.3	Breastfeeding Challenges for Qatari Working Mothers	9
1.2	Statement of the Research Problem	14
1.3	Research Aim and Objectives	15
1.4	Thesis Structure.....	15
2	Chapter Two: Literature Review	16
2.1	Introduction	16
2.2	Breastfeeding in Islam.....	17
2.3	Why Breastfeeding Matters.....	22
2.3.1	Why Breastfeeding Matters to Children	22
2.3.2	Why Breastfeeding Matters to Mothers	27
2.3.3	Why Breastfeeding Matters to Employers.....	30
2.3.4	Why Breastfeeding Matters to Society	41
2.4	Women, Employment, and Islam.....	46
2.5	The Clash of Employment and Breastfeeding	55

2.5.1	Employment as an Impediment to fulfilment of Breastfeeding Mandates	55
2.5.2	Employability of Breastfeeding Mothers.....	59
2.5.3	Lack of Suitable Facilities for Breastfeeding	60
2.5.4	Short Maternity Leave	62
2.6	Breastfeeding in Qatar.....	63
2.6.1	The Situation in Qatar.....	64
2.6.2	Evolution of Breastfeeding Practices in Qatar.....	67
2.6.3	Challenges Associated with Low Breastfeeding Rates in Qatar.....	69
2.6.4	Influence of Socio-Cultural Factors on Breastfeeding in Qatar	71
2.7	Solutions Applied to Address Breastfeeding Challenges.....	76
2.8	Gap in the Literature	77
2.9	Research Significance	78
3	Chapter Three: Theoretical Framework	80
3.1	Introduction	80
3.2	Critical/ Matricentric Feminism and Intensive Mothering.....	83
3.3	Gendered Organisations and Ideal Workers	92
3.4	Maternal Bodies at Work	99
3.5	Embeddedness in Multiple Intersecting Layers of Context	104
3.5.1	The Global Level	106
3.5.2	National/Regional Level	109

3.5.3	Institutional Level	111
3.6	Research Questions	116
3.7	Conclusion.....	117
4	Chapter Four: Methodology	121
4.1	Introduction	121
4.2	Research Context	122
4.3	Ontology and Epistemological Foundation.....	123
4.4	Targeted Participants and Recruitment	129
4.5	Data Collection Methods.....	135
4.5.1	The Researcher-Respondent Relationship	135
4.5.2	Data Collection Location	138
4.5.3	Interview Protocol.....	140
4.6	Data transcription	143
4.7	Data analysis	145
4.7.1	Thematic Analysis	145
4.7.2	Data Analysis Process.....	147
4.7.3	Reflexivity, its Processes and Effects in the Data Analysis Process	151
4.8	Limitations of the Methodology.....	152
4.9	Conclusion.....	153
5	Chapter Five: Breastfeeding, Religion and Employment.....	155

5.1	Introduction	155
5.2	Breastfeeding and Mothers' Beliefs.....	157
5.2.1	Breastfeeding as God's Order.....	157
5.2.2	Breastfeeding as 'Natural' in Islam - Feminism, Essentialism and Religion ...	163
5.3	Mothers and Employment.....	167
5.3.1	Qatari Breastfeeding Mothers' Motivation to Work.....	168
5.3.2	Breastfeeding and Maternity Leave	173
5.4	Conclusion.....	180
6	Chapter Six: Breastfeeding and Working in Qatar.....	183
6.1	Introduction	183
6.2	Experiences of Embarrassment and shame in the Workplace	185
6.2.1	The Stigma of Breastfeeding in the Workplace.....	185
6.2.2	Embarrassment in Employee-Employer Communication	194
6.3	Experiences with Breast Pump in the Workplace	197
6.3.1	The Lack of Consideration for Breastfeeding Mothers	198
6.3.2	The Challenge of Nursing Breaks.....	204
6.4	The Workplace is Not Mother-Centred.....	211
6.4.1	Discriminations Against Mothers in the Workplace.....	211
6.4.2	The Challenge of Nursing Hours	218
6.5	Conclusion.....	226

7	Chapter Seven: Returning to Work and Giving Up Breastfeeding	229
7.1	Introduction	229
7.2	Employment as a Key Reason for Stopping Breastfeeding	231
7.2.1	The Lack of a Matricentric Focus on Resource Provision in Organisations	232
7.2.2	Unfair Treatment of Breastfeeding Mothers as a Departure from Matricentric Feminism	240
7.3	Conflicts in the Workplace.....	245
7.3.1	Working Mothers and ‘Good Muslim Mothers’	245
7.3.2	Lack of Support from Colleagues	251
7.4	Balancing Motherhood and Employment	254
7.4.1	Efforts by and Experiences of Mothers in Handling Employment and Motherhood	254
7.4.2	Concerns on the Absence of Childcare after Maternity Leave	261
7.5	Conclusion.....	265
8	Chapter Eight: Discussion and Conclusion	269
8.1	Introduction	269
8.2	Response to the First Research Question	273
8.2.1	Thesis Contribution to the Literature.....	277
8.3	Response to the Second Research Question.....	278
8.3.1	Thesis Contribution to the Literature.....	284

8.4	Response to the Third Research Question	286
8.4.1	Thesis Contribution to the Literature.....	292
8.5	Conclusion.....	293
8.6	Limitations	297
8.7	Recommendations for Policy, Practice and Future Research	299
8.7.1	Recommendations for Policy.....	299
8.7.2	Recommendations for Practice	301
8.7.3	Recommendations for Future Research.....	303
	Appendix A: University of Reading Ethical Approval Form	306
	Appendix B: Research Questions	318
	Appendix C: Research Participant Information Sheet	320
	Appendix D: Research Participant Consent Form.....	328
	Appendix E: Participant Demographic and General Information	330
	Appendix F: Researcher Table Sheet.....	332
	References.....	344

1 Chapter One: Introduction

This thesis will explore the challenges breastfeeding mothers face in the Qatari workplace when it comes to breastfeeding their infants upon returning to work. Qatar is a predominantly Muslim state with cultural norms and practices that are different from those in Western countries. The distinct culture in the State of Qatar suggests that the experiences of breastfeeding mothers returning to the workplace is likely to be profoundly different from that of their Western counterparts. This thesis will highlight some of these unique experiences among women in the Qatari workplace, in the context of the guidelines on breastfeeding contained in Islamic doctrine, as well as in relation to a number of feminist theoretical arguments and inequality regimes theory. This first chapter of the thesis will specifically focus on outlining the research context and highlighting the legal framework and breastfeeding challenges that are specific to this particular context. In addition, this chapter will also present the research problem, and the aims and objectives of this research.

1.1 Research Context

1.1.1 The Qatar Context

Qatar is a small Islamic country (22,000 square kilometres), with strong religious roots that dominate its daily and social life, and which situate it within the context of the entire Arabian Gulf region (United Nations Development Programme, 2016, P35). As of February 2022, Qatar's total population was 2.8 million, and due to a huge influx of male labourers, women accounted for only 38% of the entire population. Data presented by the World Health Organisation (WHO) (2014) shows that 98.8% of the country's population lives in urban areas. Therefore, the location and geographical features of Qatar have played a major role in shaping

its social characteristics (Zahlan, 2016). Health care standards are considered to be generally high in Qatar due to increased government spending on public health (WHO, 2006). Additionally, improved standards of living and health services have led to changes in morbidity and mortality rates. The infant under-five mortality rates have declined significantly in Qatar, from 8.8 per 1000 live births in 2009, to 5.8 per 1000 in 2020 (Planning and Statistics Authority, 2018; United Nations Children's Fund (UNICEF), 2020). Infectious diseases have gradually declined, and chronic, non-communicable diseases are less prevalent (WHO, 2014). In the UK, the infant mortality rate increased to four deaths per 1,000 live births in 2019 from 3.9 in 2013 (Office for National Statistics, Vital statistics in the UK).¹

Historically, the country was known for pearl hunting and its sea trade, before the discovery of oil in 1939. Qatar has the third-largest natural gas reserve in the world and has recently become one of the richest countries per capita (Gas Exporting Countries Forum (GECF), 2016). Instead of relying on these resources, Qatar has moved to diversify its industry, by recognising the importance of investing in human capital to support economic growth and social advancement, as per the Qatar National Development Strategy and Vision 2030. The Qatari government is also keen on strengthening the private sector and engaging more Qatari citizens, both women and men, in the labour force (Felder and Vuollo, 2008). The Qatar National Vision 2030 (QNV 2030) advocates for the investment in human development, with a view to ensuring the population is healthy, well-educated and able to contribute to the sustainable development of the country (AlKhereibi et al., 2021). As a result, the attainment of

¹ Vital statistics in the UK: births, deaths and marriages - Office for National Statistics (ons.gov.uk)

the vision 2030 also promises some advances towards equal opportunities for women, both in the education system and at work.

Qatar has introduced several initiatives seeking to maximise Qatari citizens' job opportunities. For example, a Qatarisation strategy has been issued to develop a competent Qatari workforce through education and training. The strategy aims to increase the percentage of Qatari citizens in the public and private sector workforce, to replace expatriate professionals holding critical positions, in an attempt to decrease the dependence on foreign labour. Moreover, Qatar's Civil Human Resources Law Act No. 8 of 2009 states that 'priority is given to Qatari citizens in appointments for government and public sector jobs'. Before this Act, in 2007, the government established the Qatar Center for Career Development, to bridge the gap between labor market requirements and individuals. Various kinds of training, such as management skills, and career development and planning, are provided free of cost for Qataris, and linked to their promotions and progression.

In addition to promoting laws that support employees in the state, Qatar in 2009 ratified The 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The State of Qatar has a permanent constitution issued in 2004. Felder and Vuollo (2008) point out that Article 35 of this constitution states 'all persons are equal before the law and there shall be no discrimination whatsoever on the grounds of sex, race, language, or religion'. Qatar has made substantial educational, political and social changes that support Qatari women's educational rights and expand their opportunities for employment (Felder and Vuollo, 2008). Education is considered a key tool of culture, and a fundamental pillar of the community's inspiration and welfare. Therefore, Act No. 25 of 2001 introduced compulsory education for both male and female citizens. Article (2) states clearly that 'Education shall be compulsory and free for all children from the beginning of primary school to the end of the

preparatory stage or to the age of 18, whichever is the earlier'. According to Felder and Vuollo (2008), other gulf states have also introduced similar progressive education policies. According to the United Nations Development Programme (UNDP) (2016), however, Qatar has been able to achieve much better outcomes than other gulf states when it comes to the participation of girls in education.

Some of the specific education reform implemented in Qatar include: the establishment of a new Higher Education Institute to facilitate scholarship programmes, the establishment of world-class higher education institutions, and the comprehensive reform of Qatar University (Felder and Vuollo, 2008). These opportunities are equally offered to both men and women. As a result, there has been a growth in the educational achievement of Qataris, especially women. For example, there has been a significant increase in the number of women accessing tertiary education in the country. As a result of the increase in education levels, the participation of women in employment has increased significantly. Data provided by the Planning and Statistics Authority (Qatar) show that women's participation in employment has increased significantly over the past 10 years, from 12.4% in 2011 to 37% in 2020, an increase of 24.6%. This is the highest increase among the Arab Gulf countries. According to the World Bank, the figures for the change in women's participation in employment for the region over this period are as follows: Saudia Arabia, 5%; Kuwait, -2%; United Arab Emirates (UAE), 4%; Oman, 1% and Bahrain, -1%. In the UK, on the other hand, according to the Office for National Statistics, women's employment rate is 72%². Although the transition rate of Qatari women to employment is still lower than that in the UK, the rate of increase in participation in Qatar is much higher than in the UK. This shows that the progressive education reforms in Qatar are

² Female employment rate (aged 16 to 64, seasonally adjusted): % - Office for National Statistics (ons.gov.uk)

enabling the state to catch up with developed economies like the UK in terms of women's participation in the workforce.

Despite the progress made so far, research evidence still shows that Qatar faces a number of employment-related challenges. A mixed-methods study by Mitchell et al. (2015) of 1,049 Qatari women found that 53.6% of them face economic and employment inequality in the workplace. Therefore they recommend amending the 'Qatarisation' policy to include gender quotas in the public sector, to increase the workforce participation of Qatari women. Qatarisation is one of the policies introduced in Qatar to increase the participation of Qatari citizens in the public and private sectors (AlKhereibi et al., 2021). From the information presented in the above paragraph, it is evident that the Qatarisation strategy has been successful in promoting the participation of women in the labour force to such an extent that the employment rate of women in Qatar is increasing at a much faster rate than it is in the other Arab Gulf countries and in the UK. From this data, it is evident that the number of women in places of employment is significantly increasing, thus leading to an increased need to consider the embodied needs of women, such as pregnancy, maternity leave, breastfeeding and menopause. However, a number of studies show that there has been little focus on the development of legislation and policies to address the maternal interests of women (Metcalf, 2006, 2007; Afiouni, 2014; Syed, Ali and Hennekam, 2018). An evaluation of how current policies and practices address the unique interests of women, such as breastfeeding, is provided in the following section.

1.1.2 Legal Framework in Qatar related to Mothers

There are a number of issues which arise from reviewing the Qatari laws intended to support women when they become mothers. Firstly, paid maternity leave is eight weeks, as per Qatar's Civil Human Resources Law Act No. 15 of 2016, Article 73. This eight-week leave period is one of the lowest, globally, when compared to the other countries such as the UK (up to 52 weeks) - Regulation 1999 No.3312 - and Saudi Arabia (10 weeks) (International Labour Organisation, 2014)³. The mother is eligible to take maternity leave from the date of child's birth. However, in the UK, the leave can be taken from 11 weeks before the expected week of childbirth (Statutory Maternity Pay and Leave; employer guide-Gove-UK⁴). In Saudi Arabia, as per Article 151 of Saudi Labour Law, the employee is eligible for four weeks before the delivery and six weeks afterwards. Moreover, Qatari law makes no provision for paid paternity leave for fathers. In the UK the father is entitled to two weeks' paid paternity leave, while in Saudi Arabia the father is entitled to three fully paid days as per article 113 of Saudi Labour Law.

Secondly, as per Qatar's Civil Human Resources Law Act No. 32 of 2016, Article 83, the employee is permitted to take two hours for breastfeeding daily for two years, starting immediately after the end of maternity leave. However, the provision of maternity leave and nursing hours varies from one sector to another. Maternity leave is for only 60 days in the public sector and 50 days in the private sector. In the private sector, a female worker who has spent a whole year in service with the employer is entitled to paid maternity leave for a period of fifty days including the prenatal (antenatal) and postnatal periods, provided that the postnatal period

³ Maternity and paternity at work – Law and practice across the world (ilo.org)

⁴ <https://www.gov.uk/maternity-pay-leave/leave>

is not less than thirty-five days (Law No. 14 of 2004 of Labour Law, article 96). Moreover, under Article 97 nursing female workers are entitled to one nursing hour daily for a period of one year, which shall start after the end of the maternity leave. The disparity between such provisions means that mothers experience varying levels of support.

Thirdly, none of the Qatari laws or policies obliges employers to provide lactation support programmes in the workplace, such as a lactation room or nursing break. In comparison, UK Law does not require an employer to grant paid breaks in order to breastfeed or to express milk, and neither does it require an employer to provide facilities for workers to breastfeed or express milk. However, in the U.S. the federal Break Time for Nursing Mothers law requires employers covered by the Fair Labor Standards Act (FLSA) to provide basic accommodations for breastfeeding mothers at work, including time for mothers to express milk and a private space that is not a bathroom for them to do so.

Recently, Cabinet Resolution No. (13) for 2021 on the terms and conditions of the government's part-time system requires that the number of hours of work per week is halved, at the request of the employee and with the approval of the government agency, taking into account the interest and needs of the work, with priority afforded to employees with children in the use of this measure. However, a part-time employee is required to (1) be a Qatari official subject to the provisions of the Civil Human Resources Law; (2) not be in the general pool of leadership positions, and (3) have successfully passed the probation period, and furthermore, (4) the number of part-time employees should not exceed 15% of the total number of employees in the government entity. Despite the embedded challenges in these terms and conditions, it might be promising for female workers with children in the public sector. However, female workers with children in the private sector do not benefit from this provision.

Additionally, labour unions, as known in the Western world, are not permitted in Qatar. Alternatively, Qatar permitted professional associations to be established which are mainly aimed at seeking to raise and advance the standard of the profession. However, the members of such professional associations are banned from stopping work or inciting others to stop work or participating in or making statements not related to the profession (Article 14 of Law No. 14 of 2004). Therefore, employees are not represented due to the restrictions on forming labour unions.

However, the laws of the State of Qatar include a grievance mechanism through which employees can pursue their rights, which begins with the Human Resource Department, and proceeds to Employments Appeals Committees and ends with the Courts. However, many are hesitant to go through the process due to the fear of retaliation, which can be challenging for some female employees. Therefore, with the absence of representation (especially for women in a patriarchal society), their rights or needs are not always visible.

There is a community campaign called Malhom Badeel (on Instagram) led by a group of working mothers, which aims to improve working conditions for working parents, in order to support them to raise an emotionally and physically balanced next generation. Their initiatives attempt to establish cooperation with the decision-makers to reformulate the current legislation to allow parents to play their roles optimally. For instance, they promote increasing the maternity leave period, providing lactation rooms in workplaces, and introducing flexible working hours and working from home entitlements. I accidentally learned about this campaign when I interviewed two of the co-founders. They expressed their concerns about how effective this campaign is and how to access more families in society. They have struggled to achieve their aims, because they do not have government support.

Looking at this legal framework in Qatar with regard to maternity provision, it could be argued that these laws are not in line with the Holy Quran and Islamic teachings, which require Muslim mothers to breastfeed for two years. Instead, this framework contributes to the escalation and exacerbation of tensions and challenges for working mothers. The following section will highlight the challenges that working mothers encounter in Qatar.

1.1.3 Breastfeeding Challenges for Qatari Working Mothers

The Holy Quran says that children are to be breastfed for two years (Surat El-Baqara, verse 233). For the purpose of this study, 'breastfeeding' is defined as the available provision of breastmilk for the child, from the mother, with the goal of ensuring that the baby gets the full profile of nutrients and care that they need from birth to the time they are aged two. Additionally, in most traditional Islamic communities, women were not involved in the daily work-related activities, which were performed by men. However, in the last twenty years, majority of women enter the work force along with men (see Section 2.4).

In spite of the clarity of the guidelines in the Quran, the breastfeeding rate is still low in the Islamic countries according to the United Nations Children's Fund's (UNICEF) (2016) records, which indicate that the percentage of infants under six months of age who are breastfed in the Middle East and North Africa (MENA) is 35%. In Qatar, the breastfeeding initiation rate is 96.2%. However, by the time the infant is 6 months old, only 24.3% of mothers were still found to be breastfeeding (Hendaus et al., 2018). These outcomes are attributed to perception of a lack of sufficient breast milk after delivery (44%), formula being easy to use and more available soon after birth (17.8%), mothers having to return to work (16.3%), lack of adequate knowledge about breastfeeding (6.5%), and the concept that the infant did not tolerate breast

milk (4.9%) (Hendaus et al., 2018, p 3). Data provided in the previous section shows that the number of women in formal employment in Qatar has increased significantly. However, research evidence provided in a wide range of studies, including Kebede et al. (2020), and Tsega et al. (2022), shows that employment plays a central role in breastfeeding cessation. A three-year cohort study aiming to examine breastfeeding and its association with breastfeeding intention and knowledge was conducted in Lebanon and Qatar from 2015 to 2018. It showed that percentage of infants who are breastfed dropped from 35.7% at four months to 18.5% at six months (Naja et al., 2022). Nabulsi (2011), and Hendaus et al. (2018), have both argued that labour force conditions and the short maternity leave allowance affect breastfeeding attitudes. By comparison however, data from the UK presented in All-Party Parliamentary Groups (APPG) (2018)⁵, showed that only 30% of women in the country breastfeed their children for six to eight weeks after birth.

According to Davie, Bick and Chilcot, (2018), around 80% of mothers in the UK attempt to breastfeed at least once, however by six to eight weeks postpartum only 30% are still breastfeeding, declining to less than one percent at six months. While breastfeeding rates are still much higher in Qatar than in Western countries such as the UK, the data presented by Naja et al. (2022), shows that the rate of breastfeeding is dropping despite the religious requirement to continue breastfeeding up to two years. As Qatar is an Islamic country dominated by Islamic characters in daily and social life, this study aims to explore these factors and investigate whether they have an influence on breastfeeding practices among Qatari's working mothers.

⁵ <http://www.infantfeedingappg.uk/wp-content/uploads/2018/11/APPGIFI-Inquiry-Report-cost-of-infant-formula.pdf>

An important question to consider in this section is whether job demands promote or undermine the ability of women in Qatar to adhere to the breastfeeding recommendations of the WHO and the Holy Quran. Accordingly, Qatari working mothers are expected to perform in the workplace as much as their childless and male and female co-workers, despite the familial obligations they have to bear (Netshandama, 2002). Moreover, working mothers are concerned about being negatively judged if they are working for personal fulfilment rather than due to economic necessity (Brescoll and Uhlmann, 2005). Current Qatari labour laws, and the limited options that full-time working mothers have, only serve to exacerbate the personal and professional pressures Qatari working mothers endure. For instance, Qatari working mothers typically do not enjoy opportunities for flexible working or telecommuting. Thus, Qatari working mothers are often confronted with the distressing choice between sacrificing their time with their children, or potentially compromising their performance and status at work (Parasuraman and Greenhaus, 2002; Valizadeh et al., 2017).

Understanding mothers' breastfeeding perceptions, experiences, and choices, as well as how they balance breastfeeding and employment, is therefore vital. Such insights are essential for policymakers and employers to develop business models and operating strategies to facilitate breastfeeding in workplaces. Moreover, understanding Qatari mothers' perceptions of breastfeeding is crucial for enabling health care providers to provide effective breastfeeding support and promote optimal breastfeeding practices among Qatari mothers (Dykes, 2006; Elmir et al., 2010; Williamson and Sacranie, 2012). As the literature review provided in this thesis shows, few empirical studies have investigated the qualitative and subjective breastfeeding experiences of Qatari mothers. Likewise, few studies seek to explore Qatari working mothers' perspectives through qualitative methods, such as interviews or field observation.

Nevertheless, the existing body of literature suggests that women worldwide frequently cite the return to work as a principal factor in the early cessation of breastfeeding for working mothers (McIntyre et al., 2002; Stewart-Knox, Gardiner and Wright, 2003; Chatterji and Frick, 2005; Soomro et al., 2016; Altamimi et al., 2017). However, in Qatar, few studies exist that attempt to investigate this factor and determine the impact of the return to work on Qatari women's breastfeeding practices (Nikaiin et al., 2013; Hendaus et al., 2018; Nasser et al., 2018). Those studies which have been conducted in Qatar included both Qatari and non-Qatari mothers. Even more striking is the fact that hardly any studies have collected first hand narratives from Qatari mothers in the country, with the aim of acquiring insights into how they perceive breastfeeding and continue to breastfeed after maternity leave, from an employment perspective. This thesis adds further depth to the small body of existing research by foregrounding the first-hand narratives of working mothers who have returned to work following maternity leave. These mothers are best positioned to share their experience and information in relation to the subject matter, owing to the fact that they have experienced all the challenges associated with breastfeeding in a Qatari workplace context.

Moreover, adding to the few studies centring on the State of Qatar, my research also integrates an Islamic perspective informed by the Holy Quran, that recommends mothers to take up breastfeeding for two years, and considers how this can/may be in conflict with the current maternity policy in Qatar. Therefore, this thesis examines the viewpoints and breastfeeding behaviours of Qatari mothers from a perspective specifically in alignment with the Islamic doctrine. Such contextualisation offers particular insights for policymakers, employers, and government officials, who seek to reconcile social and political initiatives in order to encourage Qatari women's formal employment. Similarly, the research findings are

also relevant for the concurrent drive toward ‘Qatarisation’, the preservation of traditional Qatari culture and Islamic teaching, particularly through the ministrations of the Qatari woman.

Thus, the present thesis uses qualitative methods to better understand the challenges women encounter in continuing to breastfeed their children upon return to work in Qatar. This issue, as has been shown, is of urgent concern to the economic and cultural aims of the State of Qatar, especially in light of the dramatic increase in the percentage of women participating in the workforce. As shown in the previous section, Qatar has seen a much faster rate of increase than countries in the Global North such as the UK, meaning that specifically tailored policies are needed in the Qatari workplace in order to adequately address the particular needs of women, especially when they become mothers.

Furthermore, this thesis gives space in particular to the experience of Qatari mothers who have resisted the trend toward breastfeeding cessation or resistance previously discussed in this chapter, centring upon the perspectives and practices of Qatari mothers who successfully combined breastfeeding and employment. It is important to address their concerns and problems by sharing their experiences and knowledge, in order to support the Qatari mothers’ return to work while simultaneously facilitating their continued breastfeeding, in alignment with Islamic doctrine. The thesis also aims to understand the influence of the Islamic perspective, informed by the Quranic prescription to breastfeed for a period of two years. Consequently, the research focuses on ascertaining the impact of the employment policies and working environments on this prescribed two-year period of breastfeeding.

1.2 Statement of the Research Problem

This thesis explores Qatari mothers' motivations for breastfeeding, and their experiences upon returning to work from maternity leave. It considers the challenges the mothers encounter in their efforts to balance their multiple roles of handling family responsibilities, taking care of infants, and returning to their professional commitments in the workplace. A number of research studies, including Murtagh and Moulton (2011), Hentges and Pilot (2021) and Vilar-Compte et al. (2021), among others, shows that there has been some attention in research to the experiences of breastfeeding mothers after returning to work in Western countries. There has, however, been very little research on the same issue beyond Western countries. More specifically, there has been very little research focusing on the experiences of working women in Islamic countries such as Qatar. This thesis will provide insights on the experiences of women in a Muslim country such as Qatar. As Qatar is part of the Arab and Muslim world, Islam plays an important role in establishing the values and norms of society through individuals, groups and institutions. Data from the Western world is often not helpful for drawing conclusions about the experiences of breastfeeding mothers in Qatar's workplaces, since the difference in norms and religious traditions between the West and the Arab world mean that people may have entirely different views on such matters. Accurate insights into the experiences of working Muslim mothers with breastfeeding after returning to work from maternity leave, can be developed only by collecting data from mothers in Muslim countries, hence the focus on Qatar in this thesis.

1.3 Research Aim and Objectives

The aim of this thesis is to investigate the motivations for, and experiences of, breastfeeding, for Qatari working mothers, to identify the kinds of challenges they face upon returning to work, and to explore strategies that may be adopted to overcome these challenges. The following objectives guide the research in the achievement of these aims:

- i. to explore the experiences of breastfeeding mothers in Qatar upon their return to work,
- ii. to examine the ways in which the Islamic context shapes these mothers' experiences,
- iii. to consider how feminist theory can help us to make sense of these experiences, challenges and tensions and to thereby contribute to our understanding of working mothers' breastfeeding challenges at the intersections of women's studies, maternal studies and organisational studies within the Islamic feminist literature.

1.4 Thesis Structure

The thesis is organised into eight chapters. Chapter One has introduced the research context and objectives, and the rationale guiding the study. Chapter Two presents a current literature review on breastfeeding and employment in Qatar and beyond, and seeks to consider existing work on the influence of religion, culture, working environments and health factors on breastfeeding practices. The third chapter details the theoretical frameworks guiding the thesis, while the fourth chapter explains the research methodology. In particular, the methodology chapter outlines the research design and the strategies adopted to collect and analyse the data. Chapters Five to Seven then discuss the research findings, in alignment with the research objectives set out above. Chapter Eight concludes the thesis, and highlights the key findings, as well as the limitations of the research, and recommendations for practice and future research avenues.

2 Chapter Two: Literature Review

2.1 Introduction

Qatar has, in the recent past, introduced national strategies to increase the participation of women in the workforce (Blaydes, et al., 2021; Lari, et al., 2022). As a result, there has been a significant increase in the number of employed women in the country. This increase in the participation of women in formal employment has made it necessary for labour policies in the country to address the special needs of women, including breastfeeding. For instance, maternity leave is only 50 days and 60 days in the private and public sectors respectively. This, and other factors, show the extent to which the work environment and systems in Qatar are not yet properly primed to accommodate the various needs and wants of women. This chapter will provide background information about breastfeeding in Islam, evaluate religious traditions stemming from the Quran and consider their influence on how Muslim mothers adhere to the prescription to breastfeed for two years, set out in the Quran. Additionally, this chapter will show why breastfeeding is matter of significance for children, mothers, employers and society at large, which enhances its importance in the Holy Quran. Furthermore, it will foreground the historical and current relationship between women, employment, and Islam. In the following sections, this chapter will highlight infant feeding practices in Qatar and will also evaluate individual, sociocultural, health, and professional factors that influence breastfeeding practices among working women in Qatar. This chapter will also provide further insights into how current labour legislation in Qatar undermines the ability of working mothers to adhere to breastfeeding guidelines that are both scientifically evidenced, and constitute a religious requirement. The ultimate aim of this discussion is to indicate the gaps in the literature that this thesis bridges.

2.2 Breastfeeding in Islam

According to Khasawneh (2017), breastfeeding has a religious context in Arab culture as the Quran, which is believed to be the direct revelation of God to the Prophet Muhammad (Peace Be Upon Him [PBUH]), contains more than five verses which instruct women to breastfeed for up to two years. For example, 2:233 in the Quran states:

“The mothers shall suckle their infants for two whole years that is for those who wish to complete the suckling” (Surat El-Baqara, verse 233).

As such, while it is only recently that scientific research has been mobilised to emphasise breastfeeding’s benefits and promote it; Islam has known this fact for more than 1400 years through the Quran. The verse mentioned above means that mothers should nurse their infants for two whole years, for those who desire to complete the nursing period. Therefore, it is expected that Muslim societies support, promote, and protect breastfeeding, based on the Quran’s recommendation (Al-Hreashy et al., 2008). In a different study, Firoozabadi and Sheikhi (2015) further report that different Imams, including the Prophet Muhammad (PBUH), also emphasised that there was nothing that could take the place of food and water for the new born child other than breast milk.

“For a child, there is no milk better than the milk of the mother” (Firoozabadi and Sheikhi, 2015).

An analysis of the numerous references to breastmilk and breastfeeding in the hadiths and the Quran indicates that these texts emphasise the need for women to adopt the practice for the sake of their children. The word ‘breastfeeding’ is repeated in the Holy Quran 14 times, in seven Surahs and eight verses, including verse 233 of AlBaqarah, verse 15 of Al-Ahqaf, verse 14 of Luqman, verse 23 of Nisa, verse 6 of Talaq, verse 2 of Hajj, verses 12 and 7 of Qasas

(Mehrpisheh, et al., 2020, p.1). Fatoohi (2012) reports that the Quran mandates that every newborn infant has a right to be breastfed. Subsequently, as Islam serves as the lens through which Muslims understand and view the world, instructions from the Quran are deemed influential in determining the breastfeeding practices adopted by working mothers in Muslim countries, including Qatar.

The key requirement in the Quran is that mothers breastfeed their children for a term that extends for up to two years. The two-year period specified in the Quran has also been supported by scientific research and adopted by the World Health Organisation (WHO), which recommends that all children be breastfed for two years (Bayyenat et al., 2014). Therefore, the scientific evidence and religious requirements concur that breastmilk is important for the growth of the infant, as will be shown in the following section. In fact, Firoozabadi and Sheikhi (2015) claim that Islamic Imams (an Islamic leadership position, mostly in the context of worship services) such as prophet Muhammad (PBUH) and Imam Ali (Alayih Salam)⁶ consider breastmilk to contain blessings from the mother. As such, the “blessings from the mother” alluded to in the Quran may be interpreted as the nutrients and immunoglobulins that are passed from the mother to the child during breastfeeding (Gregory and Walker, 2013).

However, as Daud et al. (2020) report, the Quran also makes provisions for women who are unable to breastfeed for any reason. For instance, they are allowed to hire a wet nurse in scenarios where they cannot express milk. The Quran 2:233 states:

⁶ Imam Ali (AS) is the fourth Rashidun Khalifa (name used for the successors to prophet Muhammad (peace be upon him)).

'And if you want to have your children wet nursed, there will be no sin upon you so long as you pay what you give in accordance with honourable norms, and be wary of Allah, and know that Allah sees best what you do.' (2:233) (Daud et al., 2020)

In further explanation, Daud et al. (2020) also report that in the event that a wet nurse had to be hired to breastfeed the newborn, they were required to be paid wages due to their valuable contribution. Such findings emphasise the immense value that breastfeeding is accorded by the Quran, for the benefit of the child's growth.

Other scholars, however, have investigated the impact of Islamic religious beliefs and values on the breastfeeding practices adopted by Muslim mothers. For instance, Bensaid (2021) argues that Islamic religious beliefs and value systems deeply shape the breastfeeding culture adopted by the majority of the Muslim women. By way of explanation, Bensaid (2021) postulates that Islam views breastfeeding as a fundamental and basic human right, and as a result, religious beliefs and values were identified as a factor which increases the rates of breastfeeding among Muslim women. In another study, Burdette and Pilkauskas (2012) report that mothers who attended religious services were more likely to initiate breastfeeding than their counterparts who never attended such services. Interestingly, the study involved breastfeeding mothers from diverse religious backgrounds, including Muslims and Christians, thereby emphasising that religion has a role in determining the decisions whether to breastfeed or not. Similarly, Kamoun and Spatz, (2018), also demonstrated that belonging to African American Muslim communities which engaged in Islamic teachings on breastfeeding improved the rates of exclusivity in breastfeeding, as well as the duration of time that the mothers were willing to engage in the practice. The insights from these studies show that Islamic religious beliefs and values were important motivational factors which influenced the decisions of Muslim mothers to initiate and maintain breastfeeding.

The religious motivation to obey the Quran's recommendation is still a strong one among Muslim mothers. A cross-sectional study aiming to assess breastfeeding practices among 90 Arab women (in which 86.7% had breastfed their infants) living in the United States, reported that 74.7% stated that the primary reason to breastfeed was because Islam encourages breastfeeding, whereas 86.1% reported the health benefits for infants (participants were able to select more than one response) (Saaty, Cowdery and Karshin, 2015). Similarly, two studies found that religious motivations and mother's insistence on obeying these recommendations had a positive effect on the rates of breastfeeding initiation and duration in both Saudi Arabia (Ogbeide et al., 2004) and Lebanon (Al-Sahab et al., 2008). Furthermore, Ogbeide et al. (2004) found that 79% of interviewed mothers decided to continue breastfeeding their infant for two years because it is recommended in the Quran. Whereas in Lebanon, Al-Sahab et al. (2008) have shown that the breastfeeding continuation rate at four months among Muslim mothers was almost twice that among Christian mothers due to the influence of religion. The mandates under Islam, which plays a key role in the social, political, cultural and religious systems and norms in the country, are thus integral to the experiences of breastfeeding women. The studies and theorisations herein explain the high levels of commitment to breastfeeding among studies set in Muslim-majority countries in the global South, compared to the Global North.

Research on breastfeeding experiences and practices in the Global South, which is comprised of countries in Africa (Deubel et al., 2019; Stumbitz and Jaga, 2020), the Middle East (Hendaus et al., 2018), Asia (Bhaumik and Sahu, 2021; Horwood et al., 2022), and South America (Brown, 2017), highlights that religious and cultural norms influence breastfeeding intent, practices and experiences to a large extent. The role of religion and culture in breastfeeding intent and practices is more evident among most Muslim-majority countries.

Evidence of this situation is provided by Kamoun and Spatz (2018), who indicated that possessing Islamic beliefs led to improved breastfeeding rates among mothers. On the other hand, in the global North, countries like the US (Bartick and Reinhold, 2010), the UK (APPG, 2018), and Australia (O'Brien, Zareai and Fallon, 2007) are taken into account. The social and scientific norms are evident as the determinants of breastfeeding intent and practices since this region benefited from early access to modernisation and science. For instance (Bai, Wunderlich and Weinstock, 2012) found that organisations promoted breastfeeding on account of benefits to the employer as well as the employee.

One study provides a comparison of the effects of the circumstances in the Global North and Global South and highlights the validity of those factors on determinants of breastfeeding. Evidence of the role of religion among people from the Global South is provided by Saaty, Cowdery and Karshin (2015), who found that out of 90 Arab women living in the US, a larger proportion breastfed on account of the health benefits of the infants 86.1%, compared to 74.7% who breastfed because of Islamic teachings. Based on the findings, that there are differences in the factors that influence breastfeeding decisions in these two different locations. The role of the geographical settings is valid enough to cause a shift in the precipitating factors, as shown in Saaty, Cowdery and Karshin (2015). Therefore, we can say, there is a difference in the determinants of breastfeeding initiation and practices between the Global North and South. The following section considers scientific studies about why breastfeeding is important, as also emphasised by the Holy Quran.

2.3 Why Breastfeeding Matters

The Holy Quran, 1400 years ago, emphasised in many verses that breastfeeding is considered the optimal nourishment for babies, and recommended that mothers start breastfeeding and continue for two years (Mehrpisheh, et al., 2020). However, the Holy Quran does not expound the health and economic benefits of breastfeeding. In the last century, research and interest began to develop around the different aspects of the importance of breastfeeding and its benefits. Therefore, it can be argued that since beliefs from the Quran regarding when to breastfeed or cease breastfeeding are supported by scientific research, Muslim breastfeeding mothers are subsequently influenced to adopt breastfeeding practices due to religious convictions that are supported by scientific studies. The following sections present the importance of breastfeeding for children, mothers, employers and societies, which reflects the importance afforded to breastfeeding in the Holy Quran.

2.3.1 Why Breastfeeding Matters to Children

In line with the Quran's call for breastfeeding, existing research elaborates a number of benefits of breastfeeding. First, the World Health Organisation has identified breastfeeding as the optimal way to ensure that infants receive the nutrients required, thereby lowering the risk of illness and diseases in the first year of life and beyond (WHO, 2015; 'WHO | World Breastfeeding Week', 2016; Victora et al., 2016; Hay and Bærug, 2019; Khasawneh et al., 2020; Wiciński et al., 2020; Verduci et al., 2021). Several studies found that breastfeeding can prevent serious illnesses and death, by establishing a robust immune system, thereby leading medical researchers to conclude in the Lancet that the lives of over 800,000 children (equal to 13% of all deaths in children under two) and 20,000 mothers around the world could be saved annually if they were breastfed optimally in the first two years of their lives (Victora et al., 2016). In

addition, Bartick et al. (2017) estimate that one maternal or child death could be prevented for every 597 women who practise breastfeeding. Bartick and Reinhold (2010) calculated that provided that 90% of mothers in United States breastfed for a six-month period, more than 900 lives (mostly those of infants) could be saved annually.

Second, Wiciński et al. (2020) report that breastmilk also contains numerous bioactive ingredients, including hormones, immunoglobulins and oligosaccharides. These ingredients have a wide range of health benefits for infants, with limited alternatives. According to Wiciński et al. (2020) infants who consume human milk oligosaccharides (HMOs) have a significantly lower likelihood of being infected with bacteria, viruses and protozoa compared to those that do not consume HMOs. Verduci et al. (2021) also supported Wiciński et al. (2020) by reporting that in addition to HMOs, human milk contains bioactive factors, including leukocytes, immunoglobulins, cytokines, microRNAs and stem cells which are important in diverse immune-related processes, including microbiome and virome development and immunomodulation. Overall, the research reviewed in this section concurs that breast milk has a wide range of health benefits for infants. However, only Wiciński et al. (2020) and Verduci et al. (2021) provide more specific details on the health benefits of breast milk, by providing more technical details of its beneficial ingredients. In a study by Westerfield, Koenig and Oh (2018) the reported findings showed that although most health organisations advocated for breastfeeding for the first one year of an infant's life, the WHO extended the period to at least two years of an infant's life due to the numerous benefits of breast milk such as decreasing the risks of gastroenteritis and atopic dermatitis.

Third, there are also many aspects of mental development aspects that are affected by breastfeeding. Amiel Castro et al., (2021), for example, reported that there is a negative association between breastfeeding and attention deficit at age four years, whereas mixed

feeding, which involved mixing natural breastfeeding and formula, was positively associated with attention deficit at age nine years. However, unlike Horta, de Sousa and de Mola, (2018), Amiel Castro et al., (2021), argued that breastfeeding enhanced cognitive development by providing necessary nutritional contents such as long-chain fatty acids, sialic acid and important minerals such as zinc, choline and B12 which are important in neurodevelopmental processes such as myelin synthesis, membrane lipid biosynthesis and myelination. Despite the widely varied views in the different studies, including Horta et al. (2015), Horta et al. (2018), Plunkett et al. (2021), and Amiel Castro et al. (2021), their independent findings agree that breastfeeding for longer durations of time leads to positive neurodevelopment or cognitive development in infants. In this research, breast milk is identified as an important source of nutrients that contribute to positive physiological health and mental development. While cognitive development could also be related to the proximity of infants to mothers, breast milk has numerous components such as long-chain fatty acids that have been established as contributing to the growth of the different parts of the brain.

Fourth, research has linked breastfeeding to the body weight of the infants and their subsequent risk of obesity. Findings from different studies have shown that when infants are breastfed for less than six months and thereafter introduced to solid foods, their chances of becoming obese increased significantly. More specifically, research by Sandoval Jurado et al. (2016) shows that introducing children to solid foods before the age of six months increases the likelihood of children becoming obese by the age of three by up to four times. This finding is strongly corroborated by Azad et al. (2018) who reported that there is an inverse relationship between breastfeeding weight gain velocity and body mass index (BMI) among infants, with the association being diminished partially by breastfeeding. Ma et al. (2020), who examined the link between breastfeeding and obesity among children aged 9-11 years, has also shown

that breastfeeding is an important protective factor against obesity and high body fat among young children. Ventura (2017) similarly reports that children who are breastfed display better dietary patterns compared to their counterparts who were fed on formula, despite controlling for different sociodemographic factors associated with healthier lifestyle patterns. Many pieces of research show a positive relationship between maternal employment and formula feeding initiation (Deubel et al., 2019; Gianni et al., 2019; Riaz and Condon, 2019). Such research shows that return to work is recognised as a key reason for mothers to initiate formula feeding, due to the lack of maternity leave and childcare provision.

Fifth, Gertosio et al. (2015) report that breastfeeding is encouraged because it reduces infant mortality rates resulting from common childhood illnesses, including diarrhoea and pneumonia, and further hastens recovery during illness. An explanatory argument advanced was that the milk contains a unique composition of immune factors from the mother, which are passed to the infant during the first years of life. Similarly, unlike other types of food prepared as substitutes, breastmilk is free of disease causing germs. Walters, Phan and Mathisen (2019) reported that the failure to breastfeed leads to over 595,379 infant deaths from illnesses such as diarrhoea and pneumonia annually. The implication is that breastfeeding is an important intervention to prevent early childhood death from such illnesses. Further findings from Vassilopoulou et al. (2021) similarly indicate that breastmilk is an important source of immune protection against the Covid-19 virus, as mothers' antibodies acquired by infants through breast milk protect infants against a wide array of respiratory viruses. As such, there is a direct link between breastfeeding and the increased resistance of infants to viral and bacterial infections.

Sixth, while breastmilk may deliver natural immunity-enhancing chemicals from the mother to the child, evidence shows that the same occurs for acquired immunity, such as that which exists in vaccines. The advantages arise from the protection of the infant from infectious

conditions for which vaccines are not available for babies. A case in point is the findings from Vassilopoulou et al. (2021) are consistent with those provided by Perl et al. (2021), who has established that women who were vaccinated against Covid-19 had antibodies in their breast milk which played an important role in protecting their infants from the coronavirus. These findings are further supported by the work of Lind et al. (2018), Wiciński et al. (2020), and Verduci et al. (2021), all of which indicates that breast milk contains immunoglobins and important bioactive factors, such as HMOs, which strengthen infants' protection against viral and bacterial infections.

A change to the methodology has shown that suboptimal breastfeeding practices can lead to poor health outcomes for infants (Ma, Brewer-Asling and Magnus, 2013). This inverse relationship is also supported by UNICEF (2016), which highlights that despite the tremendous efforts to promote, protect and support breastfeeding practices, the proportion of infants below six months of age receiving the benefits of breastfeeding worldwide is less than 50%. From this data, it is evident that a lot needs to be done in promoting breastfeeding among the global population if the health benefits identified in the research discussed above are to be achieved. In line with the propositions by World Health Organisation (WHO, 2015), on breastfeeding, which are motivated by international public health rationales, both UNICEF (2010) and the American Academy of Pediatrics (2005) recommend that breastfeeding should continue for two years and beyond, albeit for the benefits of the infant. Just like it is under the Quranic guidelines, the proposition is a requirement for as long as it is desired by the mother and child, in order to reduce the risks of death and serious diseases (Gartner et al., 2005).

From these studies, a link is identified between the constituents of breast milk and the reduction of infant mortality due to chronic diseases, including pneumonia and diarrhoea. Lubbe et al. (2020) report that the coronavirus is not transmitted via breastmilk and as such,

there is need for mothers to continue breastfeeding even when ill, or to express if they are unable to breastfeed their infants directly. Thus, existing research strongly indicates that breastfeeding is beneficial for infants, as it serves a protective function against different infections and allergies which shows why the Quran contains more than five verses which instruct women to breastfeed.

2.3.2 Why Breastfeeding Matters to Mothers

Breastfeeding is considered an important factor in achieving optimum health outcomes for mothers (Brown, 2014; UNICEF and WHO, 2017). The first major benefit of breastfeeding for mothers concerns the prevention of breast and ovarian cancers among the mothers. According to Victora et al. (2016), breastfeeding can provide protection to the mothers against breast and ovarian cancer, improves birth spacing and reduces a mother's risk of diabetes. It has been found that increasing the rate of breastfeeding can prevent 20,000 breast cancer deaths per year (Victora et al., 2016) and reduce the risk of type 2 diabetes by 32% (Chowdhury et al., 2015). A systematic review by Chowdhury et al. (2015) showed that continued breastfeeding has a significant positive impact on the health of mothers. More specifically, the researchers established that every year of breastfeeding in a woman's lifetime reduces the risk of breast and ovarian cancer by 26% and 37% respectively. An earlier study by the Collaborative Group on Hormonal Factors in Breast Cancer (2002), which examined 50,302 cases, also reported that there was a 4.3% reduction in the risk of breast cancer for every 12 months of breastfeeding. A more recent study set in the US, focusing on 1035 cohorts, with data collected from 2008-2011, found that the risk of diabetes mellitus was linked to the duration of breastfeeding (Gunderson, et al., 2015). In the study, the risk of diabetes was reduced by 55% for mothers who breastfed

for between 2 to 5 months compared to those who did not. For those who breastfed for 5 to 10 months, the reduction in risk was 50%, and 43% for who breastfed for more than 10 months. The study is indicative of the diminishing risk of diabetes melitus among new mothers, which tapers off as the production of breastmilk dissipates.

Another study by Anstey et al. (2017) identifies breastfeeding as a protective measure against some types of invasive breast cancer among black women in the US, who report lower incidence of breast cancer as a result of breastfeeding duration, as compared with their white counterparts, who tend to have fewer children, and hence to breastfed less. The cancer-prevention outcomes arise from the changes in hormone production during lactation, which leads to a delay in the menstrual periods. This in turns limits the exposure to hormones such as oestrogen, which is known to promote the growth of breast cancer cells. In another study, Walters, Phan and Mathisen, (2019) further reported that breastfeeding has a potential to prevent up to 98,243 maternal deaths attributed to breast and ovarian cancer, as well as type II diabetes. Overall, therefore, it emerges that encouraging mothers to breastfeed for longer durations could improve their health outcomes.

A second benefit associated with breastfeeding is the reduction of postpartum weight among mothers. In this regard, Lambrinou, Karaglani and Manios, (2019), highlighted that there is a positive link between breastfeeding and postpartum weight loss, as the former is associated with the use of a significant amount of the mother's energy. This high energy expenditure reduces the accumulation of calories from food, thus contributing to gradual weight loss. This observation is confirmed by Jarlenski et al. (2014), who established that women lose at least 3.2 pounds every three months of breastfeeding, holding all other factors constant. As a result, the research recommended breastfeeding women to engage in the practice for at least six months in order to benefit from a reduction in body weight. Reifsnider et al. (2016) also

showed that, among breastfeeding women in Mexico, participants who breastfed for about six months recorded substantially lower postpartum weight scores compared to those who were breastfed only inconsistently. Further research evidence is provided by Gillen et al. (2021), who report that women who breastfed for a period of three months or more, reported more positive body image and were less likely to engage in maladaptive behaviours of weight control, as compared to their counterparts who no longer breastfed or had never breastfed their babies. Waits et al. (2020) also reports that women who breastfeeding for more than 30 days were reported to experience lower postpartum weight retention (PWR) than those who did not breastfeed or those who breastfed only partially. Therefore, the findings are indicative that although the weight of women increases significantly when they are pregnant, breastfeeding regularly can be one of the activities that contributes significantly to reversing pregnancy weight gain after giving birth.

Finally, different studies also show that breastfeeding helps reduce the incidence of postpartum stress and depression. Diez-Sampedro, et al. (2019) and Tanganhito, Bick and Chang, (2020) concur that the fulfilment of motherly duties through breastfeeding leads to a sense of satisfaction in the mother, hence reducing instances of stress and potential depression. Figueiredo et al., (2013), reported that breastfeeding promotes hormonal processes which protect mothers against the risk of depression, by attenuating cortisol as an adaptive response to stress. This finding is confirmed by Dias and Figueiredo, (2015), who established that cessation of breastfeeding results in an increased likelihood of post-partum depression among women with infants. However, Gordon et al. (2021) presented findings that were contradictory to those by Figueiredo et al., (2013), and Dias and Figueiredo, (2015), with regard to the impact of breastfeeding on post-partum depression. The findings presented by the researchers indicated that breastfeeding usually disrupts the sleeping patterns of women with infants, thus increasing

their chances of suffering from depression. The contradiction between sources with regard to the relationship between breastfeeding and post-partum depression is an indication that more research is needed in this particular area. However, expecting mothers to return to work shortly after child birth can increase the odds of postpartum depression among working mothers. Liu et al. (2018) found that maternal employment during the postpartum period was associated with an increased likelihood of postpartum depression, relative to women who did not return to work so soon, or were not employed. In addition, Kornfeind and Sipsma (2018) conclude that maternity leave of 12 weeks or less may contribute to a high risk postpartum depression because mothers, during this period, are juggling employment alongside of important physical and emotional changes. Lamar and Forbes (2019) also argue that women who take less than 12 weeks of maternity leave may experience heightened levels of depressive symptoms, and mothers returning to work may experience guilt and stress about leaving their child in another's care. Research therefore does indeed indicate that the length of maternity leave, and long breastfeeding duration, could both be beneficial to mothers.

2.3.3 Why Breastfeeding Matters to Employers

Emergent and extant research shows that supporting breastfeeding in the workplace can have numerous benefits for employers in the workplace (Chang, et al., 2021). Managers, whose primary goal is to achieve the goals of the institution, are interested in optimising the productivity of all employees, while also (or through) the provision of employees needs under the employment contract (Cervera-Gasch, et al., 2020). A number of rationales are evident from existing research as follows:

- **Reduce Employee Absenteeism**

Breastfeeding mothers who receive support in the workplace demonstrate better health and wellbeing outcomes than their counterparts who are denied such opportunities, and as a result, they are present at work and perform better in their assigned tasks. For Instance, De Souza, Venancio and da Silva (2021) reported that the availability of breastfeeding support rooms at work not only encouraged women to continue breastfeeding, but also enhanced their emotional and physical wellbeing, which enabled them to be available at work and perform better professionally.

Emergent and extant research by Cohen and Mrtek (1994), Dieterich, et al. (2013) and Rana, et al. (2020) concur with the claim that working mothers who breastfeed are likely to have healthier infants and require fewer absent days to stay home with a sick child. As a result, they are more likely to be available at work. On the same note, the positive health outcomes among mothers as identified in more recent research, including the preventative effects against cancer (Anstey et al., 2017), diabetes (Walters, Phan and Mathisen, 2019), and post-partum stress and depression (Figueiredo et al., 2013), reduce absenteeism from the workplace by the breastfeeding mother. There is along history of research in support of this position. A study by (Cohen, Mrtek and Mrtek, 1995), in the United States aimed to compare the rate of infant illness and maternal absenteeism among breastfeeding and formula-feeding working mothers in two companies. It found that, with lactation programmes in place, there were fewer instances of infant illness and there was less maternal absenteeism among the breastfeeding working mothers' group compared to the formula-feeding group. Approximately 28% of the infants had no illnesses; 86% of these were among the breastfed infants. Moreover, 74% of illness incidents did not cause maternal absenteeism in the breastfeeding group, compared with 57% in the formula-feeding group (Cohen, Mrtek and Mrtek, 1995).

Furthermore, Soomro et al. (2016) conducted an observational study among employers from 297 workplaces in Pakistan, and found that 18% believed that supporting breastfeeding in the workplace can reduce mothers' absence due to child sickness, based on the premise that breastfeeding reduces the risks of a catalogue of childhood diseases. Similarly, an additional 12% believed it would reduce the mother's anxiety and hence improve the productivity. While this does not represent the majority, it shows the extent to which the accommodation of the interests of breastfeeding mothers can influence the commitment and availability of employees in the workplace. Additionally, Bozkurt et al. (2012) found that adopting workplace lactation programmes would likely reduce employee time spent away from work and distraction. The findings arise since the mothers do not have to leave the workplace to breastfeed and to attend to the child. Similarly, their ability to concentrate is linked to their increased access to the infant, as opposed to worrying whether the child is getting good care from the employed caregivers. Both studies are performed with the recognition that the accommodation of mothers and infants in the workplace comes at direct and indirect advantages.

Through a qualitative and quantitative study, Witters-Green (2003) have demonstrated that employers have various concerns about the organisational drawbacks of supporting breastfeeding in the workplace. The employers surveyed placed customer need as their highest priority; thus their chief concern was that absences among breastfeeding women workers (to breastfeed or express milk) should not affect the customer, overall productivity or their co-workers. Additionally, a study among 20 human resource managers from companies with 500 or more employees in the United States showed that the majority of them hold positive attitudes toward providing lactation programmes in the workplace. Although they believed that benefits to the company could include: happy employees, high retention, recruitment attractiveness and

increased productivity, these companies were still very concerned about costs (Bai, Wunderlich and Weinstock, 2012).

However, it has been found that employee absenteeism due to working mothers needing to take care of a sick child can cost the employers more than 15% of a company's base payroll and up to \$775 (£ 628) per employee (United States Breastfeeding Committee, 2010). Accordingly, employers who support breastfeeding in the workplace can gain significant benefits, such as decreased absenteeism and reduced health care costs.(Cohen, Mrtek and Mrtek, 1995; Ball and Bennett, 2001; Gardner, 2002). The research found that the reduction in absenteeism among working mothers contributes to cost savings in companies. This argument is supported by Cigna Corporation (a global health services company) (2000), which reported that the introduction of a workplace lactation programme led to a decline in absenteeism among women employees with infants, which in turn led to savings amounting to \$60,000 annually. Findings from De Souza, Venancio and da Silva (2021) corroborate those from Cigna Corporation (2000), by showing that lactation support programmes in the workplace, including the setting up of breastfeeding rooms, had a positive impact on the uptake of breastfeeding, as well as exerting a significant impact on working mothers' wellbeing and emotional health. Further analysis by Cohen and Mrtek (1994), from a different perspective, also indicated the positive impact of allowing breastfeeding in the workplace on productivity, by reducing absenteeism among working mothers. Therefore, the reviewed findings emphasise that allowing breastfeeding in the workplace led to a reduction in absenteeism and enabled the working women to carry out their professional tasks more effectively, in turn, improving their productivity, mediated by enhanced emotional and mental wellbeing.

- **Increase Employees' Job Satisfaction and Commitment**

Another important point, as postulated by other researchers, is the idea that the productivity of breastfeeding mothers could be enhanced by promoting their satisfaction levels in the workplace (Whitley, Ro and Choi, 2019). Job satisfaction is considered a mediator of productivity. Whitley, Ro and Choi (2019) observed that women for whom breastfeeding accommodations were made in the workplace, such as break time and space to nurse or pump, were more satisfied and subsequently, more productive. These findings are supported by Waite and Christakis (2015), who showed that increased workplace support for breastfeeding mothers, such as co-worker and manager support and the provision of adequate lactation facilities and breaks, led to increased job satisfaction. A case study in Ghana found that working mothers with access to workplace lactation programmes and facilities generally experience higher levels of job satisfaction and job commitment (Mensah, 2011). The increased job satisfaction can translate to better outcomes as a mother and as an employee. The improvements in the performance and productivity of employees outweighs the potential costs associated with supporting breastfeeding in the workplace. Therefore, providing adequate time for breastfeeding, as well as for expressing milk in the workplace can improve employees' job satisfaction and enhanced working mothers' personal lives, as a result, lead to lower absenteeism, lower turnover and higher job commitment (Jantzer, Anderson and Kuehl, 2018; Scott et al., 2019; Ross and Woszidlo, 2022). The conclusion to be drawn from these insights is that higher productivity can be achieved when the breastfeeding mothers are given adequate time to express milk and to feed their infants. As a result, higher job satisfaction led to more productive working women. These studies were performed against the backdrop of the presumption that breastfeeding compromised the productivity of the working mothers, due to

the time taken to fulfil mothering duties, as well as the possibility of being distracted by the additional responsibility.

On the same note, research findings have also demonstrated that, although breastfeeding support can be provided through aspects such as time, physical environment, organisational support and co-worker and manager support, the most significant factors which led to increased job satisfaction were time support and co-worker and manager support (Waite and Christakis, 2015). These insights were reiterated by Whitley, Ro and Choi (2019), who also observed that accommodations for breastfeeding such as break times led to increased job satisfaction. Scott et al. (2019) similarly showed that organisational and managerial support were key aspects that positively influenced initiation and breastfeeding among healthcare employees and subsequently, positively impacted job satisfaction. A convergence of findings among the different studies has shown that providing organisational support for breastfeeding mothers through nursing breaks and lactation rooms improves their comfort about breastfeeding and continuing to breastfeed. As a result, this led to higher satisfaction levels within the workplace. Dinour and Szaro (2017) argue that breastfeeding support for mothers in the workplace encompasses the provision of a lactation space, breastfeeding breaks and comprehensive lactation support programmes. Their insights indicate the need for organisations to support breastfeeding mothers in diverse ways, as opposed to restricting support only to lactation rooms and nursing breaks, as recommended by the law.

- **Improve Working Relationships**

Research has also linked productivity to the improved working relationships that breastfeeding women workers forged with co-workers and management. For example, Ross

and Woszidlo (2022) reported that the workplace productivity of breastfeeding women could be enhanced through the kind of attitudes that were developed towards the women by management and other co-workers. Their findings indicated that job satisfaction and affective commitment are more likely in the context of a working environment that is supportive of breastfeeding women workers. On the same note, Wolde, Ali and Mengistu (2020) also examined employer perceptions about the breastfeeding practices of employed mothers and found that mothers who are provided with conducive and friendly environments that were mother-friendly, tend to feel motivated to continue breastfeeding and hold positive relationships with their managers. In addition, Lisbona, Bernabé and Palací (2020) conducted a study examining how managerial support influenced vertical trust and organisational identification among breastfeeding women. The research aimed to identify whether the support for breastfeeding mothers in the workplace from management and co-workers enhanced these mothers' trust and organisational identity. The findings showed that the managers had a role in maintaining trust among the working women and, as a result, in creating and maintaining organisational identification.

Zhuang et al. (2018) further examined the impact of co-worker and community support on the continuation of breastfeeding and found that female co-worker support for breastfeeding women workers plays an important role.. From this perspective, the mothers' own anticipation that they will not be stigmatised in the workplace, but will be supported, leads to an increased likelihood of sustained breastfeeding which benefits the organisations as discussed. However, in their study, Chow, Smithey Fulmer and Olson (2011) have also shown that some employers might not support breastfeeding in the workplace for the reason that co-workers perceive it as favouritism toward breastfeeding employees. Further, co-workers may feel that they are not being treated fairly and may face difficulties due to allowing flexibility in the schedules of

breastfeeding employees (Ball and Bennett, 2001). Most employers, however, indicated that neither positive or negative feedback from co-workers would affect their support. From this perspective, the findings of the different studies cited here indicate that positive relations between breastfeeding mothers and their employers lead to improved productivity within the workplace. Recommendations based on such research have advocated for support for breastfeeding women in order to enhance their satisfaction with their work environments.

While it has been found that some employers viewed supporting breastfeeding in the workplace as enhancing their relationship with breastfeeding employees (Chow, Smithey Fulmer and Olson, 2011), it has also been reported that some are unsure if breastfeeding support is part of their remit and responsibilities. These arguments claim that the employers are concerned about overstepping the employee-employer relationship boundaries, and concerns about insufficient financial resources to support breastfeeding (Stratton and Henry, 2011). Gardner (2002) found that employers may see breastfeeding as a lifestyle choice which the organisation should not fund. Notably, the problem is that breastfeeding is perceived as an individual choice rather than a public good (Gardner, 2002). However, organisations which are unsupportive of their employees' needs to breastfeed may harm employees' attitudes and behaviours. For instance, job satisfaction is likely to decrease among breastfeeding mothers if they are unable to breastfeed in the workplace (Seijts, 2002).

Evidence of these outcomes includes the findings by Rollins et al. (2016) who claim that, as low-cost lactation programmes such as providing a private room and flexible breaks could lead to increased productivity, job commitment, and retention, it is cost-effective rather than costly. It has been found that every \$1 invested in lactation programmes (including a room with privacy, availability of refrigeration and a sink, and appropriate mother break time) may save \$3 for the organisation (United States Breastfeeding Committee, 2010; Eidelman et al.,

2012). This initial investment might be insignificant compared to reduced absenteeism and health care costs (Winegar and Johnson, 2017). To realise these savings, Ball and Bennett, (2001) in an earlier study claimed that the initial cost of providing a private room with an electric outlet was about \$585 (about £468), increasing to only \$1660 (approximately £1,328) for a room with an electric breast pump and breastfeeding educational materials. Relatively, these are minor expenses compared with the cost of recruiting and training a new employee. However, employers can establish a breastfeeding support programme that fits their company's budget and resources (Dinour and Szaro, 2017). Therefore, supporting breastfeeding in the workplace may result in increased retention of employees and reduced employees' turnover.

Furthermore, several studies point out that employers might find it useful to apply the "Steps for Creating a Breastfeeding Friendly Worksite", the Business Case for Breastfeeding released by the Department of Health and Human Services in the United States (2017)⁷. This programme assists employers in creating a breastfeeding friendly workplace and achieving a desirable return on investment (Eidelman et al., 2012; Bai and Wunderlich, 2013; Soomro et al., 2016). Although there might be costs associated with providing lactation facilities, training and educational materials, these could be provided to employers from social resources at no up front cost (Winegar and Johnson, 2017). For example, instead of hiring a lactation consultant for the company, employers can provide breastfeeding employees with contact details for healthcare providers and breastfeeding consultants to address any breastfeeding-related questions or concerns. In the United States it has been recommended that employers inform breastfeeding employees about the no-cost lactation services covered through their health

⁷ <http://gfhc.org/wp-content/uploads/2019/04/HEALTH-8J-COMPRESSED-Breastfeeding.pdf>

insurance or online databases, such as ZipMilk which is currently available in eight states (Dinour and Szaro, 2017). ZipMilk.org offers a list of lactation consultants, educators and other educational resources sorted by zip code. Resources such as this might offer affordable solutions for numerous organisations to implement workplace lactation programmes for working mothers.

- **Early Employees' Work Resumption**

Emergent and extant research has also found that breastfeeding support in the workplace can lead to a higher percentage of working mothers resuming work (Soomro et al., 2016). Angeletti (2008) claimed that employers might not be aware of the expense of recruiting and training new employees to replace working mothers who did not return to work after maternity leave. Therefore, Angeletti (2008) argues that workplace lactation programmes can encourage women to return to work after the childbirth. In addition, in 2008, a qualitative study in New Zealand by Payne and James (2008) found that, when employers support breastfeeding in the workplace, working mothers may feel valued as an employee. However, if this support is absent, they are more likely to feel discouraged from either returning early to work, or from continuing to breastfeed after returning to work. Similarly, Cohen and Mrtek (1994) found that 75% of working mothers were able continue breastfeeding their infants up to six months of age when lactation programmes were adopted in the workplace. Another study among 462 working mothers in five different companies with lactation programmes found that about 94% of working mothers returned to work after childbirth. In addition, these mothers expressed milk in the workplace for an average of 6.3 months (Ortiz, McGilligan and Kelly, 2004). Therefore, the more workplace support is put in place, the higher the likelihood of breastfeeding mothers returning to work (Dinour and Szaro, 2017).

- **Enhance Organisations' Image**

Although providing breastfeeding support in the workplace might not be perceived as a primary determinant in attracting the right candidates for a job, a study conducted among North American business students and employees in long-term employment showed that organisations that accommodate breastfeeding were considered more attractive and fair by female participants than by their male counterparts (Seijts, 2002). In total, female participants without children showed lower support for breastfeeding accommodation than female participants with children and male participants. In addition to increasing employee satisfaction, job attractiveness, productivity and retention, it has been found that workplace lactation programmes eventually can help companies develop a positive image, which can be used as an influential recruitment tool (Angeletti, 2008; Chow, Smithey Fulmer and Olson, 2011).

Furthermore, employers may need to consider other benefits and opportunities that some governments offer. It is worth mentioning that numerous efforts have been made to encourage and recognise employers who support breastfeeding in the workplace. For instance, in the United States, there have been recommendations to recognise employers who promote breastfeeding by offering them tax incentives (Winegar and Johnson, 2017). Moreover, Bai, Wunderlich and Weinstock (2012) recommended that legislators support breastfeeding in the workplace by providing supportive employers with tax incentives or national recognition.

While these studies do not differentiate between the characteristics of employers, it is clear that the size and ownership of the firms has a bearing on the effects of breastfeeding on the employer. In the study by Cisco (2017), small business employers may not be obliged to provide facilities for working mothers to pump or store breast milk. After all, the small number of employees in such firms may not be well-placed to take up the roles of the breastfeeding

employee, and the organisation may not have sufficient resources to accommodate the interests of the employee. However, Chow, Smithey Fulmer and Olson (2011) found that private or family businesses were in fact more likely to support breastfeeding in the workplace than large companies because, of their family-friendly image. Regardless of the type and size of the organisation, it has been recommended that employers improve their current practices and attitudes towards breastfeeding support, and create equity in the workplace to gain the desired benefits.

2.3.4 Why Breastfeeding Matters to Society

Breastfeeding has numerous benefits not only to infants, mothers and employers, but also the society at large (Galtry, 1997; Gartner et al., 2005; O'Brien, Zareai and Fallon, 2007). These include health and economic benefits (Kozhimannil et al., 2016), as breastfeeding can contribute to healthier, well-educated and more equitable and sustainable societies (Gardner, 2002; Victora et al., 2016). This argument emphasises the direct nutritional benefits of breastfeeding to children, as well as the health benefits to women, which reduce the burden of healthcare costs. For instance, Krol and Grossmann (2018) have shown that breastfeeding is beneficial to mothers because it reduces psychological stress and further improves maternal sensitivity to, and care for the infant. They also found that breastfeeding leads to improved cognitive performance among children stemming from positive brain development during infancy (Krol and Grossmann, 2018). In this regard, breastfeeding activity is beneficial in promoting a healthy society in which mothers are less stressed, and children develop appropriately. In turn, this leads to reduced economic costs. Quesada, Méndez and Martín-Gil's (2020) work supports that of Krol and Grossmann (2018), by showing that a 10% increase in

breastfeeding within the first two years of life was associated with a reduction in treatment costs of up to US \$312 million in the U.S., US\$7.8 million in the UK, US\$30 million in China and US\$ 1.8 million in Brazil. These findings indicate that positive economic outcomes in terms of financial savings are associated with the implementation of breastfeeding interventions and health policies. An additional perspective provided by Walters, Phan and Mathisen (2019) has highlighted the adverse impact of child and maternal deaths associated with diseases, the risk of which increases when mothers do not breastfeed. In this research, the authors argue that up to 98,243 deaths attributed to ovarian and breast cancer and diabetes among women could be avoided through increased breastfeeding. The report also claimed that up to 595,379 deaths from diarrhoea and pneumonia among children could be avoided through breastfeeding. North et al. (2022) also report that, by encouraging breastfeeding, more than 820,000 lives of infants could be saved on an annual basis, most of these being caused by illnesses such as pneumonia and diarrhoea. The synthesis of Walters, Phan and Mathisen's (2019), Quesada, Méndez and Martín-Gil's (2020) and North et al.'s (2022) findings therefore emphasise the economic benefits of breastfeeding, through reducing the costs associated with mortality, as well as saving on the additional healthcare requirements of the children and women. In this perspective, there is need for societies to encourage breastfeeding in order to enhance health outcomes for women and children, including lowering maternal deaths.

In addition to health benefits, breastfeeding may offer significant financial paybacks to society. Many scholars hold the view that breastfeeding is a cost-effective way of saving young lives and reducing children's mortality and morbidity, therefore reducing health care costs (Bai, Wunderlich and Weinstock, 2012; Ma, Brewer-Asling and Magnus, 2013; Soomro et al., 2016). There is a long history of research to provide evidence that breastfeeding can save lives and reduce health expenses. As outlined by O'Brien, Zareai and Fallon (2007), long-term

breastfeeding has the potential to improve the Australian population's well-being and save the government health expenses. The hospital costs in Australia of early breastfeeding weaning are estimated to be roughly \$60 to \$120 million annually. This amount only accounts for five common childhood diseases against which breastfeeding offers protection (gastrointestinal illness, respiratory illness and otitis media, eczema, and necrotising enterocolitis) (Smith, Thompson and Ellwood, 2002; Frank, et al., 2019; Abdullah, et al., 2022). Furthermore, increasing breastfeeding rates for infants below six months of age to 90% in the USA, China, and Brazil and 45% in the UK might save health care costs of common childhood illnesses (e.g., diarrhoea, and asthma) amounting to at least £1.96 billion, £1.79 million, £4.8 million and £23.6 million respectively (Rollins et al., 2016). Likewise, one study of associated costs showed that the United States would save £1 billion per year and prevent excess infant deaths if 90% of United States mothers were to breastfeed for six months (Bartick and Reinhold, 2010). Similarly research by Ma, Brewer-Asling and Magnus (2013) reports that in the United States, Louisiana, a total of £173,048,877 could be saved and 18 infant deaths prevented if 90% of infants were breastfeeding for the first six months of their life. A total of £149,240,219 could be saved and 16 infant deaths prevented if 80% of mothers were to breastfeeding for this duration.

Furthermore, it has been claimed that not breastfeeding is associated with lower cognitive abilities and economic losses of about £2.4 billion annually of gross national income in the UK (Pokhrel, 2018). There is some evidence to suggest that, if 45% of mothers breastfed for four months, and if 75% of infants in neonatal units were breastfed at discharge, annually, there could be 3,285 fewer gastrointestinal infection-related hospital admissions, with around £3.6 million saved in treatment costs (Pokhrel, 2018). In addition, this could lead to 5,916 fewer lower-respiratory-tract infection related hospital admissions, with almost £6.7 million to

be saved in treatment costs (Renfrew et al., 2012). This quantitative study also suggested that, by avoiding the treatment costs of four acute diseases (gastrointestinal infections, lower-respiratory-tract infections, acute otitis media and necrotising enterocolitis) in infants, over £17 million could be saved annually. Thus, an increase in the uptake and duration of breastfeeding could result in large cost savings to society.

Moreover, if Renfrew et al.'s (2012) findings are accurate, investment in effective interventions to support breastfeeding mothers are likely to provide a return on investment within a few years. However, other studies found that investing in public health interventions when funds are scarce is quite challenging. It can be seen that in several low-income countries, the breastfeeding rate is gradually increasing (Rollins et al., 2016; Brown, 2017). For example, a case study from low-income and middle-income countries found that the breastfeeding rate has been increasing in the last eight years in Bangladesh, after implementing comprehensive health-worker training and media campaigns (Rollins et al., 2016). Similarly, in Brazil between 1986 and 2006, the average duration of breastfeeding increased from 2.5 months to 14 months (Brown, 2017). According to Brown (2017) this could be the result of the investment in promoting breastfeeding at the societal level, including extending maternity leave, health-worker training and media campaigns. Therefore, supporting breastfeeding mothers may help to increase the breastfeeding rate and protect the health of infants, mothers and society, and might contribute to improving the country's economy on the long run (Bozkurt et al., 2012).

On the other hand, formula-feeding as a substitute for breast milk is expensive compared to breastfeeding. Ali, Aljawadi and Obaid (2016) found that the cost of formula milk feeding was high in infancy and causing a burden on families in Iraq. For example, the mean cost of an ounce's consumption per a day for each infant who was on formula feed during the first month of age was 1,584 Iraqi Dinar. On the other hand, data was presented in The All-Party

Parliamentary Group (APPG, 2018)⁸ on infant feeding and inequalities report shows that, on average, women in the UK with infants between 2 to 3 months who do not breastfeed spend between £8.37 and £14.17 per week on formula milk. While this might not seem like much for the average UK citizen, it represents a massive financial burden for people living on low-incomes, especially considering the fact that breast milk is available at no cost. Based on this fact, therefore, it is evident that breastfeeding promises to significantly reduce the financial burden borne by families in most parts of the world.

Furthermore, Khassawneh et al. (2006) found that, among 344 Jordanian mothers, 84% said that formula feeding was harder and more expensive than breastfeeding. Ali, Aljawadi and Obaid (2016) conducted a cross-sectional study among 100 mothers of infants less than six months old in an Iraqi hospital. They found that the cost of formula feeding cost in the early stages was high and causing a burden on parents. In the first month of an infant's life, the cost of formula feeding was 1,584 Iraqi Dinar (IQD) (\$1.34), while for the second month and three to six months the cost increased to 1,806 IQD (\$1.52) and 2,322 IQD (\$1.96) respectively. Moreover, breastfeeding is a pollution-free and has a positive effect on the environment by decreasing the environmental burden of disposing of formula cans and bottles, in addition to decreasing the energy demands for production and transportation of artificial feeding products (Radford, 1991).

In general, as shown by the research cited here, there are many benefits and advantages to breastfeeding, not only for infants and mothers, but for employers and society at large. Research has demonstrated that there are benefits for health, the economy and society.

⁸ <http://www.infantfeedingappg.uk/wp-content/uploads/2018/11/APPGIFI-Inquiry-Report-cost-of-infant-formula.pdf>

Breastfeeding can help babies to fight infections of the gastrointestinal tract, diarrhoea, colds and chest and ear infections. Furthermore, it can prevent maternal deaths and reduce rates of breast and ovarian cancer. These health benefits can improve the general well-being of the family, as well as providing significant financial advantages to society. Moreover, breastfeeding is a cost-effective way for employers to decrease employee absenteeism and health care costs, and increase employees' productivity, retention and loyalty. Although breastfeeding is the biological norm, later, with scientific developments of milk processing and preservations, formula milk entered as a food supplement, and now it has become an alternative to breastfeeding (Stevens, Patrick and Pickler, 2009).

The evidence provided herein highlights the justifications for mothers to engage in breastfeeding, due to the benefits to a range of parties. Of importance is the benefits of breastfeeding to employers, which have often been overlooked in research and circumstances where breastfeeding mothers face challenges in the workplace, on account of negative perspectives towards breastfeeding and mothering in general. The discussion provides justifications for breastfeeding, by positioning it at the centre of modern society, and establishes the basis for measures for communities to do more to facilitate breastfeeding.

2.4 Women, Employment, and Islam

The participation of Muslim women in employment remains a controversial issue in Muslim countries and around the globe. Both the divergence of cultural practices within the Islamic world, and a mistaken notion in the West that Islam subjugates women, have contributed to current relevance of the topic of the position of women in Islam. This section highlights the relationship between women, employment, and the Islamic religion. The pre-

Islamic period was a primitive world in which women had no rights at all and were treated as inferior (Syed and Van Buren, 2014). When Islam came, it upheld respect for women's rights, which are enshrined in valuable principles that recognise legal, economic, and social equality. Islam is a religion that emphasises promoting equality, and men and women have equal rights to work and be duly compensated. As such, Islam allows women to engage in economic activities and to pursue education as well. Notably, Islam's notion of equality is based on gender differentiation rather than similarity between the sexes, but biological differences do not make men and women unequal (Syed and Van Buren, 2014). For example, while women have economic rights, it is the men's responsibility to provide economic resources for their families. Therefore, Muslim women are not religiously required to support their family financially. Additionally, in Islam, women's choices to participate in economic activities or to concentrate on their domestic duties is left to individual women, who exercise personal choice depending on their situations.

While a form of gender egalitarianism is the essence of Islam, customary practices have resulted in the widespread seclusion of Muslim women in employment. Patriarchal norms in Muslim countries promote discrimination and segregation, in contradiction of the Islamic approach. For instance, in a study by Koburtay, Syed, and Haloub (2018) of 178 Muslim men and women in Jordan, the majority (167) of participants believed that Islam supports and allows women to work, however, cultural norms hinder females from participating in the workforce. In patriarchal societies, male superiority took centre stage and women were seen as inferior and hindered from accessing male-dominated spaces such as the public sphere. As a result, most Islamic countries have institutionalised gender segregation and the seclusion of women, which has limited social equality and reinforced gender stereotypes (Syed, 2010). These stereotypes, thus, hindered and limited women's access to education and employment in many Islamic

countries. More importantly, some Arab and Muslim women have limited opportunities to participate in political activities and employment, leading to a high global gender gap⁹ ranking. Qatar, Saudi Arabia, and Egypt are among the lowest ranked. For example, the global gender gap in Qatar in 2020 was 135, in Saudi Arabia was 146, and in Egypt, it was 134 out of 156 countries globally, denoting high levels of inequality (countryeconomy.com, 2020)¹⁰. However, we can differentiate Islam, in its egalitarian approach to gender, from patriarchal cultures in understanding women's employment.

This historical analysis of Muslim women and employment shows that women have been under represented in the public sphere due to gender discriminatory cultural traditions. The unemployment rate for Muslim women is also considered higher than the general population globally (House of Commons Women and Equalities Committee, 2016). Factors such as religious and cultural values, discrimination, and gender inequality have pushed Muslim women to turn to their traditional, customary gender roles and, as a result, have led to an increased rate of unemployment (Tariq and Syed, 2017). According to Syed and Van Buren (2014), paid work in Muslim nations, particularly Arab ones, is the traditional realm of males, who recognise it as a religious responsibility and take masculine pride to support their spouses. Koburtay, Syed and Haloub (2018) also concur that, traditional customs and how they have impact the interpretation of the Islamic religion have contributed to most women in the Islamic religion assuming their household roles. Subsequently, an increased unemployment rate among Muslim women has significantly contributed to weakening their economic position.

⁹ The Global Gender Gap Index examines the gap between men and women across four fundamental categories: Economic Participation and Opportunity, Educational Attainment, Health and Survival, and Political Empowerment.(Appendix B The Global Gender Gap Index: Methodology and Technical Notes - Global Gender Gap Report 2021 | World Economic Forum (weforum.org))

¹⁰ Global Gender Gap Index 2020 | countryeconomy.com

Furthermore, the patriarchal society's perspective has contributed to women being linked with their gender roles, such as caregiving. As a result, women are not allowed to hold any social position. However, this may be resolved through a critical reinterpretation of religion to reform gender relations within the Islamic faith, in such a way as to promote respect for gender equality in the public sphere. Syed and Van Buren (2014) further argue that the preliminary research on the Islamic religion and its relation to gender inequality regarding employment has significantly contributed to the Islamic feminist position, which views Islam and gender discrimination to be closely related, and understands both as having significantly contributed to the disadvantages of women in the working environment.

Within Islamic societies, changes have been occurring in two ways: first, there has been a recovery of the latent, egalitarian ideas within the Quran, and second, the global feminist movement has affected Islamic societies to varying degrees (Syed and Van Buren, 2014). Through these two channels of change, women in marginalised and discriminatory societies have started to participate in employment. Muslim feminists advocate for the role of women in education and employment. Islamic feminism advocates for women's freedom and the rights of women to make their decisions (Syed, 2010; Syed and Van Buren, 2014; Koburtay, Syed and Haloub, 2018). Through Islamic feminists movements, women have emerged in the Islamic world as champions of equality and justice. For example, for the past few decades, the proportion of women in the workforce in the Muslim world has significantly increased by 50% in just 15 years (Zahidi, 2018)¹¹. This may be because some women in the Arab and Islamic world have been challenging the patriarchal system and its misinterpretation of equality in

¹¹ Working Muslim women are a trillion-dollar market | World Economic Forum (weforum.org)

Islam. Islamic Feminists desire changes, including the removal of policies that dehumanise and devalue women in the private and public spheres. Additionally, these reforming movements seek to provide a better understanding of the Quran for promoting gender equality and supporting the need for diversity in employment (Syed and Van Buren, 2014). Muslim feminists advocate for the rights of Muslim women and the need to end discriminatory policies in order to increase their participation in employment (Barlow and Akbarzadeh, 2006). Activists who advocate for women's rights, gender equality and social justice advance the need for Muslim women in employment (Mir-Hosseini, 2006). Thus, the emergence of Muslim feminists has led to social change as they have advocated for measures which foster gender equality in the public sphere.

Moreover, globalisation, modernity and capitalist relations between the Islamic world and the West have also resulted in cultural changes and have significantly influenced the patriarchal structures in most Muslim countries (Kamla, 2014; Syed and Van Buren, 2014; Koburtay, Syed and Haloub, 2018). Khattab and Hussein (2018) argue that there are various issues linked to gender inequality and discrimination which affect businesses operating in Muslim majority countries. Organisations operating in a global world tend to support the need for equal employment and involvement of women in the workforce. Thus, gender segregation and discrimination with respect to women and employment has begun to lose ground. Most modern Western approaches to women in employment encompass laws that promote equality at work (Syed and Van Buren, 2014). Some countries in the Gulf region have increasingly promoted a sense of freedom for women in society, as well as the application of a democratic and right-based approach to decision making. As a result, the exploitation of women has reduced, although it is not eliminated, compared to historical times (Syed and Van Buren, 2014).

According to Salem and Yount, (2019), many women are increasingly entering the labour market as Islamic institutional patriarchy erodes. Many institutions of the State of Qatar and many employers have made gender-segregated workplaces available to facilitate women's employment. However, many elements of patriarchy still exist, as manifested through male dominance in the labour market. The ideal patriarchal context advocates for the seclusion of the woman, as their roles are limited to domestic work. The Qatari context shows one of the contradictions of women's freedom – although some policies support patriarchal families, others encourage the employment of women. Nonetheless, Salem and Yount (2019) conclude that the abundance of natural resources in Qatar may have a significant influence on defining the separation of the roles of women and men in places of work. Their conclusions rule out the possibility of religion contributing to differences in gender roles. On the other hand, Janghorban et al. (2014) has argued that patriarchy, which is to some extent facilitated by the tenets of Islam and Sharia law, still relies on trade-offs defined by an exchange of obedience and subordination on the part of women, in exchange for access to protection and economic support from men.

Nevertheless, while women have found ways to access economic and public sphere, patriarchal cultures and gender discrimination in the workplace remains critical issue and it influences their participation in the labour force. For instance, according to Syed, (2010), the patriarchal concept of modesty poses significant challenges for working women, and he argues that a critical reinterpretation of religion is needed to reform gender relations in the workplace. The extreme construct of female modesty poses a huge challenge to women in Arab and Muslim countries. It restricts women in employment and hinders economic opportunities. For example, gender-segregation in workplaces in the Arab Gulf has been portrayed largely as a constraint to professional working women (Salem and Yount, 2019). These authors argue that Qatari women's preference for gender-segregated workplaces indicates their continued commitment

to the patriarchal bargain, which constrains their behaviour in return for protection from male kin. According to Asghar, Bengali and Shahzad (2015), around 80% of Qatari families preferred their daughters to work in a gender-segregated workplace. These challenges make it practically impossible for Muslim women to economically progress, resulting in low workforce participation. Mernissi (1996), a Moroccan feminist, argues that employment in Muslim societies is traditionally a domain of men, and that a narrow interpretation of Islamic female modesty has helped to exclude women from the public sphere, including employment. However, I argue that the concept of modesty is applicable to all Muslims, regardless of their gender. Modesty is valued in Islam, but it is misinterpreted by patriarchal structures in Islamic societies, such as to isolate women from social and economic life (Syed, 2010). This leads to significant physical and emotional barriers for Muslim working women.

Recently, there has been a promotion of women's rights within the contexts of education, power, and employment, which has increased the participation of women in employment and in the public sphere in the Arab and Islamic world. For example, Saudi Arabia's Vision 2030 advocates the need to increase women's participation in the workforce from 22% to 30% (Vietor and Haviland, 2018). The 2030 Qatar National Vision advocates for women to "participate fully in the political and economic spheres, especially in decision-making roles". In addition, there have been attempts to protect women from discrimination in the workplace in some Arab and Muslim countries through legislation and policies (Kamla, 2014). However, traditions, norms and religious customs pose resistance to the quest for equality and justice toward women in the globalised era (Syed and Van Buren, 2014). In the context of globalisation and modernity, many Muslim women have entered the workforce, but society still demands that they perform their well established female gender roles. For instance, as highlighted by Kamla (2014), when Muslim women get married and have a family, they are expected to leave

work, but the case is different for men. Men can choose their profession and remain at work. Moreover, according to Koburtay, Syed, and Haloub (2018), despite the introduction of laws on women's rights and gender discrimination in Arab countries, these laws ignore the differences between genders and cannot resolve the patriarchal, cultural norms and misinterpretation of equality in Islam. For example, the absence of parental leave for fathers reflects a patriarchal culture that considers parenting as a sole responsibility of the woman. Further, the notion of women being dependent on male breadwinners is used by employers to justify paying women lower wages than men. I argue here that these policies only served to increase social and gender inequality. Therefore, unless the difficulties experienced by Muslim women are adequately understood and effectively addressed within their socio-cultural and historical contexts, the challenges which they face in their working environments will continue to be prevalent restricting the possibilities for achieving gender equality.

In Islam, the role of mothers is paramount, and as stated above the Islamic notion of equality is based on gender differentiation. Therefore, Muslim women encounter work-family conflicts as they strive to meet perform well in the workplace while fulfilling their household roles. In the modern world, Muslim women may be educated and achieve self-independence as well as work for financial stability (Lotfi, 2021). James-Hawkins, Qutteina and Yount (2017) found that the majority of working women in Qatar placed emphasis on the importance of being employed and becoming financially independent from their husbands, in order to ensure their security in the future, even though their household roles had not changed. For educated, working Muslim women, balancing work life and family obligations remains a huge challenge. Notably, while the participation of women in the workforce is a great milestone in the modern world, the strain that results from balancing work and family duties causes tensions and challenges to working women (Meguella et al., 2017). Miaari, Khattab and Johnston (2018)

show some of these challenges in their research, from discrimination in the workplace to the need to take care of their homes and families. Moving towards capitalist economies also creates a conflict with social and religion values in Muslim societies. Many organisations promote gender equality and ignore the other role of mothers outside of the workplace, and the dependency of children, who are so valued to both Muslim women and Islamic societies. Having inadequate management and supervisory support in the labour market has contributed to many Islamic women opting to resign due to a lack of balance in work-family demands (Achour et al., 2017). Thus, these organisations need to implement management and supervisory support to recognise and acknowledge conflicting work-family demands and promote the wellbeing of their employees in Islamic societies.

Existing literature argues that, even though in the future Muslim women will advance in employment, religious customs, traditions and norms will still remain barriers to career development. However, this literature has not adequately clarified the effects of religion on Muslim women's paid work outside the home. Similarly, the concepts of motherhood and the social values of families in the contexts Muslim women inhabit constitute a gap in the existing research. According to Koburtay, Syed and Haloub (2018), despite Islamic guidelines about justice and fairness in employment, the tribal traditions continue to place restrictions on women's employment by interpreting Islam in a patriarchal manner. Therefore, social support and family-friendly policies are some of the areas that still need future research. Furthermore, capitalism and its impact on Muslim women's employment and pursuit of a better life remains theoretical with limited empirical evidence. In future, the proportion of Muslim women in employment will increase, and will increase the need to promote gender equality in the labour force, from Islamic perspective. There is a realisation that empowering the female population is a key driver of economic growth (Moon, 2019). Therefore, national interventions along with

the societies of Arab and Islamic countries need to improve women's livelihoods in order to facilitate long-term social changes and to empower Muslim women and mothers. Moreover, government entities and organisations operating in Islamic countries should consider the Islamic traditions and beliefs and social norms that support different roles for Muslim women. I also suggest that Arab Muslim women develop feminist agency and create their own version of Islamic feminism, that can evolve leadership opportunities and equality for women relevant to their empowerment agendas. The following section provides detailed information about Qatar, and the breastfeeding practice of Qatari working mothers.

2.5 The Clash of Employment and Breastfeeding

This section shows the challenges of combining employment and breastfeeding and to what extent it effects women's practices, taking into account the other factors that also have an impact.

2.5.1 Employment as an Impediment to fulfilment of Breastfeeding Mandates

Professional responsibilities at work are widely regarded as an impediment to the ability of women to continue breastfeeding beyond the end of maternity leave, and until infants attain two years. In the work of Al-Katufi et al. (2020), which investigated the different barriers that challenge continued breastfeeding activity among working mothers in Saudi Arabia, it was reported that the requirement for early return to work was a common barrier that made it difficult to breastfeed. Likewise, the research showed that the work environment was unsupportive of breastfeeding practices, and inadequate time was provided to facilitate

breastfeeding (Al-Katufi et al., 2020). In the same study, Al-Katufi et al. (2020) show that the work environment in Saudi Arabia is unsupportive of breastfeeding practices, and inadequate time is provided to facilitate breastfeeding activity. Furthermore, aspects of the unsupportive work environment that were identified include a lack of suitable places to pump breastmilk as well as facilities to store expressed milk in the workplace, and strict work schedules, which make it difficult for breastfeeding mothers to find time for the activity (Al-Katufi et al., 2020). The implication is that unsupportive work environments make breastfeeding very challenging for working mothers.

Another study undertaken in the United States showed that the rate of breastfeeding reduced significantly due to the requirement to return to work (Mandal, Roe and Fein, 2010). As such, working mothers who were expecting to return to work were observed to reduce breastfeeding activity compared to their peers who were not expecting to go to work. Jabari et al. (2015) also argue that work-related problems such as prohibitive work policies and busy work schedules lead to the early cessation of breastfeeding among working mothers in Saudi Arabia. Such findings further underscore the need to evaluate the kind of work environments that women experience in the Middle East and their influence on breastfeeding activity.

Furthermore, from the findings by Mandal, Roe and Fein (2010) and Al-Katufi et al. (2020), it can be inferred that some of the work environments are unsupportive towards breastfeeding not only because they do not provide facilities for breastfeeding, such as lactation rooms or fridges to store expressed milk, but also because working mothers are forced to cease breastfeeding earlier than expected in anticipation of returning to work. In addition, the requirement to return to work or school has also been identified as a barrier that negatively affected the duration of breastfeeding among working mothers in Qatar (Nasser et al., 2018).

As such, these insights indicate that there is a need for employers to allow sufficient time for employees to breastfeed their infants.

Murad et al.'s (2021) work supports the above findings and further shows that prohibitive policies and systems were the main barriers to breastfeeding in different hospitals and clinics in Saudi Arabia. For instance, working mothers reported that despite their additional roles in taking care of the newborn, they were still required to complete similar workloads as their peers who were not nursing. In Qatar, Al-Kohji, Said and Selim (2012) further concluded that the level of breastfeeding practice among Arab mothers was not at an acceptable level due to diverse factors, including work requirements. The indication from the analysis of these various studies (Al-Kohji, Said and Selim, 2012; Murad et al., 2021) is that the implementation of unfair work policies which fail to consider the conditions of breastfeeding mothers and instead coerce them to work under pressure, inhibit their ability to continue breastfeeding. In contrast, Alhabas (2016) reports that the inclusion of work policies to support employees to continue breastfeeding or to pump breastmilk in the workplace leads to increased motivation to breastfeed. On the contrary, a lack of policies to support either breastfeeding or the expression of milk in the workplace is likely to lead to a decrease in the duration of breastfeeding. Such studies indicate that the nature of the work policies implemented in an organisation has a direct impact on the uptake and duration of breastfeeding.

Interestingly, findings from empirical studies in other parts of the world indicate that favourable workplace policies have been put in place in order to encourage breastfeeding activity. For instance, in New Hampshire, Lauer et al. (2019) report that different industries have put in place various policies to support breastfeeding, such as paid maternity leave and other maternity leave, among other favourable policies. In the United States, Murtagh and Moulton (2011) report that laws have already been instituted to support breastfeeding activity

in the workplace. The laws cited include requiring employers to provide locations for breastfeeding that were not a toilet or bathroom, were private and close to the workplace (Murtagh and Moulton, 2011). Despite such laws in the US, Hendaus et al. (2018), however, argue that the barriers to breastfeeding that working mothers in Qatar experience do not differ significantly from those in other countries. Jabari et al. (2015) also report that there was progress in providing facilities for breastfeeding by organisations in the Middle East, including Saudi Arabia, such as lactation rooms and breast pumping breaks. However, the researchers argue that the effectiveness of these measures in encouraging continued breastfeeding among working mothers was not yet known with any certainty, as this field is under-researched.

In addition to work policies, other empirical studies have also focused on identifying how the different work environments support breastfeeding practices through the provision of lactation facilities such as fridges to store pumped milk, nurseries for children in the workplace and lactation rooms, among other measures. For instance, in the study by Al-Katufi et al. (2020), it was found that among the barriers to breastfeeding for working mothers in primary healthcare was the lack of suitable places to breastfeed or pump milk in the workplace, cited by 96% of respondents. A further 77.5% highlighted that there were no facilities for storing milk during working hours. These findings indicate that the lack of lactation facilities within the work environment has a significant influence on breastfeeding practices among working women. In another piece of research, Alzaheb (2017) showed that there were low breastfeeding rates among women in the Tabuk region, Saudi Arabia. Factors associated with the low incidence of breastfeeding included not only the mothers' lack of awareness of the importance of breastfeeding but also the lack of workplace facilities such as rooms for feeding and breast pumps. In the light of all these challenges, it is imperative to investigate some of the approaches

mothers in Qatar have adopted with the aim of overcoming the challenges associated with combining work and breastfeeding.

2.5.2 Employability of Breastfeeding Mothers

Discrimination against mothers with infants, or pregnant women in the workplace is a widespread problem. Becker, Fernandes and Weichselbaumer (2019) claim that job candidates who are mothers of young children in the global context are less likely to receive a call back from employers after attending interviews than women who do not have young children. Similarly, Correll, Benard and Paik (2007) report that mothers are disadvantaged when employers make hiring decisions. They also found that childless women were called back 2.1 times more frequently than equally qualified mothers. This discrimination in hiring practices arises from employers' views of mothers as less capable of dealing with workplace demands (Correll, Benard and Paik, 2007; O'Reilly, 2016). The propensity to hire women who are categorised as unencumbered by pregnancy or motherhood originates from the perspective that such employees face challenges that limit their performance or productivity during pregnancy or motherhood. In addition, the inability to predict their availability for work arises from the medicalisation of motherhood (Little, et al., 2015). These circumstances predispose women to the perception that, while their rights to employment are publicised, there are variations in practice.

2.5.3 Lack of Suitable Facilities for Breastfeeding

Breastfeeding is often treated as a private affair. However, the public nature of workplaces necessitates the installation of certain facilities to achieve the necessary level of privacy. The study by Gatrell (2019) argues that breastfeeding can produce discomfort because it troubles the boundary between maternity and sexuality. Therefore, mothers who pump milk in the workplace might be seen as crossing this border between motherhood and sexuality. Furthermore, Gatrell (2007) and Powell-Yost, (2020) explain this tension between the maternal and sexual breast at work as putting breastfeeding mothers in the position of negotiating a difficult balancing act between showing the acceptable face of femininity and not being treated as sexual objects. As Lee (2018) argues, while breastfeeding is not sex work, it is the sexualisation of breasts that means this category is also relevant. Therefore, many mothers in may feel uncomfortable carrying a breast pump with them out into the public sphere because of socially dominant conceptions of breast sexuality. To a large extent, the provision of private facilities and nursing hours does not alleviate the perceptions of the lack of privacy. This is in line with Saha (2002), who argues that it is easier for the breast to be hidden or removed from the picture than to struggle to desexualise it. Although some literature suggests that breast pumping is encouraged because it is perceived as disembodied and hygienic and can be done privately, it is problematic for some Muslim mothers in modest societies. The disapproval of pumping milk in the public sphere demonstrates the difficulties of reconciling the sexuality of the breast with maternal roles. Notably, Islamic regulations regarding modesty position breasts as sexualised objects, leading to modest behaviours which treat breastfeeding as private in public space, as the word 'breast' is considered to signify primarily a sexual object rather than a maternal object (Mohamad et al., 2013). Therefore, pumping breast milk in the workplace

challenges this reasoning and the social acceptance of behaviours by the mothers in the public sphere in a modest society.

However, not all workplaces have made such accommodations for breastfeeding mothers. Gatrell, Cooper and Kossek (2017) argue that employers often ignore or discourage breastfeeding and provide a limited number of suitable places to express milk at work, leading mothers to express milk in the lavatory (see also Gatrell, 2019). In support, Boswell-Penc and Boyer, (2007) found that some workplaces routinely deny the physical needs of the body, which makes breastfeeding women appear out of place. This is in line with Jessri, Farmer and Olson (2013), who conducted an ethnographic evaluation of infant feeding practices by Middle Eastern mothers living in Canada. Jabari et al.'s (2015) study of 519 employed Saudi mothers showed that almost half of the participants defined not being allowed to express milk at work as the main work-related problem affecting the initiation or continuation of breastfeeding. The lack of private space in the workplace was highlighted by 14.6% of mothers. Another study in Qatar by Nasser et al. (2018) found that mothers who had to go back to work were more likely to stop breastfeeding because the work environment was so prohibitive and unaccommodating. Another recent study in Saudi Arabia claims that some Saudi mothers reported they felt they were 'up against the system' when they tried to breastfeed in a workplace environment that inhibited breastfeeding (Murad et al., 2021). Murad et al.'s (2021) study also stated that Saudi mothers were juggling multiple roles and were stressed about their infant's feeding upon return to work; therefore, they were more likely to stop breastfeeding before six months, or to stop earlier than planned. While there are no standard designs and propositions for employers to use in determining the features of the facilities for breastfeeding mothers, it is common for breastfeeding mothers to expect privacy and ambience. Additional requirements include refrigeration for storage of breastmilk to be fed to the baby.

2.5.4 Short Maternity Leave

Breastfeeding mothers require maternity leave so they can focus on mothering their infants, especially in the early days after birth. In line with the propositions by WHO (2015), breastfeeding for the first six months is integral in achieving the catalogue of benefits to the baby, as discussed in section 2.3.1. However, professional commitments imply that not all working mothers can get the maternity leave they deem necessary for the mothering duties. On the one hand, this has implications on the clash between employment and breastfeeding, as evidenced earlier. On the other hand, with advancements in science, mothers can find alternatives that ensure the supplementation of breastmilk for the baby for the two year period, such as the expression of milk for bottle-feeding. With the right kind of support, most of the clashes between employment and breastfeeding can be avoided. However, there are limitations to the extent that the wishes of breastfeeding mothers can be accommodated.

According to Al-Nuaimi, Katende and Arulappan (2017), mothers in the Gulf Cooperation Council (GCC) countries reported that they felt too stressed to continue breastfeeding upon return to work after their short maternity leave. Foss (2012) describes several factors that affect the decision to continue breastfeeding, including maternal inexperience, limited maternity leave and difficulty pumping breastmilk in the workplace. However, as argued by Heba Ra'uf, an Islamic feminist, the advancement of women in Arab and Muslim societies requires a revival of Islamic thought and teaching and supporting Muslim mothers' choices which align with Quranic teachings, such as breastfeeding (Sidani, 2005).

Furthermore, workplace policies aim to reduce the level of conflict in an organisation by creating well-defined procedures and protocols that establish employee-employer relationships (Berman et al., 2021). In the absence of policies and rules, employer-employee conflicts are inevitable as the respective parties try to protect their best interests. In particular,

maternity leave policies are among the most important policy issues affecting Qatari mothers. This kind of policy is positioned particularly uneasily in Muslim cultures because of its focus on individualistic, performance-related and economic values (Afiouni, Karam and El-Hajj, 2013), which contradict the principles of mothering according to the Islamic religion. On the other hand, Ra'uf emphasises that women's work and roles should encompass both the private and the public, where the latter is a space traditionally assigned to males in society. Ra'uf asserts that women have a role to play in both the private and the public spheres, and that they should have the choice between different roles at different stages of their lives (Sidani, 2005).

However, expecting employers to centralise the child in order to enable mothering practices proves impractical, as the employers have traditional views about work that push mothering work from workplaces. Damaske (2013) has demonstrated a similar trend where disruption to intensive mothering comes from a divide in how traditional views situate the mother in a more burdensome position, allowing the rest of society to progress as if there is still coherency in norms. The discussion herein shows that while the entry of women into professional employment has delivered a number of benefits, it has also placed women in precarious positions, regarding many mothering duties. The clash implies that it is necessary to reconceptualise how women are accommodated in the workplace to the benefit of both the female employees and the organisations.

2.6 Breastfeeding in Qatar

Section 2.5 highlights the extent to which employment influences the continuation of breastfeeding beyond the period provided for maternity leave in different locations. In this section, the review focuses on studies in Qatar, starting with an assessment of the changes in

breastfeeding practices, the challenges that influence the attainment of optimal breastfeeding outcomes, and the socio-cultural factors that intervene in breastfeeding practices.

2.6.1 The Situation in Qatar

Generally, the higher levels of education among women in Qatar, associated with changing attitudes toward working women in society, have increased the participation of Qatari women in the workforce. It is likely that the reason behind the change in attitudes towards the participation of women in employment is that by earning an income, women are able to contribute to supporting their families, hence leading to better economic outcomes than when such opportunities are denied (Felder and Vuollo, 2008). Nevertheless, Qatari society is still considered a patriarchal society and women's empowerment is considerably low. Patriarchy is a social structure that engenders male domination in both the public and the private spheres and promotes gender inequality and male control over women (Sultana, 2012). It touches all aspects of our lives. Mitchell et al. (2015) found that while the majority of Qatari women believe that Qatar encourages women to work, 55.1% reported that Qatari men have more job opportunities than Qatari women with equal qualifications. Moreover, 73.3% reported that there are social pressures to focus on family instead of work. This is because Arab culture still sanctifies and respects the family (Al -Ammari and Romanowski, 2016).

Although political and demographic changes have somewhat undermined the patriarchal system which has governed family practices for a long time, women are still subordinated to males within the family or marriage unit (Fargues, 2005). Gender equality tends to be high among younger and well-educated youth in Arab countries, which is aligned with global experience (United Nations Development Programme, 2016). However, Qatar is

considered below the global average with lower educational and generational effects in support of gender equality. Consequently, patriarchal and gender inequity in Qatari society is still present and intrinsic. For example, a married woman needs the consent of her husband or guardian in order to work. Article 69 (5) of Law No. 22 of 2006 (the "Family Law") states that a wife is considered disobedient and therefore not entitled to marital support if she works outside the home without the permission of her husband, unless he is abusing his right in preventing her from working. Therefore, the power and authority of the male in any family should be respected under all circumstances (Al -Ammari and Romanowski, 2016).

According to the Ministry of Development Planning and Statistics (2017), Qatari women are currently concentrated in a small number of occupations, mainly in public administration, education and clerks' jobs, with almost 68% in the government sector. Qatari working women tend to find the government sector more attractive than private sector, due to the greater total compensation and shorter working hours (7 to 8 hours). Moreover, as a conservative society, Qatari women prefer to work in a gender segregated workplaces such as in education and government offices, than less segregated private workplaces (Stasz, Eide and Martorell, 2007). Qatari women in the civil service are mainly concentrated in the professional and the lower ranks, but are poorly represented at higher levels. This could be because, where there is high competition between men and women, employers prefer men in these jobs, even if their skills are inadequate (Stasz, Eide and Martorell, 2007; Felder and Vuollo, 2008; Mitchell et al., 2015)..

Moreover, as shown in section 1.1.2, Qatari working mothers might find it very difficult to breastfeed for a long period due to the relatively short maternity leave that is legally mandated (60 days in the governmental sector / 50 days in the non-governmental sector, on condition that the employee has worked for the employer for a full year in the non-governmental sector).

Maternity leave in the governmental and private sector in Qatar is considered low compared with other countries in the world (International Labour Organisation (ILO), 2018). Obviously, this is inadequate, especially with the absence of lactation facilities in most workplaces. Moreover, as there is no provision in the law that obliges employers to facilitate or provide any kind of lactation support programmes in the workplace or offer flexible working hours or reduce the working hours for breastfeeding mothers, it is very difficult to maintain the balance between breastfeeding and employment.

Additionally, the WHO has reported that Qatar has not achieved international labour standards in line with the International Labour Organisation's Maternity Protection Convention, 2000 (No. 183) relating to maternity protection. The Convention has stipulated under Article 4 that a woman who produces a medical certificate or other appropriate certification, as determined by national law and practice, stating the presumed date of childbirth, shall be entitled to not less 14 weeks of maternity leave. Additionally, the Convention in the same article stipulates that maternity leave shall include a compulsory six weeks after the childbirth. Noticeably, Qatar has not ratified the Convention, which means it is not obliged to follow the requirements provided for therein. Thus, Qatar's labour laws, i.e. the Labour Law and the HR Law, do not meet the minimum required period of maternity leave as stipulated by the convention. On the other hand, the convention in Article 10 requires that women shall be provided one or more daily break or daily reduction of working hours to breastfeed and these breaks or reduction of daily hours shall be counted as working time and remunerated. As discussed in section 1.1.2 as per Qatar's Civil Human Resources Law Act No. 32 of 2016, Article 83 that applies to the public sector, the employee is permitted to take two hours for breastfeeding daily for two years, starting immediately after the end of maternity leave. However, under Article 97 of Labour Law No. 14 of 2004 that applies to the private sector,

nursing female workers are entitled to one nursing hour daily for a period of one year. These nursing hours are considered as a reduction of working hours as mothers can work for 5 or 6 hours. However, in Qatar, no break provision is granted to pump milk during these working hours.

2.6.2 Evolution of Breastfeeding Practices in Qatar

Following the oil discovery in 1939, social and economic developments in Qatar led to changes in lifestyle and nutritional habits. Infant feeding practices, as a part of the culture, have been influenced by economic development. According to Moran and Gilad (2007) practices such as wet nursing became common in Qatar as a result of the socioeconomic stratification of people in Qatar after the discovery of oil. Wet nurses generally belonged to the lower class of Bedouins. Apart from economically driven wet nursing, Moran and Gilad (2007) also show that the practice was carried out at the family level with the aim of creating a brotherhood bond between the babies who were breastfed at the same time for a certain period under certain conditions. In Qatar, therefore, the concept of milk donors and milk banks (Woo and Spatz, 2007; Martin, Ling and Blackburn, 2016) as an option for preterm infants when a mother's milk was unavailable was not feasible, because the milk donor and the baby's family are required by custom to know each other. This explains why alternatives such as donor milk banking have not been adopted as an alternative to breastfeeding in the country. Rather than relying on milk banks, mothers in Qatar often preferred milk products from animals to supplement and complement breastfeeding (Sidra Medical and Research Centre, 2013). From this brief account, it is evident that, despite the fact that the Quran insists on breastfeeding, socioeconomic changes

in Qatar have led to an increase in the adoption of alternatives such as wet nursing and the use of feeding bottles.

The improvement in healthcare standards has also played a role breastfeeding practices in the country. In 2019, Qatar's total expenditure on the health sector per capita was 1,807 US Dollars (£1472) which is considered the highest among Middle Eastern countries (World Health Organisation WHO, 2018)¹². Although health care standards are considered to be generally high in Qatar, a comprehensive and effective community healthcare system is almost missing throughout the country when it specifically comes to breastfeeding. According to UNICEF records, data from a 2012 study and the Ministry of Health in Qatar in 2018¹³, the breastfeeding rate in Qatar was almost 18%, which is lower than the global rate of 37% and significantly lower than 50% which is the target rate set by the World Health Organisation (UNICEF, 2018). Although the Ministry of Health has issued the national health strategy which includes initiatives to promote breastfeeding in Qatar, no concrete efforts have been undertaken to protect, promote and support appropriate feeding practices of infants. According to WHO and UNICEF standards, infants need their first feed within the 1st hour after birth. As per WHO records, the early initiation of breastfeeding within one hour of birth was 33.5% in 2012 in Qatar. However, data about training for mothers, especially on the birth of a first child, is not available. Additionally, Qatar is severely lacking in mothers' education programmes on the benefits of breastfeeding. Therefore, appropriate prenatal and postnatal training is required to

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emphasise the importance of breastfeeding and the skills needed to manage any issues that mothers may face.

2.6.3 Challenges Associated with Low Breastfeeding Rates in Qatar

Several studies have shown that the low rate of breastfeeding in Qatar is associated with some major public health issues experienced by the population, such as breast cancer, childhood obesity and diarrhoea. Breast cancer is a public health threat and the most common cancer in the State of Qatar with a high incidence rate (Ravichandran and Al-Zahrani, 2009; Donnelly et al., 2011). According to Hamed et al. (2022) breast cancer accounts for over 14% of all new cancer cases in Qatar and around 37.5% of all new cancer cases among women. Additional data by Hamed et al. (2022) shows that breast cancer accounts for 19% of all cancer-related deaths in the country annually. As discussed in section 2.3.2, Donnelly et al. (2011) found that a shorter duration of breastfeeding is associated with a higher risk of breast cancer; therefore the duration of breastfeeding has been found to be a protective factor for breast cancer. As the duration of breastfeeding in Qatar has been found to be lower than in other Middle Eastern countries, further investigation into this matter is needed.

Additionally, the prevalence of obesity among children and teenagers in Qatar has been high (Al-Thani et al., 2017, 2018). Al-Thani et al. (2017) found that breastfeeding is a serious factor influencing the development of childhood obesity and can play a significant role in reducing the risk of obesity among children and youths in Qatar. Furthermore, a study conducted among 1278 Qatari infants concluded that the incidence of diarrhoea was higher in formula-fed children group (48.7%) compared to mixed breastfed (37.3%) and exclusively breastfed groups (32.5%) (Bener, Ehlayel and Abdulrahman, 2011). Therefore, it is important

to promote and support breastfeeding and educate mothers about the benefits of breastfeeding and the risks associated with ceasing breastfeeding in Qatar. These studies highlight the health related challenges that are magnified by reduced breastfeeding for both the mother and the child. However, there is no empirical evidence that those challenges are specifically attributable to the failure to breastfeed.

However, despite many codes and circulars to support and promote breastfeeding, no action plans have been applied to control the marketing of formula products. Moreover, The International Baby Food Action Network (IBFAN), WHO and UNICEF (2018) reported that Qatar has no specific legal provisions to align it with the International Code of Marketing of Breast-milk Substitutes, placing Qatar in the category of “no legal measures in place”. Additionally, Qatar is severely lacking in mothers’ education programmes on the benefits of breastfeeding. Therefore, appropriate prenatal and postnatal training is required to emphasise the importance of breastfeeding and the skills needed to manage any issues that mothers may face.

Although hospitals in Qatar and a number of clinics provide breastfeeding training support shortly after childbirth, these programmes are usually limited to the time when the mothers are in these facilities, hence they do not provide mothers with sufficient skills to address the range of challenges to breastfeeding which they may encounter (Nasser et al., 2018). Nasser et al. (2018) reported that although mothers received information about the importance of breastfeeding, they were not provided with the crucial skills needed to manage feeding issues faced after delivery. In some hospitals, formula milk is provided for free for mothers who choose not to breastfeed and those who choose to provide formula milk in parallel with breastfeeding. There is no law in Qatar that curbs the use and advertising of formula milk (Scott and Sheble, 2016). Therefore, effective interventions are needed from the Ministry of Health to

promote and support breastfeeding mothers, through prenatal and postnatal awareness classes and training.

Moreover, it is necessary to educate and engage medical professionals in promoting awareness on the need for breastfeeding. An effort to persuade the government to issue laws or policies that are aligned with the International Code of Marketing of Breast-milk Substitutes is also needed (Al-Kohji, Said and Selim, 2012; Sidra Medical and Research Centre, 2013). These efforts are urgently required in the context of the hundreds of millions of dollars the baby formula industry invests in marketing every year (Pérez-Escamilla, 2020). A significant problem is that a comprehensive, community healthcare system is almost missing throughout the country; as a result, educating and training mothers, especially on the birth of their first child, is untenable, though supporting social and public policy change is a fundamental objective of the present study.

2.6.4 Influence of Socio-Cultural Factors on Breastfeeding in Qatar

In the context of this research, cultural beliefs regarding breastfeeding are defined as the various human behaviours that are learned and transmitted from one generation to another through socialisation or enculturation. Such behaviours are argued to influence how breastfeeding mothers think, act and feel about the practice. According to Lee, Pea and de Royston (2020) culture encompasses a range of human behaviours that are learned and transmitted between generations through processes of enculturation and socialisation. In another study, Johnson (2013) argues that, although the definition of culture is elusive and the concept deeply contested, at the foundational level, however, culture describes patterned ways

of thinking, acting, reacting and feeling, which are acquired and transmitted through symbols that constitute distinctive achievements of human groups.

To begin with, research evidence shows that the mothers of pregnant women are usually the main source of information on issues relating to pregnancy in the Islamic context (Kridli, Ilori and Verriest, 2013). These researchers reported that, although they lack general information about pregnancy and childcare in Qatar, mothers are a central source of information during pregnancy and after childbirth, particularly in the 40-day period after childbirth. In another study, Hassan et al. (2020) also found that Muslim women in the UK learn about breastfeeding from their mothers. In addition, Hassan et al. (2020) point out that most of the women grew up in environments in which they witnessed their relatives engaging in motherhood activities such as breastfeeding. From the findings presented by Kridli, Ilori and Verriest (2013) and Hassan et al. (2020), it appears that breastfeeding is a learned behaviour that is passed down to mothers through socialisation and enculturation. As a result, it could be argued that most breastfeeding mothers base their knowledge and practices around breastfeeding on what they learned from their female relatives. However, as this might imply a high breastfeeding initiation rate, several studies indicate that the family perception that breast milk is not sufficient for babies and solid foods and water were necessary is one of the primary barriers to continuing breastfeeding. For instance, in some societies, water and mashed food were commonly introduced before 6 months of age (Al-Jassir et al., 2006; Senarath, Dibley and Agho, 2010; Thet, et al., 2016).

Additionally, it has been found that husbands have a very strong influence on how women raise children in most Muslim countries. According to Daud et al. (2020), husbands are obligated by the Quran to treat their wives with kindness and respect. As such, in the context of breastfeeding, husbands are expected to provide a conducive environment to enable their

wives to breastfeed their infants, even when the couple are divorcing or have divorced. In the case of divorce, Daud et al. (2020) argue that it is obligatory for husbands to pay breastfeeding wages to mothers. Other researchers, such as Patoari (2019), also report that husbands serve as the leadership authorities within the Islamic household, and as a result, women are also obligated to respect their decisions and adhere to their guidance. The implication of these findings is that women, under Islamic family customs, are obligated to adhere to the leadership of their husbands up to and including matters on breastfeeding.

In addition, Kamoun and Spatz (2018) observe that in Islam, women are prohibited from showing their skin or breasts to unrelated males. While modesty laws are fairly universal, Islamic teachings are strict on these guidelines to an extent that women are only allowed to breastfeed in front of their husbands and biological relatives.. This prohibition on the showing of skin in public presents an unintended consequence for breastfeeding, as adherence to this teaching would discourage women from feeding their infants in public places such as restaurants or workplaces, where they interact with many unrelated individuals. In turn, some are likely to adopt bottle-feeding as an alternative. The consequence arises from the fact that latching and positioning of the baby during breastfeeding is likely to require a great deal of attention, and the women would find it impossible to feed their children without exposing their breasts. However, to overcome this challenge, some innovations such as nursing covers have been increasingly marketed in order to hide breasts while feeding (Amir, 2014). The argument advanced for the adoption of such covers is that there is a need for mothers to feel free to breastfeed whenever they need to without any negative ramifications. However, in countries where there are strict Islamic regimes, such as Saudi Arabia and Iran, breastfeeding in public is a rare occurrence as women shy away from exposing their bodies to strangers in public (Olang et al., 2009). This review of the existing literature shows that religious beliefs and cultural

dispositions are affecting breastfeeding activity among working mothers. In fact, according to AlBader (2020), culture and Islamic religion are deeply intertwined. As a result, all cultural practices regarding motherhood are strongly guided by Islamic principles.

In addition to the strong influence of religion, research evidence shows that there are a wide range of personal attributes which influence breastfeeding in Qatar. For instance, breastfeeding practice in public where exposing the breast without proper coverage is considered inappropriate action in the Islamic religion. Therefore, many mothers feel embarrassed to breastfeed in public. Several studies call for the creation of baby-friendly spaces in all public places to promote breastfeeding in the culture (Khasawneh et al., 2006; 'The World Breastfeeding Trends Initiative (WBTi)', 2012; Leahy-Warren et al., 2017). However, the implementation of such recommendations is not yet evident in Qatar, meaning that mothers still face profound challenges to breastfeeding their infants, especially when they are in public places.

Other factors addressed in the literature are the mother's age and education. For instance, Al-Jassir et al. (2006), in Saudi Arabia, have shown that older women are more likely to breastfeed their infants for longer than younger women. These findings are corroborated by Amin, Hablas and Al Qader (2011), Al Juaid, Binns and Giglia (2014), and Alzaheb (2017), all of whom found a similar positive association between length of breastfeeding and the age of the mother. From the findings of Al-Jassir et al. (2006), younger mothers (under 20 years of age) prematurely end their breastfeeding and tend to introduce solid foods within the first two months. Education level also has a profound impact on breastfeeding. According to Al-Jassir et al. (2006), university educated mothers introduced formula milk and stopped breastfeeding earlier than illiterate mothers. They believed that the number of educated mothers who were working outside their homes was higher than that of illiterate mothers, hence the early cessation

of the former. In contrast, other studies found that educated mothers were more likely to breastfeed compared to those without educational records, because they can obtain knowledge from reading materials such as promotional brochures and books (Dhakal, Lee and Nam, 2017; Laksono et al., 2021). Class is also strongly correlated with literacy; women educated to higher levels are more likely to work in formal employment and to be economically autonomous. For example, in developing countries, social classes with a high purchasing power have a higher proportion of mothers who do not want to breastfeed. This might be attributed to the fact that women are highly influenced by food industry publicity, including the use of formula milk and tend to imitate liberated, modern Western women with economic success (Avila-Ortiz, et al., 2020).

Moreover, the method used in child delivery was found to also affect breastfeeding initiation (Al Juaid, Binns and Giglia, 2014; Al-Nuaimi, Katende and Arulappan, 2017; Alzaheb, 2017). Mothers who had a caesarean section delivery delayed the initiation and continuation of breastfeeding. This is most likely because mothers rest and recover from their operation and because infants have moved to a nursery or NICU. Since formula milk is accepted as an alternative to breastfeeding during the early days of their children, it follows that such mothers may continue to give their infants formula milk later on, especially when work demands become overwhelming. As a result, it is imperative to investigate the employment-related factors that lead mothers to seek such alternatives in the specific context of Qatar, and how mothers negotiate the balance between breastfeeding and employment from Islamic perspectives.

2.7 Solutions Applied to Address Breastfeeding Challenges

In the past, breastfeeding was the only source of sustainable nutrition to support infant growth. However, with the evolution of civilisations, advancements in medical sciences and intensive formula milk advertising, formula-feeding has become as a safe substitute for breastfeeding, which is formulated to imitate the nutritional composition of breast milk (Stevens, Patrick and Pickler, 2009; Martin, Ling and Blackburn, 2016). The provision of formula milk has been mentioned previously in studies such as that by Al-Kohji, Said and Selim (2012), as one of the solutions to which women in Qatar are resorting in response to the challenges of adequately breastfeeding their infants when they return to work. There are three categories of infant formulas, and they vary in nutrition, digestibility and price to meet different needs. These are cow's milk-based formula, soy-based formula and specialised formula (Martin, Ling and Blackburn, 2016). Moreover, the manufacturing procedures are highly regulated and monitored to meet national and international quality criteria and satisfy the quality factors of normal physical growth (World Health Organisation, Food and Agriculture Organisation and of the United Nations, 2007; Lönnerdal, 2012; U.S Department of Health and Human Services, U.S. Food and Drug Administration, Centre for Food Safety and Applied Nutrition, 2014; Martin, Ling and Blackburn, 2016). The increased use of formula milk as a solution to the inability to breastfeed has led to numerous research studies focusing on whether it is a feasible alternative to breast milk. For instance, this alternative solution might not be appealing for some mothers who engage in breastfeeding to follow the Islamic doctrine set out in the Holy Quran. Therefore, it is important to highlight these mothers' intentions and experiences when they return to work in Qatar.

2.8 Gap in the Literature

This chapter has provided a detailed review of emergent and extant research on a wide range of issues relating to breastfeeding among working mothers. First, this chapter has presented an evaluation of why breastfeeding is important in different contexts. Research studies such as those by Al-Hreashy et al. (2008) and Chowdhury et al. (2015) have shown that breastfeeding has many benefits, including reducing the chances of illness among infants and mothers. These research studies, and the other related ones presented in this section, however, fail to link the benefits of breastfeeding to the employment context. From their findings, therefore, it is not clear whether benefits such as stress reduction and a decrease in the chances of postpartum depression are observed among employed breastfeeding women. This research, by specifically focusing on employed women, will be able to establish whether these benefits are also observed among working women.

Evidence presented in previous studies also shows that employment has had a profound impact on breastfeeding. Research studies such as the work of Eidelman et al. (2012), Bai and Wunderlich (2013) and Soomro et al. (2016), show that the increase in the number of women in employment has increased the need for breastfeeding-related activities such as breast pumping. For that reason, many organisations have been compelled to invest in special rooms for breastfeeding mothers to pump breast milk. Other research studies such as Sankar et al. (2015) have established that the inability of mothers to be with their infants at all times as a result of work-related commitments has forced most women to supplement breastfeeding with the provision of formula milk. From these examples, it is evident that previous research studies have provided important insights on how employment has shaped breastfeeding practices. However, all the evaluated studies fail to show how breastfeeding practices have been shaped in the specific context of an Islamic culture. This research bridges this gap by focusing on the

experiences of Muslim women with breastfeeding once they return to work from maternity leave. The researcher has specifically explored how the teachings of Islam influences working, breastfeeding women in their choices of which breastfeeding practices to adopt, and those not to adopt, in their quest to balance motherhood and employment.

Finally, there are a number of research studies such as those by Al-Kohji, Said and Selim (2012) and Murad et al. (2021), which have investigated the challenges that Qatari women experience in breastfeeding after returning to work from maternity leave. These show that indeed, breastfeeding mothers face a wide range of challenges including the lack of sufficient resources, such as private milk pumping rooms, and inadequate support from other employees. However, none of these studies explore these challenges in the context of feminist theories. This thesis will evaluate the challenges encountered by Qatari women through the framework of feminist theories.

2.9 Research Significance

This thesis provides important insights on the experiences of breastfeeding mothers in the Qatari workplace context. Such insights, in conjunction with the findings of other related, future studies, could be used in the development of legislation that is more responsive to the needs of working mothers. The findings of this research could also form part of the evidence that organisational executives, including human resource managers, in Qatar, will use in the development of internal policies to address the interests of breastfeeding mothers. In addition to informing organisational and national policy, the findings of this thesis could play an important role in showing women, both in Qatar and elsewhere, who are interested in working

in Qatar, the experiences with breastfeeding they can expect in the workplace after maternity leave.

Finally, this thesis will contribute to the current understanding about breastfeeding in the workplace from a specifically Islamic perspective. Generally, most of the research that has been conducted in the past has focused on Western countries. This thesis will be invaluable to future scholars owing to the fact that it will provide insights on how breastfeeding in the workplace is influenced by the religion of Islam. From the background information provided in this chapter, it is evident that Islam plays a very profound role in the socioeconomic context of Qatar. Also, the Quran contains explicit information on a wide range of issues, including the length of time that women are supposed to breastfeed their infants. Since religion has a very strong influence on how people in the Arab world engage in different activities, an evaluation of breastfeeding in the workplace in relation to the teachings of Islam will provide important context that scholars may use to distinguish between the experiences of breastfeeding in Western and Arab countries. Such comparisons will help highlight any differences or commonalities between Qatar and Western countries that will justify the formulation and use of different organisational policies relating to breastfeeding mothers in these distinct contexts. These comparisons also contribute to new theoretical insights, given the dominance of the global north in feminist literature.

3 Chapter Three: Theoretical Framework

3.1 Introduction

This thesis explores the tension between Qatari mothers' participation in the labour market, which has rapidly increased in recent years, and the specific historic, cultural and religious expectations upon mothers with regard to breastfeeding. This tension creates challenges for mothers, employers and policy makers. The previous chapter drew on existing empirical research to show how the demands of work, and related policies, profoundly undermine the ability of mothers who breastfeed to continue to do so beyond the first few months after birth. Examining the experiences of mothers in the Qatari workplace has become an important issue of late since legislation put in place in the country encourages the increasing participation of women in all sectors of the economy. Conversely, the current modern workplace settings and policies do not sufficiently recognise the existing roles of women, and more specifically, the embodied ways in which becoming a mother brings with it certain vulnerabilities and associated derivative dependencies to which mothers are bound throughout pregnancy, birth and maternity (see e.g., Kittay, 1999 on derivative dependency). This is particularly concerning within a context that is undergoing rapid change, and wherein women also remain tied to quite inflexible cultural expectations and their commitments to religion and the teachings of the Quran, as explored in Chapters One and Two, which calls on mothers to breastfeed their children for two years.

This chapter outlines the theoretical framework on which I draw to consider and help make sense of the narratives of the Muslim working mothers whom I interviewed. It will help also to provide a more nuanced analysis of how breastfeeding Qatari mothers navigate the challenges of combining breastfeeding and employment. First, since it is a feminist study, I

discuss in depth feminist writing by Muslim writers, which has helped me to position myself as scholar. Within the specific employment landscape of Qatar, I apply the recent work of maternal studies theorist Andrea O'Reilly, who introduced the notion of 'matricentric feminism' – that is, a feminism which centres mothers, as explained in Section One. This work provides a key perspective which I adopt in my analytical work. It ties in with the organisational literature on gender and the ideal worker, and questions around the extent to which workplaces consider women's embodied realities. I outline how motherhood has become a battleground for feminism, before expounding the specific tenets of matricentric feminism. I also draw on Islamic perspectives on feminism where these can help inform my analysis (for example, I draw on writings specifically by authors such as Salem, 2013; Fazaeli, 2016; Qibtiyah, 2018; Mir-Hosseini, 2019; Salem and Yount, 2019). However, the rapid changes in women's labour force participation in the Gulf nations constitute a contemporary issue, one that has already been problematised in the feminist literature in the Global North, especially in the 1970s, 1980s and 1990s (Hochschild, 1989, 2012; Acker, 1992; Ely, 1995; Gatrell, 2008). Here, I consider whether this literature is of value in theorising the kinds of issues my respondents face, in a society that is structured around family, and the specific role of mothers as carers and home makers according, to Islamic teaching. My theoretical contribution lies in building on the existing literature, by considering the role of religion and the cultural context and how it intensifies the conflicts and challenges that writers such as Hays observed in the 1990s, when she foregrounded the cultural contradictions of 'intensive mothering' (Hays, 1996). My work thus considers the applicability of theories such as matricentric feminism and intensive mothering within a new context.

Second, I utilise the theory of gendered organisations as posited by Acker in 1990. Through the theory, I emphasise that the prominence of gender differences within the workplace

is evident in this research setting, and this influences women's experiences, more so breastfeeding mothers. Under the theory, I introduce the concept of the 'ideal worker', whereby breastfeeding mothers are perceived as failing to fit into this particular image on account of their physical and physiological characteristics. Through the theory, I will paint a picture of how breastfeeding women face challenges in trying to match the expectations of their employers, despite their additional responsibilities and situation as mothers. I will also highlight the challenges women face in getting fair and just treatment because they do not meet the perfectly curated image of the 'ideal worker'. Notably, there are three ways through which the inequality regimes theory by Acker has been applied in past studies: (i) certain scholars invoke the conceptualisation of gender as presented by Acker (CohenMiller, et al. 2022 and Kelly, et al. 2010); (ii) others explore a dimension of the model in a novel context, such as Williams, Muller and Kilanski (2012) who focused on the new economy, (iii) while others combine the theory with other related models to develop novel frameworks for studying emergent and extant topics (Riley, 2020). In this study, I will adopt the third approach, whereby, I combine this theory with maternal bodywork theory, critical/matricentric feminism and the multiple intersecting layers of contexts, to provide a balanced and critical analysis of the research problem.

Third, I will apply Gatrell's maternal body at work (Gatrell, 2014), which posits that the unique characteristics of breastfeeding women in the workplace are perceived as repugnant since breastfeeding is considered an activity that is practised within the private sphere. Under the theory, I will highlight how Qatari workplaces treat the maternal bodies of breastfeeding mothers as social pollutants, limiting the extent to which women can feel comfortable in the workplace while still carrying out mothering duties. Drawing on the theory, I will highlight the measures that have been taken to facilitate breastfeeding in the workplace, such as the provision

of private rooms and equipment, and how effective they are. Finally, in recognition of the complex nature of the issue, I will investigate the multiple layers of intersecting contexts. As Lewis and Den Dulk (2008) posited, these layers explain the contexts that play a part in creating the circumstances that influence the experiences of breastfeeding women. Three layers of contexts are taken into account, including the global, national/regional and institutional layers. In the discussion, I will highlight how these layers interact and intersect to produce novel experiences for breastfeeding mothers. These are the key focus in the final part of this chapter, before I set out my research questions.

3.2 Critical/ Matricentric Feminism and Intensive Mothering

O'Reilly defines matricentric feminism in her 2016 book, as well as in an article published in 2019, as a new and emergent feminism that is mother-centred, multidisciplinary and multitheoretical in its perspective. O'Reilly recognises that mothering, as work, is important and valuable to society – however, it is not, and should not be, the sole responsibility of mothers. Matricentric feminism seeks to develop research and activism based on the experiences and perspectives of mothers, and to correct the child-centric focus that has defined scholarship on motherhood (O'Reilly, 2019). Moreover, O'Reilly distinguishes between motherhood and mothering work. She understands motherhood as a patriarchal, oppressive institution that burdens mothers with expectations of how to mother, whereas 'mothering' is the act of being a mother, and a practice, not an identity. Matricentric feminism, therefore, challenges the oppressive institution of 'motherhood' and seeks to implement a maternal identity and practice to empower mothers, which is committed to social change and justice.

Matricentric feminism is a mother-centred feminist perspective that is based on the foundational aspect of the crucial role that motherhood plays in human and social development (Bueskens, 2016; Green, 2019). Therefore, matricentric feminism as conceptualised by O'Reilly (2016) and by Bueskens (2016), is a term that is critical, political, avowedly feminist, and mother-centred. The terms motherhood and mothering mean the act of becoming a mother (motherhood) and undertaking responsibilities expected of mothers (mothering), respectively. However, O'Reilly understands the distinction between these terms differently, following Rich (1966), for whom motherhood refers to the patriarchal institution which burdens mothers with specific expectations of how to mother, while mothering is seen as the act of caring as a mother.

Furthermore, employment positions women as entering into a completely new contract which, under capitalism, creates a new dilemma and necessitates making decisions and apportioning time between different spheres. Andrea O'Reilly explained the need to distinguish different categories of womanhood (O'Reilly, 2016, 2021). O'Reilly categorises mothers according to the various economic, political, social, cultural, and psychological challenges affecting women. According to O'Reilly (2021), these problems define the roles and identities of women. Since women have continued to experience variegated discriminatory challenges, O'Reilly has called for feminists' continued involvement in fighting for the position and empowerment of mothers and advocates for a matricentric feminism – a feminism that centres mothers, because mothers are particularly vulnerable as they are subject to what Kittay (1999) calls a 'derivative dependence', namely that of the child.

I am interested in thinking about this in the specific context of my research. In Islam, motherhood is one of the highest accomplishments of a woman, and as a result, the key processes and functions associated with motherhood, including pregnancy, childcare and breastfeeding, are all considered sacred and divine, which translates to being equivalent to

phenomena worthy of worship (Rahbari, 2020). Given the importance of mothering and motherhood in Islam, a matricentric feminist lens is important for considering Qatari mothers' experiences and decisions about mothering within the workplace context. Islamic teachings define mothering work, through breastfeeding, as the sole responsibility of mothers for the wellbeing of their children, while the evolving culture expects them to participate in the economy. As a result, mothers have to negotiate these contradictory expectations.

The application of matricentric theory can contribute to pushing for positive change in how workplace policies are formulated and adjusted to respond to mothers' varied concerns and needs. The fundamental goal is to promote women's empowerment, to support their active participation in both the economy and in mothering. As mentioned earlier, motherhood has become a battleground within feminism. Despite the fact that eighty percent of women become mothers in their lifetime, O'Reilly points out that mothering and motherhood in feminist thought is a neglected topic. In her 2016 book, she addresses different reasons for the 'disavowal' of motherhood in academic feminism, including the confusion of mothering with motherhood. O'Reilly argues that feminism views motherhood as a major cause of women's oppression, therefore it disavows and eschews motherhood. Thus, she argues, mothers need their own feminism to position their needs and concerns as a starting point for theory and women's agency and empowerment. Another explanation for this disavowal is that talking about a gendered experience such as mothering, and the related experience of pregnancy, childbirth and breastfeeding, speaks to the very gender differences that many feminists refute and resist. For instance, liberal feminists challenge the 'difference' approach and advocate a feminism of sameness (women become like men), whereas poststructuralist feminists seek to deconstruct gender differences (O'Reilly, 2019). Thus, talking about motherhood and mothering is

problematic for feminism. Resisting this disavowal, O'Reilly proposes a feminism that is derived from, and for, the specific experiences and concerns of mothers.

Matricentric feminism has been deployed in very interesting ways in different contexts in employment landscapes since its inception in 2016. It has been applied to research on different professions, such as accounting and social work. For example, a recent study by Smith-Carrier et al. (2021) draws on matricentric feminism to explore the experiences of mothers in academia in Canada. Kokot-Blamey (2021) draws on matricentric feminism in her study of the accounting profession in Germany and the UK. Kuri and Fierheller (2022), on the other hand, use matricentric feminist theory in their study on the profession of social work, and mothering within social work in the North American context. In India, Bhaumik and Sahu (2021) have applied a matricentric feminist perspective to understanding the challenges facing working mothers, and how they balance their career and childcare responsibilities. However, matricentric feminism has not been applied to the study of the Arab or Muslim world. Motherhood and mothering have been addressed in various studies in the Global North, however, motherhood and mothering in the Islamic feminist literature, and in Qatar in particular, remains underexplored. Notably, Islamic feminism focuses on and emphasises gender equality, but little work has been done on motherhood and mothering work in Islamic contexts. There is a need for Islamic feminism to include and focus on Muslim mothers' needs and concerns, because Muslim mothers remain disempowered, as women, as mothers and as workers. This thesis, therefore, develops the theory by applying it in a new context.

The Islamic religion regards motherhood highly and considers it divine and sacred. Ukockis (2016) lists the Islamic motherhood functions as pregnancy, childbearing, breastfeeding, and childcaring, and these are essentialised. Islam recognises the important role of mothers and advises Muslims to treat them with respect, making mothering their duty, rather

than a personal preference (Vakily, 2008). Therefore, Muslim women enter into motherhood to fulfil their holy calling – here motherhood is culturally embedded within a very specific set of expectations. Despite the veneration of mothers in Islam, women enter into motherhood without being guided in handling its struggles and complexities (Oh, 2010). However, according to O'Reilly (2021), mothering within the Global North is a societal responsibility that is often but not exclusively carried out by the biological mother. O'Reilly further argues that women have societally defined roles and responsibilities that they must fulfil to be considered to fully belong as part of wider society. In Islamic contexts, following the Holy Quran's teachings on breastfeeding, the Muslim mother should do all that it takes to fulfil these duties (Carbine, 2016). Yet, this is complicated by the demands of workplaces and changing cultural expectations that valorise paid work over care work (O'Reilly, 2016). Therefore, the religious demands on the Qatari working mothers to breastfeed the infant cause pressure and tension in the social life of these mothers when they cannot adhere to expectations about their participation in the labour market.

On the other hand, this also suggests that Islam is child-centric, and the recommendation for mothers to breastfeed their children, reflects the unavoidable dependency of infants upon their mothers for care and nurturing. In the Islamic context, The Quran and Islamic teachings consider Muslim mothers to be infants' primary caregivers, and they are expected to breastfeed for not less than two years. Muslim women's mothering work and identity are well established and defined and are important to them as Muslims. By breastfeeding, Muslim mothers are performing moral and ethical work that deserves a divine reward, which contributes to defining motherhood in Islam as an ethical practice (Oh, 2010). Therefore, matricentric feminism is vital for this study, since it acknowledges the special status that mothers occupy, and argues that the figure of the mother, and the vulnerabilities related to her position as a care giver, must be at

the heart of feminism. This study will explore the extent to which Qatari employment policy and practice has considered the needs of breastfeeding mothers in the workplace, given the central role bestowed to motherhood in the Quran, and the central role of the Holy Quran in organising society and cultural life in Qatar.

The second related feminist theory that applies to this study is intensive mothering. ‘Intensive mothering’ was introduced as a concept by Hays in the 1990s to critique North American culture. The ideals of intensive mothering position the mother as the sole and central caregiver, such that their caregiving to the infant cannot be substituted (Hays, 1996; O’Reilly, 2021), but within a culture that does not value care work under capitalism and thus expects everyone, including mothers of young children, to work in the labour market. Mothering here then becomes intensified by the struggles that working mothers experience in the workplace – trying to fulfil these multiple and conflicting roles traversing both the private and the public spheres. The concept of intensive mothering is relevant to the social life of contemporary Qatari working mothers in a new way, as women’s labour force participation rates increase and expectations on mothers expand to place value upon the pursuit of work in the public sphere while, simultaneously, being a good Muslim mother and following the Holy Quran, which assigns primary caregiving and extended breastfeeding roles to mothers. Islamic religion regards the mother as the only legitimate primary caregiver to the infant; thus, she cannot prioritise her work over the child. While capitalism prioritises work and economic production, the Islamic religion prioritises the child – but neither prioritises the mother. Therefore if a Qatari mother takes a paying job, her employers expect her to work as if she is not a mother, while her religion expects her to perform her mothering responsibilities as if she does not have a job (O’Reilly, 2016; Kokot-Blamey, 2021).

The second feature of intensive mothering is that a mother is expected to always be ready to expend energy, time, expert advice, and money to provide for the needs of her children. In her 1996 contribution, Hays concluded that intensive mothering is "*child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive*" (emphasis in original) (Hays, 1996). Motherhood is not only something one is, but it is something one must actively pursue, and in which one must become an expert. Intensive mothering is, I argue, a useful concept in the context of this thesis, as Qatar's economic life for women is changing rapidly, with more women entering the labour market and remaining in it after the birth of their children, and thus experiencing very similar tensions to those felt by their US counterparts in the 1990s, but within a specific, hyper-religious context – and one to which they are fully committed. Religion is an important part of discourses on motherhood in Islamic countries, as it is particularly in religions that emphasise love and responsibility towards children and are associated with values such as silence, purity, and sacrifice, which are often based on patriarchal values (Viruru and Nasser, 2017; Viruru and Askari, 2019). From the literature review in Chapters One and Two, it could be inferred that Islam, social norms and society in general tell women what to do as mothers, and that the institution of motherhood in Qatar calls on women to live up to ideals which are challenging to achieve. Mothers seek moral agency through their respective religious traditions, and their children are symbols of a society that imbues mothers with the legitimacy to act in the public sphere (Oh, 2010). The Holy Quran expects both parents to be involved in childrearing, but in a sex-segregated manner. For instance, while the Muslim mother is the primary care provider and is expected to breastfeed for two years, the father is to provide all other material things needed in caregiving, in a very traditional, gendered role division within the household (Taylor and Zine, 2014; Daud et al., 2020). Therefore, I'm interested to show to what extent, with the increased number of women in the workforce,

becoming a mother continues to have more consequences for mothers than becoming a father does for fathers.

The third aspect of intensive mothering regards children as innocent and pure. This is aligned with Quranic teachings that children are blessed by Allah (God) (Mirzayevich, 2022). Islam regards breastfeeding as one of the fundamental rights of a child. While this responsibility is assigned to the mother, the father (and in his absence, a male figure) has to assist the mother (Daud et al., 2020). The Islamic teaching on mothering is fully centred on the child and his or her wellbeing. According to Mirzayevich (2022), Islam teaches parents to dedicate their time and resources to taking care of children in such a manner that Allah (God) will be pleased with them. As this is the teaching of the Quran, Qatari mothers, fathers, and the entire society are expected to give their best to their children. Despite the Islamic religion commanding the entire community to take care of children in their own ways, the Muslim mother remains the one, central agent called on to provide effective and efficient care for her children. Therefore, the work, cultural, religious and family pressures to which the Qatari working mothers are subjected to is likely to create significant tensions and challenges. Intensive mothering captures these challenges conceptually and, in this thesis, I therefore consider whether it can be usefully applied to make sense of the tensions Qatari Muslim mothers experience.

Intensive mothering has been used in a number of Western contexts, for example, Christopher's (2012) study of forty employed mothers to explore how they navigate the intensive mothering and 'ideal worker' ideologies in constructing their accounts of good mothering. Another study by Johnston and Swanson (2006) has shown how work intensifies mothering and how mothers adjust expectations and reconcile these demands with their work. However, there has also been criticism of the use of the concept as not considering the tensions women experience, but rather as foregrounding a form of mothering that is intensively

focused on the child without also acknowledging the challenges that work brings. Forbes, Donovan and Lamar (2020), for example, conducted a study to analyse differences in intensive parenting attitudes. They problematise intensive mothering as the right way to be a mother and its placing of unrealistic standards on mothers, which can lead to negative emotional reactions. Elliott, Powell and Brenton (2015) studied sixteen low-income, black single mothers, but did not consider the challenges of employment; instead they focused on mothers performing intensive mothering in the absence of larger social support for their children's upbringing. This thesis adds to this literature by revisiting intensive mothering from a new angle, and considering how the rapid rise in women's labour force participation, and associated expectations that they remain in the labour market when they become mothers, create unique challenges for Muslim women, who want to be both good workers as well as good Muslim mothers.

Based on the contradictions of the expectations of mothering and work facing Qatari women which are described above, the theoretical framework of this thesis brings an Islamic perspective to the contributions made by O'Reilly and Hays, which I introduce here and draw upon further in my analytical chapters (Chapters Five to Seven). In doing so, I bring to the fore and consider the tensions that arise from the fact that mothers are expected to follow The Holy Quran's advice to breastfeed for two years and be a 'good mother', or in this case, a 'good Muslim', whilst also competing in the workforce as an 'ideal worker', who is so fully committed to paid work that she is assumed to have no other responsibilities outside of paid work (Acker, 2006).

3.3 Gendered Organisations and Ideal Workers

The theory was formally proposed by Acker (1990) in *Hierarchies, Jobs, Bodies: A Theory of Gendered Organisations*, wherein the author posited that ‘...images of men’s bodies and masculinity pervade organisational processes, marginalising women and contributing to the maintenance of gender segregation in organisations’ (Acker, 1990, p.130). Based on the theory, perceptions of a particular figurative worker are influenced by the gender of the individual (CohenMiller, et al. 2022). While the concept was developed as such in the 1990s, its roots can be traced to the radical feminist narrative from the 1960s, when researchers found links between organisational literature and gender studies. The goal of such radical feminist narratives was to make visible the experiences of men and women in the workplace as gendered experiences, in contrast to the generic, traditional approach which posited universal experiences as shared. The radical feminist narrative culminated in conclusions that organisational dynamics tend to produce gender-specific outcomes which create advantages for men and disadvantages for women.

The process of gendering occurs within substructures, which are essentially invisible processes in the regular institutional environment wherein assumptions about men/masculinity and women/femininity are conceptualised, reproduced, perpetuated and embedded (Acker, 2012). The identification of substructures can be traced to the contributions of Acker (2006), who referred to the theory of gendered organisation as an ‘Inequality Regime’. The inequality regime represents a set of interlocked practices and processes within organisations that culminate in inequality, some of which permeate other social settings. The loosely interlinked processes, practices, meanings and actions lead to and propagate inequalities based on gender, class and race within specific organisations. The substructures can be explicit or implicit and are interconnected with the processes and practices of the organisations at both the macro- and

micro-levels (Riley, 2020). The first substructure is the division of work roles and responsibilities (Riley, 2020). The horizontal and vertical segregation of work roles implies that, in most cases, men are assigned to tasks that culminate in power, better pay and prestige. These gendered norms, which are founded on stereotypical views of the differences between men and women in the workplace, emerge from the founding context of the organisation (Mastracci and Arreola, 2016), and are reinforced through repeated interactions among the employees. While the initial distribution of labour and roles in the workplace may occur innocently and without much deliberation, Baron, et al. (2007) and CohenMiller, et al. (2022) found that they shape future decisions about human resources, as well as the trajectory of organisational development. As a result, while they may not be apparent from the perspective of the individual employees, they crystallise at the group level. From this substructure, motherhood and mothering play a part in the roles and responsibilities assigned to each individual. And within the broader context of the gendered organisation, it is common for such roles and responsibilities to influence how they perform in those roles.

The second substructure consists in the gendered interpersonal interactions among members of the institution, which occur in formal and informal settings (Riley, 2020). These interactions were recognised by Acker (1990) as an integral part of gendering within an organisation. Subsequent research indicated that most firms are characteristically inclined to utilise the divergent strengths of either gender to communicate unique messages in a manner that perpetuates the gendered organisation narrative (Ashcraft and Mumby, 2003). The study cites the case of the airline industry, whereby working as a pilot was, on one hand, marketed as being so easy that women could do it. On the other hand, technological advancements were masculinised through the adoption of military culture in the dress code and job titles. In this study, I show that mothering and motherhood predispose Qatari women in the workplace to

certain forms of interactions that would not otherwise occur. This study will review the perspective of other employees (who may or may not be parents) who engage in such interactions. Similarly, the analysis will focus on how those interactions are perceived by the female employees, to capture the entirety of their experience.

The third substructure is gendered disparities in how an organisation affects the employee's self-efficacy, which consists in the ability to achieve success by primarily moderating their behaviour to align with the organisation's expectations (Miller and Borgida, 2016). While most of these studies present the gendered institution as a fairly constant construct within an organisation, Phillips, (2005) and Mastracci and Arreola (2016) found that it is dynamic. Changes to the gendered terrain of the institution can thus be interrupted through structures for opportunities (Alfrey and Twine, 2017). Similarly, certain favourable aspects of the gendered view can be reproduced within the organisation. For example, occupational and work segregation is a persistent characteristic of most firms, with men finding employment in primary labour markets that culminate in better economic rewards, while women settle for opportunities in the secondary labour market where wages are lower, there is uncertainty in employment, career ladders are shorter, and employment benefits are dismal.

The fourth substructure is the organisational culture, whereby most institutions produce and reinforce the view that masculine characteristics are aligned with the goals and success of the institution (Cahusac and Kanji, 2014). In Acker's analysis (1990, 1992), the firm's culture features the organisational logic, which represents the key processes that incorporate and influence other substructures.

Acker posits that despite the recent advances in how gender is theorised, most institutions (except the family unit) are perceived as gender-neutral or gender-free (Sayce, 2019). This perception limits the extent to which accommodations are made for female employees at a

national level. However, the recognition of gender differences is evident from the practices, processes, images, ideologies and symbols that determine the distribution of power within those institutions (Acker, 1992). To a large extent, gender is an institution in and of itself, while also influencing other types of social structures. In essence, gender is conceptualised as more than a singular characteristic, but rather a key system for organisation that frames how people interact as well as their expectations within different social settings. Some of the ways through which gender is a system for the organisation include language, sexuality, personality, ideology, culture, education, the economy, and interpersonal relationships, among others. The single act of conceptualising institutions as separate entities that are genderless culminates in problems, since the fundamental processes through which power is created and maintained between men and women are obscured.

The notion of the 'gendered organisation' has developed as a unique domain of scholarly inquiry designed to explain these inequalities. The concept, by Acker, implies that there are patterned distinctions between men and women in the workplace, which permeate other dimensions of similarities and differences, including masculinity and femininity, and they have implications for actions and emotions, advantages and disadvantages, meanings and identities, and exploitation and control (Acker, 1990). This position contradicts what other theorists, such as Kanter, posited by stating that gender exists outside of the organisational structure (Mastracci and Arreola, 2016). Over time, Acker's position has proven more convincing both empirically and theoretically, at the expense of Kanter's theory, since the increased mobility of women has failed to disrupt the disparity in a gender imbalance.

The introduction of measures to promote work/life balance (WLB) was initially designed to solve the challenges associated with the gendered organisation. The measures and the underlying policy decisions facilitate the ability of women to address their responsibilities in

the workplace without compromising their roles at home. However, Smithson and Stokoe (2005), Paustian-Underdahl, et al. (2016) and Romani, Holck and Risberg (2019) have argued that the practice has become a covert gendered organisational norm, with most employees treating it as a policy designed for women (Lewis, 2010), hence the close association with disadvantage. Furthermore, the resilience of gendered divisions has led to the elusiveness of WLB, since the predisposition towards masculinity leads to the reward and recognition of men through increased salary when they become fathers, while those who signal their propensity towards caregiving are penalised and conceptually eliminated from being on track to leadership and management. These findings diverge from the binary view of gender in Acker's theory, with researchers such as Ashforth, Schinoff and Brickson (2020) indicating that institutionalised social groupings are a disadvantage to anyone who does not conform to the hegemonic norms. Although this thesis does not review the theory of gendered organisations in depth, I exploit its capacity to highlight how gender inequity persists in organisations despite them appearing gender-neutral in their structures.

To facilitate this approach, I introduce here the concept of the 'ideal worker' to explore whether and how mothers are perceived or treated differently upon returning to work from maternity leave, according to this model. The notion of the 'ideal worker' can be traced to the era of the market revolution in the mid-20th century in the US, whereby the separation of work and home was naturalised and fomented (Davies and Frink, 2014). At its core, the concept explains the inhibitions to the career progression of individuals or groups that do not fit the ideal worker narrative (Gray, De Haan and Bonneywell, 2019). The concept draws from the 'ideology of separate spheres', whereby success in careers entailed leaving the daily family duties behind. While this may be viable for a white middle-class man, a breastfeeding woman cannot simply transform into this 'ideal worker' image as and when needed (Brumley, 2014).

The formulation of the narrative of the ideal worker features elements of the organisational culture, horizontal and vertical job division, and the gendered dialogue among employees (Minnotte and Minnotte, 2021). Extant and emergent research concurs with the observation that employees who epitomise the ideal worker image and attributes are more inclined to be recommended for development and have better chances of promotion (Hoobler, Wayne and Lemmon, 2009; Paustian-Underdahl, et al. 2016). In addition, the ideal worker gets preferential treatment through the assignment of privileges, while others are marginalised (Turnbull, Graham and Taket, 2020). Based on the ideal worker theory, women are penalised since most firms attach a higher value to conduct, forms and styles that are linked to masculinity and the actions of men in the public sphere of work, and lower value to activities that are customarily associated with femininity, and the actions of women in the private sphere (Cahusac and Kanji, 2014 and Kelly, et al. 2010). Consequently, actions and choices associated with motherhood, such as the need to negotiate shorter and flexible working hours, drive organisations to sideline these employees or assign lower-status roles that are not critical to the success of the organisation. Similarly, their contribution is undervalued, leading to lower compensation (Sallee, 2012). Due to their subordinate status, women with caring responsibilities have limited ability to protest the working conditions.

The concept of the ideal worker may also be termed, the ‘organisational man’, and extends to views on which reasons are justifiable for being absent from work (Reid, 2015; Peters and Blomme, 2019). The requirement for employees to articulate their reasons for lateness, absenteeism or leave creates informal obstacles, which are magnified when gender dynamics are taken into account (Turnbull, Graham and Taket, 2020). For example, the challenge for mothers arises if the organisation does not recognise breastfeeding as a reason for the different forms of leave, meaning that they are not compensated (Brumley, 2014). Similarly, in line with

the gendered organisation perspective, where leadership roles are limited to men, explaining such reasons may be embarrassing.

The concept of the ideal worker has been overlooked in studies on Islamic communities and management discourses. The oversight occurs despite the reality that this context often creates an alienating experience for pregnant women and breastfeeding mothers, in line with Kristeva's assertion of the intersection between culture and nature concerning maternity (Carson, 2020). Most studies have thus deferred to the patriarchal perspective, whereby the work is constructed as a matter of the duties and responsibilities of the employer and employee. While Seidu (2006) argues that employees and employers are responsible for promoting a harmonious and smooth relationship in the workplace, the employer has the responsibility to treat their employees in the best possible way and provide them with meaningful work. Employers are also expected to act in an ethical and morally acceptable manner. One study by Eger (2021), however, which focuses on sensitive aspects of work in a Muslim-majority community, analyses the honour-shame continuum, which mediates and moralises gender relations. The findings show that shame and respect are integral to producing, reproducing and institutionalising inequalities between genders.

In most Islamic communities, men are seen as the sole breadwinners, hence the ideal worker image is associated with men. Reeves, McKinney and Azam (2012) found that while most Muslim women held a broad range of views on adherence to the Islamic precepts when in the workplace, the catalogue of requirements that they have to meet to fit into the environment has negative implications, such as discrimination and intolerance. In support, Tariq and Syed (2017) identify the interconnected and overlapping factors that culminate in an unequal regime, which is responsible for the treatment of women in the workplace. Their study recognises the role of race and class as additional dimensions of diversity that fuel inequality within a gendered

organisation, while also acting as a determinant of the ideal worker image. It can be deduced from these studies that Qatari mothers who desire to breastfeed do not fit into the ideal worker image.

In this study, I combine the gendered organisation theory and the ideal worker theory, thereby exploiting their capacity to elucidate how inequalities between genders persist within organisations. This is despite the extensive progress through professionalisation and the measures to ensure gender neutrality in roles and structures. Hence, gendering persists within organisations since they are established with the view that the ideal worker has unlimited time to work for the organisation without other responsibilities or distractions from the social domain. With this in mind, I hypothesise that female employees tend to be perceived as deviating even further from the ideal worker image during mothering. In the investigation, I will seek to determine the experiences of Muslim working mothers in Qatar as they try to fit into the ideal worker image, while also fulfilling the duties of mothering. Furthermore, I will reflect on the exacerbation of the challenge for Muslim mothers on account of the religious doctrines associated with breastfeeding, as discussed under intensive mothering.

3.4 Maternal Bodies at Work

The theorisation of the maternal body at work is a subset of bodywork research from the female perspective, whereby female employees face problems in conforming to what the organisation expects about the comportment of their bodies (Wolkowitz, 2006). While women, in general, face challenges in conforming to organisational norms, the challenges are magnified during mothering since, among other things, they have to mould their bodies to fit in with the mainstream under the prevailing masculine culture (Longhurst, 2001; Haynes, 2011). The

mechanisms include acts such as breastfeeding and how the mothers manage their lactating female bodies as well as their duty to nurse their child, including regulating their breasts to comply with workplace norms (dealing with leakage or painful swelling of their mammary glands), expressing and storing milk (Van Amsterdam, 2015), and the emotional toll which mothers experience before, and after, returning to the office from maternity leave (Gross, 2018). The maternal body at work is an extension of the hypothetical views of 'body work' since it is commonly limited to women in the workplace (Cohen and Wolkowitz, 2018).

To articulate the maternal tensions that the new mothers experience which traverse the private and public spheres, Gatrell (2013) coined the term 'maternal body works'. The concept draws from what Shilling (2008) referred to as the set of challenges facing pregnant women and mothers due to varied social expectations, as well as what Longhurst (2008) referred to as the complexities of actions that mothers have to perform in the workplace. The maternal body at work thus refers to two contrasting concepts. First, the integration perspective, whereby the obligation to conform to the mainstream norms under the professional and managerial work cultures involves negotiating the separation of work and motherhood, including measures to regulate their bodies (Haynes, 2008). This perspective involves measures to conceal their pregnancy, and conceal, cease or reduce breastfeeding during employment (Poduval and Poduval, 2009). It emanates from what Gatrell (2014) termed as the valorisation of the maternal body, implying that most workplaces expect mothers to treat maternity as a key aspect of their lives, hence limiting their agency in the workplace. Essentially, this limits the ability of pregnant and breastfeeding mothers to seek accommodations in the workplace, lest those demands are perceived as being justified through their pregnancy/breastfeeding duties, which could compromise their status at work. Second is the stoicism perspective, whereby all actions entailing good mothering, including the prioritisation of adjustments to nurture their pregnant

bodies, and eventually, the bodies of their children (Gatrell, 2011; Ollilainen, 2019). The extant and emergent research concludes that these divergent perspectives on the maternal body at work are incompatible, and that women face challenges in preventing leakage between the responsibilities of work and the role of reproduction. Similarly, the very act of trying to achieve the desired orientation based on the circumstances has consequences for the individual. In this study, I seek to find ways of achieving convergence in how stoicism and integration can be achieved, in conditions of motherhood and mothering, among Qatari mothers in the workplace.

The concept of maternal bodies at work arises from the persistent dissonance between the public, institutionalised world which is characteristic of most workplaces, and the private world of reproduction (Gatrell, 2014). The dissonance accounts for mothers feeling undervalued and marginalised, and unable to establish convergence between maternal responsibilities and workplace roles. Eventually, women end up being defined by and through this narrow perspective, with labels such as ‘child-bearers’ and ‘child-rearers’, all of which lead to the reduction of women to their reproductive capacity.

Ollilainen (2019) points out that the notion of maternal bodies can be traced to prevailing perceptions of the ideal body, which is fundamentally linked to the ideal worker image as introduced by Acker (1990, 1992). Essentially, maternal bodies do not fit into the ideal worker image. Several explanations are provided for this perspective. First, Gatrell, Cooper and Kossek (2017), who assert that the maternal body is associated with taboo, attribute the view to the notion that the characteristics of the maternal body (including pregnancy, birth, babies, and breast milk) are linked to reproductive roles. The perspective reflects what is commonly referred to as the Douglasian thesis of the maternal bodywork, introduced by Mary Douglas in 1966 (Douglas, 1966), in which the maternal body is perceived as a social pollutant in the workplace. The thesis posits that maternal bodies contribute to workplace discomfort, with

heightened effects during pregnancy and at the start of motherhood. In this state, mothers are set apart from the normal 'male' and 'ideal worker' image, which is associated with success and productivity in the workplace. Second, there is a characteristic medicalisation of maternal bodies, with most workplaces associating the changes in the physical, emotional and psychological state with the fluctuations in hormones (Little, et al., 2015). These fluctuations are perceived as presenting uncertainties as to the abilities and efficacy of pregnant women and women with children, and those perceptions tend to spill over into the institutional context (Kokot-blamey, 2021). Consequently, the maternal body is associated with uncertainty and the inability to make rational decisions. All these circumstances contribute to the association of maternal bodies in the workplace with lowered cognition of employees.

Due to its hypervisibility, Souza (2022) found that the maternal body is perceived as being unsuitable for certain roles and responsibilities at work, thus limiting the ability of female employees to achieve their potential. The visibility of maternal bodies has negative effects, due to the contested dynamics of control, power, occupation, identity, experience and autonomy. It is common for motherhood to be devalued in social circles, due to the misrepresentation of mothering and childbearing as limited, occupied and idealised. In response, Shilling (2008) has argued that employees who are pregnant or those with infants have to create a presentational body that complies with the norms in the workplace. Finally, Gatrell, Cooper and Kossek (2017) pointed out that maternal bodies are perceived as social pollutants, which compromises the productivity of the individual, with lowered productivity linked to anxiety and exhaustion due to the physical changes, as well as the production of fluids. The adverse effects on productivity extend to other employees, who may display discomfort around the maternal body.

While the notion of maternal bodies at work is universal, there are variations in the conceptualisation of the theory at the spatial and temporal levels. Stumbitz and Jaga (2020),

who applied the south theory in analysing the construct, focused on resource-poor mothers in urban South Africa. The findings show that maternal bodies have to be conceptualised from the post-colonial perspective, which is imperative for the appreciation of the competing work demands, and how they influence activities such as breastfeeding. Several studies have applied the concept to breastfeeding. For example, Longhurst (2008) and Turner and Norwood (2013) recognised that the maternal body is physical, but argued that breastfeeding is socially constructed, and is influenced by the cultural inclinations of the location where it occurs.

Just like other dimensions of bodywork research, the existing concepts of maternal bodywork originate from the Global North and depict what is considered ‘good mothering’ (Coffey, 2016; Stumbitz, et al., 2018). Consequently, this has led to a body of knowledge that overlooks the local peculiarities and certain views from Muslim countries on bodies, the nature of families and societies, as well as employment. In this study, I will focus on the peculiarities that highlight the complexities that are relevant within the Qatari context, thereby leading to the development of suitable interventions, similarly to Stumbitz and Jaga’s (2020) approach to their research in South Africa.

The nature of attitudes towards maternal bodies influences the choices and actions of mothers. Gatrell (2019) found that working mothers from low-income strata found it problematic to breastfeed beyond a few weeks, due to the challenges of combining gainful employment and nursing responsibilities. The situation was worsened by a lack of access to basic resources. Essentially, these mothers were predisposed to a reduced willingness to initiate breastfeeding, with others reporting lower durations of breastfeeding as compared to mothers of a higher socio-economic status. Stumbitz, Lewis and Rouse (2018) argued that within the context of constrained socio-economic status, the concept of the maternal body at work explains why some women may display a low sense of entitlement. As a result, the women forego certain

entitlements, such as sufficient maternity leave, maternity support, or even breastfeeding breaks. In the study by Souza (2022), mothers engage in maternal bodywork to reconcile the demands of motherhood and work. Based on this discourse, my goal is to determine what Qatari working mothers experience in the workplace as they conform to the norms of the public and private spheres to which they are exposed through their participation in paid work. Thus, I show that despite the diversity of privileges available to Qatari mothers in terms of accessing and participating in the labour force, they still face stigma due to their maternal bodies, as well as their responsibility for procreation and breastfeeding.

The perception that the maternal body does not fit into the ‘ideal worker’ image further contributes to the adverse experiences of breastfeeding mothers. The tensions arise from the collision between an ideal worker image and the maternal body. These tensions affect both Muslim mothers and other employees in the workplace since, in the Islamic context, breastfeeding is perceived as an activity reserved for the private sphere. I will posit that the propensity of organisations and other employees to disapprove of breastfeeding in the workplace demonstrates the challenges that mothers face in reconciling the requirements for modesty in the workplace with the sexual connotations linked to the breast, and their maternal roles. The disapproval may contribute to the mothers feeling uncomfortable engaging in activities related to breastfeeding such as expressing breast milk in the workplace, due to the socially dominant concepts of the sexuality of the breast.

3.5 Embeddedness in Multiple Intersecting Layers of Context

Rather than being attributed to a single factor or context, the experiences of breastfeeding mothers returning to work in Qatar are determined by multiple intersecting layers of contexts.

In this study, therefore, I focus also on the multiple intersecting layers of context as proposed by Lewis and Beauregard (2018), thereby recognising the direct, indirect and knock-on effects of various factors. In investigating this perspective, I take into account the reality that the secrecy, shame and silence surrounding breastfeeding originates from a multiplicity of factors. This intersection of multiple factors can produce varying outcomes in terms of the experiences of the women, with the possibility of magnifying or diminishing the impact of the individual variables as exemplified by Lewis and Den Dulk (2008).

I also recognise the reality that some factors gain potency based on the context in which mothering occurs. In this section, I discuss how wider societal norms relating to breastfeeding influences the culture in the workplace, such as the attitudes of peers and supervisors. In discussing how work/life balance (WLB) can be deployed to solve a number of the challenges facing employees in the workplace, Lewis and Beauregard (2018) recognise the role of the intersecting layers of context, starting from the global and national, institutional, and temporal contexts. A different approach is adopted by Mabaso, Jaga and Doherty (2023), who coin the term 'Family Supportive Supervisor Behaviours' (FSSB), to refer to the measures that supervisors implement to create a family-like environment for pregnant and mothering employees. While recognising that FSSB are restricted to the Global North and private institutional settings, it is clear that Mabaso, Jaga and Doherty (2023) recognise the pervasiveness of gendering and patriarchal cultures that influence its applicability and efficacy.

In the global context, the decisions and choices by firms are based on what is perceived to be universally acceptable and necessary for the success of an organisation (Lewis and Beauregard, 2018). Drawing from the example by Lewis, Gambles and Rapoport (2007), WLB is understood from the neoliberal perspective whereby profitability is prioritised over personal lives in the workplace. The perspective influences the choices and actions within workplaces.

There is an intersection between the global and national contexts, due to the effects of globalisation, localisation and glocalisation (Lewis et al., 2017). The intersection is also driven by multinationals, whereby foreign subsidiaries export domestic policies to new locations, and this leads to the permeation of the global context into the national level. Based on this perspective, I will examine the experiences of Qatari mothers regarding the universal practices in a generic workplace and how those contexts interact with one another to perpetuate the challenges faced by breastfeeding employees.

3.5.1 The Global Level

At the global layer, mothering is a responsibility bestowed upon women. The roles associated with this particular responsibility predisposes women to certain forms of treatment, some of which has led to the emergence of the feminist view, as well as the gendered perspective, as discussed in part 3.2 and 3.3, respectively. However, there are differences in how the role is conceptualised, with the socio-cultural perspective, which manifests through religion (among other factors), playing a key role (Kamoun and Spatz, 2018). The Quran provides specific guidelines on breastfeeding, with Islamic law requiring mothers to breastfeed a newborn for two years (Abdulganiyu and Kaita 2018; Mehrpisheh, et al. 2020). The requirement is based on the concept of duty, and the widespread knowledge that breastfeeding ensures the mental, emotional and physical development of children. This requirement predisposes individuals and organisations that practice Islam to expect women to adhere to these guidelines, thereby influencing the choices and experiences of the mothers in different ways. On the other hand, mothers who are not able to meet this requirement may experience disappointment for failure to meet this level of spiritual achievement, and fear due to feelings

of guilt, for failure to fulfil their mandated duty (Jamil, 2018; Diez-Sampedro, et al. 2019, Che Abdul Rahim, Sulaiman and Ismail 2022; Yate and Soliman, 2022). The essential response predisposes mothers to take measures to fulfil their mandates in breastfeeding, including making sacrifices to ensure their availability for breastfeeding.

Most communities that practice Islam are closely knit, with social interactions among peers playing an integral role in influencing the choices of the individual. The closeness acts as a regulator of behaviour, thereby contributing to the propensity of new mothers to take the necessary measures to fulfil their responsibility of breastfeeding for the customarily practised periods. Failure to fulfil such expectations leads to direct and indirect consequences for the individual mother, especially those with professional responsibilities. The fear of such consequences predisposes women to seek alternative solutions.

There is a broad range of options to achieve breastfeeding guidelines for new mothers, such as wet nursing and reliance on human milk banks. Under Islamic law, the prominence of affinal relationships and consanguinity influences the experiences of breastfeeding mothers and have predisposed mothers to prefer wet nursing (Rahbari, 2020) to human milk banks (HMBs) (Karadag, et al. 2015). However, Western-style HMBs are forbidden under Hukum Tahrim, due to the anonymisation of the donors (Karadag, et al. 2015; AlHreashy, 2018).

At the global level, professionals in different disciplines play an integral role in the experiences of women. For example, starting with the healthcare sector, Topothai, et al. (2022) found that Thai women who received the right information experienced better breastfeeding outcomes since they did not rely on incorrect information. Similar perceptions are shared by Apanga, et al. (2022), who indicated that the quality of care delivered to women, infants and children contributed to improved experiences for breastfeeding mothers, by making them aware

of the various options. On the other hand, for most women, the support of the male partner plays a crucial role in their experiences of breastfeeding, as well as influencing breastfeeding outcomes (Tsai, 2022). In addition, under Islam, husbands are required to assist in the mothering duties through the provision of food and other basic, living needs (Abdulganiyu and Kaita 2018). Such support reduces the struggles that the mother experiences, while also reducing the predisposition to post-natal depression (Tanganhito, Bick and Chang, 2020). Despite the shared responsibilities between parents regarding breastfeeding, most Muslim women cannot stretch to adequately fulfil these responsibilities while also performing in the workplace. However, within the patriarchal dynamic in most families, most fathers expect women to focus on mothering, over and above other professional endeavours especially given that, in Islam, weaning of the child should only be carried out with the mutual consent of both parents which undermines women's decisions and choices.

According to Viruru and Nasser, (2017), within most Arabic and Islamic cultures family is important, both immediate and extended, and women make significant decisions with the family in mind. The cultures in many Islamic countries emphasise order, discipline, and adherence to social norms, and motherhood is interpreted through a communitarianist framework. However, in the classic division of labour, men are usually tasked with the production processes while women are entrusted with reproduction. According to Ukockis (2016), career women find themselves playing both roles. For instance, Qatari working women are expected to both be economically productive at work, and to provide quality mothering. The traditional division of labour between men and women has continued to confine motherhood and mothering responsibilities to the domestic realm, turning women into non-political and private individuals (Klugman et al., 2014). This societal arrangement and the associated roles of women have restricted the scope and influence of mothers and limited their

political and social significance to issues relating to mothering and the maternal. The religious and cultural definition of women's roles has intense effects on Qatari women because their roles and functions regarding motherhood and mothering are predefined and affirmed by their religious and cultural institutions. In other words, Islamic countries' cultures uphold teaching on the roles of women very religiously. Therefore, this study is interested in bringing to light the pressure which arises from mixing mothering, including the societal demands on a mother, with a full-time career.

3.5.2 National/Regional Level

Research on the national layer of context has been approached through cultural orientations (which are determined by the norms and values), and structural factors (including policies and legal frameworks in place) (Lewis and Beauregard, 2018). Cultural values relate to outcomes such as gender egalitarianism, which is a determinant of the propensity of the residents of a country to establish policies and gravitate towards support for working families, and eventually create favourable circumstances for women to practice their agency when breastfeeding. For instance, while Chandra (2012) found that companies in America promote flexibility in working hours to enable women to participate in mothering, Xiao and Cooke (2021) and Fung, Hui and Yau (2021) found that companies in China have shown an increased propensity towards accepting work-life conflict as a reality in the workplace. This dichotomy implies that the experiences of women when it comes to breastfeeding can be dependent on the country where they live and work.

While the cultural values of interest in this study are mapped at a national level, Khokher and Beauregard (2014) argue that some cultural orientations are limited to the specific ethnicities of sublocations, hence leading to differences in factors that intersect to produce the

experiences of breastfeeding mothers. At the ethnic level, McKinney et al. (2016) found that there were differences in the initiation, duration and intent for breastfeeding among different ethnicities in the US. At the geographical level, Wallenborn et al. (2019) found disparities in the breastfeeding and mothering practices of women in urban areas compared to rural areas, which can be explained by the disparities in socioeconomic standing and maternal education. While the study did not clarify whether the participants were working mothers, it elucidates the influence of geographical differences in breastfeeding outcomes. In line with this discourse, my focus will be the employment landscape in Qatar. The multiple intersecting factors of interest will include whether there are differences in the experiences of the women based on their ethnicity and whether they live in urban or rural areas, all of which have been found to have unique effects. The analysis will identify the role of the structural factors which persist at the national level, on account of the mandatory provisions of the associated laws and policies. I will further identify lessons from other locations and thereby propose some changes in the legal and policy arena.

Extant and emergent research shows that the presence of the necessary laws is integral in laying the foundation for organisations to provide a suitable environment and circumstances for breastfeeding employees (Apanga, et al. 2022; Hernández-Cordero, et al. 2022). While a number of these laws are applicable in most countries, it is apparent that the national layer plays a key role in encoding and implementing the laws, with the international systems playing a corrective role in instances where the laws are not applied suitably. While the goal of most of these laws is convergent, Hernández-Cordero, et al. (2022, p.22) indicated that their efficacy, and ultimately how they influence the experiences of breastfeeding mothers, is dependent on “...evidence-based advocacy, multisectoral political will, financing, research and evaluation, and coordination”. Evidence from research by Chang, et al. (2021), Vilar-Compte, et al. (2021)

argued that while these laws are established at the national level, the institutional layer draws relevance from their role in operationalising the laws through the necessary strategies and policies based on the interests of the employees. In addition, Stewart-Glenn (2008) indicated that the differences in willingness to implement these laws arose from the variations in perception of how breastfeeding is beneficial to the employer, especially in a profit- and efficiency-oriented capitalist society.

3.5.3 Institutional Level

The organisational layer of context is conceptualised from a between-, and within-country perspective, with the differences in how the characteristics of an organisation, as well as strategic, tactical and operational decisions, influence employee outcomes (Lewis and Beauregard, 2018). Under this layer, the characteristics of the organisation to which the employee is attached will be investigated, including the size of the institution, whether it is a private or public entity. In addition, under this layer, the analysis will focus on the individual and interpersonal level, as discussed by Vilar-Compte, et al. (2021). These characteristics were found by Vilar-Compte, et al. (2021) to influence breastfeeding outcomes, including duration, support, as well as confidence in expressing breastmilk in the workplace.

Organisations with policies, programmes and measures to facilitate breastfeeding were found to contribute to the various breastfeeding outcomes, such as exclusive breastfeeding, in a positive manner. Institutions with exclusive spaces for breastfeeding mothers, time breaks for the expression of milk, varied shift times, adequate refrigeration and other policies aimed at accommodating pregnancy and mothering were found to positively influence the experiences of mothers (Stewart-Glenn, 2008, Salem and Al-Madani, 2015; Chhetri, et al. 2018). Such

facilities provide privacy, which can mitigate some of the actions that contribute to the maternal body being viewed as a social pollutant. They also create the perception among breastfeeding mothers that their situation is recognised by the institution (Gabriel, et al. 2020).

While some of the decisions on the provision of facilities were determined by factors at the global layer (such as culture), or national layer (such as laws), several institutional factors are also relevant. For instance, Lisbona, Bernabé and Palací, (2020) and Chang, et al. (2021) found that the personal experiences of the organisational management influenced their propensity to provide such facilities, as well as the kind of facilitation that breastfeeding mothers experienced in the workplace. The willingness of managers to fully support the ability of the breastfeeding mother to identify as a worker, as well as a mother, originates from the extent to which the manager understands the benefits of breastfeeding the baby. This explains why Cervera-Gasch, et al. (2020) found that having a female supervisor led to positive experiences among breastfeeding mothers compared to those with male superiors.

Alternatively, Gebrekidan, et al. (2021) look beyond the gender of the manager as a determinant of the experience of the breastfeeding woman, depending on how they perceive breastfeeding as affecting productivity and staffing. However, while managers' support may be augmented by such an appreciation, Lisbona, Bernabé and Palací, (2020) found that a positive response from other employees may not be guaranteed. After all, the attitudes and support from fellow employees, who are in contact with the breastfeeding mother for most of the work day, were found to influence the experiences of breastfeeding mothers, as indicated by Wallenborn, et al. (2019). In such a scenario, while the management may facilitate the needs of the breastfeeding employee, there is a possibility that inter-employee interactions may compromise the achievement of favourable outcomes. Considering that these studies were performed from the perspective of workplace experiences, Wallenborn, et al. (2019) and Whitley, Ro and Choi

(2019) conclude that the experiences of the breastfeeding mother may also extend to job satisfaction. However, Chang et al. (2021) indicated that there is limited data on such outcomes.

While most of the outcomes under the institutional layers defer to management influence, Mabaso, Jaga and Doherty (2023) pointed out that the individual employees (breastfeeding mothers) play a role too. In the study, due to the overwhelming effects of perception of the maternal body, breastfeeding mothers failed to understand or appreciate their rights under the law. Essentially, awareness of their rights under the law could have enabled them to make demands for breastfeeding support benefits from their organisation (Cervera-Gasch, et al. 2020).

Most of the existing research focuses on highly visible organisations, where work tends to spill over into personal life (Peters and Blomme, 2019). The difference in the characteristics of the organisation where the new mother works, based on size (large vs small), ownership (private vs public), and sector (manufacturing vs service), are found to play a role in the experiences of the breastfeeding mothers. Visible organisations, such as public institutions and large-scale firms, tend to have mainstream policies to accommodate the interests of breastfeeding mothers. The visibility implies that their actions are under the radar of the public, hence the propensity of the management teams to implement and publicise the necessary policies as mandated by law. For instance, Nabunya, et al. (2020) found that measures for exclusive breastfeeding in the first six months were more visible in formal and public institutions as opposed to the informal sector. In support, Chen, et al. (2019) has shown that breastfeeding mothers in informal employment faced challenges in achieving breastfeeding targets due to the limited legal protections in the sector.

The disparity in provisions and enforcement influences the level of trust among employees at different levels of management (Lisbona, Bernabé and Palací, 2020). For most

female employees, the requirement to return to work was the primary reason for discontinuation, or for a change to breastfeeding, even among those who had no intentions to do so (Weber, et al., 2011). On the same note, as predicted by Al-Hreashy, et al. (2018), Vilar-Compte, et al. (2021) find that specific interventions in the workplace contribute to the protection, promotion and support of breastfeeding among mothers. The variations are in response to the perceived functional utility of the individual employee, with some institutions perceiving it as a way of engendering flexibility in working hours for all employees (Herman and Lewis, 2012), while others perceived it as a strategy limited to certain classes of employees. From this perspective, I will highlight the extent to which the choices of one organisation may undermine the ability of female employees going through motherhood/mothering to achieve their goals in the workplace.

Finally, Lewis, et al. (2017) posit that context is not just spatial, but also temporal. Under this context, the dynamic nature of management discourse relating to the maternity for women in the workplace is evident from how processes and outcomes shift from one period to another. The shifts can be attributed to how the firm responds to changes in the internal and external environment, and how those changes influence their approach (Lewis and Beauregard, 2018). Using UK firms, Lewis, et al. (2017) found that during challenging times, firms changed their perceptions towards the utility of WLB within their institutions. The intersection and embeddedness of the multiple layers, identified by Lewis and Beauregard (2018) go beyond the direct links represented by the global and national, versus the national and organisational dimensions. By focusing on the issue at hand, it is clear that the workplace challenges (organisational context) which affect breastfeeding mothers are global issues (global context). Infant breastfeeding has become a vital concern for UNICEF and WHO (Weinstein, et al. 2017). A Muslim woman in the corporate world is, I claim, more affected than other women because

the Quran expects mothers to breastfeed their children for two years – much beyond the average duration of breastfeeding in the UK, for example, where the last Infant Feeding Survey in 2010 showed that over eighty per cent of women initiate breastfeeding, but only seventeen per cent are still breastfeeding at three months (UNICEF, 2022¹⁴) (national context). Muslims are usually strict with their religious teachings; however, historically, Islamic feminists have continually overcome opposition from religious and political Islam, but breastfeeding has not traditionally been a key focus of Islamic feminism, despite the specific mention of it in the Quran.

This section builds on the theoretical framework by highlighting how Griswold, et al. (2018, p 2), who have claimed that, “...the explicit acknowledgement to a historical context of intersecting oppression has generally been absent from breastfeeding research, dismissing a frame of reference...”, a frame of reference which is integral to the appreciation of the entirety of the causes and effects concerning the intersecting layers of context. The multiple intersecting layers of context have several explicit effects. First, they compromise the autonomy of breastfeeding employees by rendering them invisible in the process of making decisions in the workplace (Griswold, et al. 2018). The lack of autonomy manifests from the perspective that their interests are split between the organisation and their duties of motherhood. The multiple layers of contexts will be applied in a multiplicity of ways to highlight how circumstances that have been previously investigated individually tend to interact to produce magnified or suppressed effects and, in some cases, completely different outcomes.

¹⁴ <https://www.unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/>

In discussing the multiple intersecting layers of context, I will show that factors at the global layer interact with factors in the national or institutional level to produce novel or magnified effects. For instance, the prevailing perspective that mothers ought to breastfeed for at least two years (which is a global-level factor), magnifies the perception that breastfeeding mothers face restrictions on the rights, including the freedom of association, collective bargaining and peaceful assembly of female employees going through mothering/ motherhood in Qatar, since the laws (national level), and policies (institutional level), do not facilitate such outcomes. Consequently, I will show that the restrictive experiences vary based on whether the sector that the employee works in is marginalised or excluded from the protections under labour laws, whereby the interplay between the national and institutional levels of contexts comes into view. In applying this model, I will identify how the intersections in each layer occur by investigating whether the socio-cultural norms related to breastfeeding influence the laws in Qatar. The analysis will further identify ways through which laws influence organisational practices, policies and strategies that determine workplace norms and organisational culture. Through the analysis, I expect to present a more comprehensive depiction of the experiences of breastfeeding mothers returning to work from multiple perspectives.

3.6 Research Questions

This thesis aims to explore the experience of breastfeeding mothers upon their return to work and the ways in which the Islamic context shapes these mothers' experiences. Chapters One and Two outlined the specific context and how changes in the employment landscape in Qatar are bringing new challenges to employers and employees, and specifically to new mothers. Chapter Two in particular emphasised the extent to which working mothers, and the

tensions and challenges they experience, remain a neglected topic of research, despite affecting a large number of women, as a growing number of women are entering the labour force in Qatar.

In this chapter, I have committed to considering the perspectives of the four components of theoretical framework, including the tensions from a matricentric feminist perspective, the perspective that the gendered organisations are discriminative towards women, the view that the maternal body is perceived as repugnant and as a social pollutant at work, and that the experiences of breastfeeding women are embedded in multiple layers of contexts. The appeal of the research revolves around working with Qatari mothers; thus, the study intends to take a matricentric feminist perspective concerning the following research questions:

1. How do working mothers in Qatar who breastfed/feed their children feel about breastfeeding and working as Muslim mothers?
2. How do the mothers experience employment and breastfeeding as Muslim mothers, and what challenges do breastfeeding working mothers in Qatar face when they return to work?
3. To what extent do current policy provisions and employer practices meet the needs of Muslim working women who want to continue breastfeeding upon return to work?

3.7 Conclusion

This chapter has presented the theoretical framework guiding this study in analysing the experiences of Qatari working mothers with breastfeeding after returning to work. Four perspectives are adopted in this theoretical framework, all of which highlight the tensions that

create challenges for mothers, employers and policymakers. First, a feminist approach is espoused in this thesis, because the thesis focuses specifically on an issue experienced exclusively by women, and the research mainly collects data from working, breastfeeding mothers in Qatar. The Qatari government has made significant steps in developing the participation of women in the workforce. The resulting increase in the number of women in the workforce has made it imperative to consider the unique needs of mothers in national labour legislation and workplace policy in the country. Adopting a feminist theoretical approach allows me to situate the experiences of the breastfeeding mothers in the Qatari context and illuminate the nature of the experiences that they go through in silence. Feminist theories sharpen our understanding of the experiences of breastfeeding mothers in the workplace, as I have been discussed in this chapter. Intensive mothering theory highlights the tensions and contradictions that mothers face when combining mothering and employment. Matricentric feminism, on the other hand, argues that there is a need to consider the specific needs of women once they become mothers, so that special provisions can be made for mothers in accordance with the many demands and vulnerabilities mothering places on them.

This special consideration for mothers, and for a perspective which is mother-centred, is necessary, since Islamic doctrine and the Quran are child-centred and provide specific prescriptions for how mothers should raise infants, such as the imperative to breastfeed. The centrality of the child in Islamic doctrine, and the recommendation for mothers to breastfeed their children, reflect the fact that infants are dependent on their mothers for nurture, and dependency is unavoidable in any society, especially an Islamic one. As the mothers' needs are not centred within Islamic doctrine, a mother-centred, Islamic feminism is needed to address Muslim mothers' needs and concerns, from their own perspective.

Second, the theory of gendered organisation is integrated into the discussion. According to the theory, gender segregation in the workplace is perpetuated by the diversity of choices which are marked by four substructures: the division of work roles and responsibilities; gendered interpersonal interactions; how the organisation influences the self-efficacy of the employees; and the culture of the organisation. These four substructures are found to be integral to determining the extent to which women employees face a diversity of disadvantages in the workplace, which are magnified during mothering and motherhood. This perspective culminates in my argument that Qatari women employees who are mothering or are currently under motherhood are not perceived as ideal workers. This perception limits their access to advantages and benefits enjoyed by male employees, such as opportunities for promotion and development in the workplace.

Third, I introduced the notion of the maternal body at work, through which I will show that women employees in Qatar face unique challenges in fitting in the workplace during mothering. These challenges occur as they try to fit into what is expected in the workplace, or as they try to remain stoic as they overcome the added responsibility of motherhood and mothering. In the analysis, I will focus on finding the areas of convergence in whether and how women employees in Qatar achieve stoicism and integration into the workplace during mothering and motherhood.

Finally, the multiple intersecting layers of contexts are reviewed and applied in the study because the experience of motherhood and mothering among Qatari women is not limited to a single circumstance or factor. In the analysis, I adopt the concept of what Lewis (2016) has called multiple intersecting layers of contexts, including the global layer (whereby there are universal experiences of mothering women, no matter where they come from), the national layer (as influenced by cultures, laws and policies), and the organisational layer (which involves

the strategies and policies of the institution based on their goals and objectives) in addition to individual contexts. Although Lewis' study focused on WLB, my analysis applies these layers of contexts in the case of motherhood and mothering, which is treated as a managerial discourse that influences workplace activities. The following chapter will set out the methods deployed and the methodology underlying this research.

4 Chapter Four: Methodology

4.1 Introduction

The objective of this chapter is to describe the research methodology guiding this thesis. The thesis is guided by a feminist standpoint epistemology, which posits that knowledge stems from a social position and that marginalised groups are situated in social ways that enable them to be aware of diverse scenarios and advance different questions in comparison to the non-marginalised (Harding, 2004). The justification for adopting a feminist approach stemmed from the fact that the thesis aims to collect and analyse data on Qatari working mothers' experiences in social settings that are patriarchal or male-dominated, in which mothers are largely excluded from power. In particular, a feminist standpoint perspective is relevant because I interview working mothers and analyse their breastfeeding experiences through a framework of intensive mothering and matricentric feminist theories, as outlined in Chapter Three. This chapter presents and discusses how this research was designed and implemented, with a comprehensive analysis of the feminist approach adopted.

The chapter is sub-divided into six sections, whereby the first discusses the research context with a view to further justifying the adoption of a feminist approach and feminist theories. Section two presents the ontological and epistemological foundations of the current research, while in section three, a description of the targeted participants is provided. In the fourth section, different approaches to collecting data are detailed. Data analysis procedures are thereafter detailed in the fifth section. In the final section, the chapter is concluded, and the key findings are outlined.

4.2 Research Context

In Chapter Two (section 2.5), I explained that this study focuses on women in Qatar, a society which, I argue, is highly patriarchal or male-dominated with the needs and voices of women being rarely foregrounded. After reviewing the previous Qatar-based studies that used surveys, questionnaires and focus group methods to assess the breastfeeding practices of Arab mothers, a gap in the literature became evident: there were insufficient studies that explored Qatari mothers' concerns, challenges, and perspectives with regard to their breastfeeding experiences (Kayyali and Al-tawil, 1989; Bener, Ehlayel and Abdulrahman, 2011; Al-Kohji, Said and Selim, 2012; Sidra Medical and Research Centre, 2013). Initially, I presumed that the problem area was not well researched due to an insufficient number of participants because of the sensitivity of the topic and modesty of the Qatari society; it seemed likely that Qatari mothers would be unwilling to share their breastfeeding experiences.

I also found a lack of literature that discussed cultural competency in conducting interviews with Qatari mothers in particular. However, various research studies have been conducted about Arab mothers, for instance, breastfeeding rates and barriers among Qatari women (Hendaus et al., 2018) and childbirth and experiences of new mothers among Arab migrant women (Bawadi and Ahmad, 2017). Despite such studies, researchers had not particularly examined the cultural competency of interviewers working with Qatari mothers. Being familiar with Arab culture, I thought that women usually did not like to share private information with others, particularly considering that breastfeeding is a private matter which includes talking about one's breasts. Additionally, I was concerned about asking the right questions without causing discomfort to Qatari mothers whom I interviewed. However, I was astonished to find that participants were willing to be part of this study, and they encouraged other mothers to participate through their network. The implication of this finding is that women

in Qatar are, in fact, interested in sharing their stories and experiences and as such, this research provided them with the opportunity to do so, thereby helping to address gaps in the existing literature.

Furthermore, obtaining responses from the mothers was possible because it was convenient for them to talk to a researcher of the same gender and from the same culture. Despite being very glad to have successfully enrolled 50 research participants, I was still concerned about the fairness of sharing their experiences in writing this thesis. However, I have come to the conclusion that all stories are worth being told from a mothers' perspective, and each experience is unique.

4.3 Ontology and Epistemological Foundation

To create a solid research design, one must use a paradigm that is compatible with one's "beliefs about the nature of reality." (Bassey, 1992). Ontology is the researcher's perspective on reality, while epistemology is the researcher's perspective on how reality can be known. Epistemology is not just the study of a theory but how we can understand all forms of knowledge, including empirical knowledge. According to studies, ontology is the starting point for all research, followed by epistemology (Creswell, 2009). One of the reasons Crotty (1998), combines ontology and epistemology is that to talk about the construction of meaning [epistemology] is to talk about the development of a meaningful reality [ontology] (1998, p.10). This supports King, Horrocks and Brooks' (2018) claim that ontological and epistemological issues frequently arise together.

The ontological stance underlying this thesis is critical ontology. Critical ontology is a concept that has been embraced to describe how a general theory of being was critically arrived

at (Kaipayil, 2002). More importantly, critical ontology engages with notions of power and how social contexts such as religious beliefs and norms affect opinions and behaviour and, therefore, being. The great, essential scope of ontology lies in its potential to analyse any given philosophical issue for its being. Religious beliefs and values shape the Islamic perspective on breastfeeding culture, and mapping Islamic religious ideals is critical given the argument about its possible inroads toward improved neonatal, prenatal, and pediatric practices. It is, thus, essential to implement a critical, ontological standpoint to explain the Islamic and Feminist approach toward employment and breastfeeding. According to Latour (1999), such a practice is a non-social fact that must be conceptualised and studied, if human-environment relationships are to be appropriately understood and managed (Pollini, 2013).

A feminist epistemological perspective is critical in explaining the nature of the knowledge produced; the knowledge is based on finding the ontological truth. Feminism is described as an intellectual commitment and a political force that aims to end sexism in all of its forms. Feminist inquiry, driven by a desire for social justice, offers various approaches to sociological, cultural, economic, and political issues (McAfee, 2018). The goal of this study, which is based on principles of feminist theory, is to promote change via reflection (Maguire, 1987). In order to present a relevant and coherent overview, this section explores the Muslim religious, moral, and religious understanding of breastfeeding as a fundamental and natural right, as well as the different viewpoints of Islamic law, morality, and feminism on the subject (Islam et al., 2018; Bensaid, 2021). Feminist theory provides insight into how the realities of working mothers have been constructed in a predominantly patriarchal society.

A critical ontology assists me in meeting the goals of the present study, as this philosophy enables a rational investigation of the topic. This rational investigation seeks to know the being-principle governing the issue of breastfeeding among mothers in the Islamic

State of Qatar. This method also entails a rational analysis of human experience in order to produce meaning. In the context of this thesis, it is argued that breastfeeding mothers have been able to construct knowledge based on experiences they have gone through while living in a patriarchal society in Qatar. As such, this philosophy also suggests that in the context of Qatar, breastfeeding is interconnected with Islam's system of beliefs and values, and thus continues to play an essential role in motherhood and child development. However, working mothers in Qatar who choose to breastfeed encounter unjust treatment because they are allowed very limited maternity leave and unable to protect their children's rights.

The epistemological foundation of this research is a critical feminist perspective. This perspective seeks to liberate women from the circumstances that limit or enslave them. Feminism is thus not a static concept; instead, it evolves alongside and is shaped by the perceptions that inform the worldviews of its adherents (Nicholson and Pasque, 2011). The feminist perspective, therefore, presents an opportunity for me to examine how employment has been gendered. Women who cross over the gendered role dichotomy by seeking employment are criticised by society for stepping out and are marked, seen as deviant and separate from the mainstream (Lida and Avoine, 2016). This thesis emphasises the role of gender in knowledge construction and social relationships when discussing the workplace nexus. In addition, the adoption of a feminist theoretical framework assumes that even though women in Qatar are accustomed to patriarchal social norms, feminism plays a critical role in how employed women perceive different policies and practices in the work context. As a researcher, I am keen on knowing more about the experiences they have gone through in Qatar, as working women still facing substantial opposition to assuming leadership roles in institutions and other community organisations due to deep-rooted kinship structures and the influence of cultural elements (Al-Ghanim, 2019). These structures limit the agency of women, who are

expected to make decisions in line with the male members of the kinship, lest they are perceived as outliers.

I also argue that the workplace settings in which my research participants worked, and the local culture of Qatar, continue to promote male dominance through insufficient maternity policies. In such instances, arguments about the need for a feminist standpoint approach to support the oppressed and dominated gender are relevant. The feminist standpoint is appropriate in the current research as it sheds further insight on the injustices that breastfeeding mothers experience in male-dominated Qatar society. By analysing the experiences of women exclusively, this research aims to help fight patriarchy and encourage others to act and fight for equality.

A feminist epistemological stance was chosen because it treats organisations as social-historical designs achieved in conditions of struggle and dominance, and that dominance that most often conceals and represses meaningful conflict (Deetz 1996: p.202). Examples of men in patriarchal societies include leaders and those occupying influential positions at work, whereas examples of women include those breastfeeding mothers who are colleagues in similar workplace settings. Additionally, from a feminist standpoint, epistemology is based on proposing ways and means to bring mothers' experiences into the foreground. My identity is considered to be significant because this bears not only personal and socio-demographic characteristics, but also accompanying assumptions, biases, beliefs and expectations. Prior knowledge, experiences and conjectures of the researcher form a grid for a particular standpoint that plays a pivotal role in knowledge creation (Kirpitchenko and Voloder, 2014). As an individual who shares the personal experiences of a breastfeeding mother in Qatar, this thesis will provide a deeper understanding of the issues faced by employed, breastfeeding mothers in Qatar. I found that this feminist research approach, combined with being an insider (from the

same culture) has helped me to overcome many challenges (Blythe et al., 2013; Cooper and Rogers, 2015). Firstly, I was better positioned in collecting data than a researcher who knew little about the Qatari culture, and secondly, since I have been in the situation of a breastfeeding mother in the past, I was in a position to better understand and empathise with the respondents.

Research by Blythe et al. (2013) discusses being an independent insider, where there is a shared experience between the researcher and the research participant. Gelling (2013) points out that encouraging participants to share their experiences and perspectives freely is a challenge faced by researchers. Researchers have to balance the benefits of ‘insider knowledge’ and with ‘reflexivity’ about their insider status (Gelling, 2013). The feminist philosophy underlying this thesis, combined with the utilisation of the in-depth qualitative interview to investigate breastfeeding practice from a feminist point of view among a group of working mothers, suggests that both a feminist methodological structure and feminist information accumulation techniques are appropriate (Saunders, Lewis and Thornhill, 2016).

However, as an insider researcher, I am aware of the possibility of a number of drawbacks affecting the outcome of the research. First, there is a possibility of assumed understanding, whereby the researcher misinterprets the responses from the interviewees based on the perception that the researcher, knows what the interviewee implies (Fleming, 2018). To avoid this outcome, I applied participant probing, whereby I inquired for clarifications about any novel issues and other key information the interviewee provided.

Second, I have to ensure analytic objectivity, as a way of enhancing the credibility of the study. The possession of tacit knowledge about the research issue and the interviewee can raise challenges during data analysis (Greene, 2014). My experiences with the research issue and the interviewees that influenced the knowledge produced in this study were not overlooked. To avoid these challenges, I ensured that the findings reflected the experiences and stories of

the participants, and the existing knowledge from the literature review, rather than my personal experiences. To achieve analytic objectivity, I applied reflexivity in the process, as exemplified in the discussion of the findings in each section under Chapter Five (Section 5.2 and 5.3), Chapter Six (Section 6.2, 6.3 and 6.4) and Chapter Seven (Section 7.2, 7.3 and 7.4).. As defined by Byrne (2022), reflexivity under thematic analysis leads to the placement of value on the subjective experiences of the researchers in discerning knowledge from the interview data. The process involves latent and thematic analysis, thereby reinforcing the robustness of the analysis, as evidenced in the sections identified above.

Third, I have taken measures to deal with the emotive issues associated with the research (Greene, 2014). In a characteristic dialogue, it is necessary to develop interdependencies between the participants and researcher in the development of a rapport. This is integral in the process of assessing the effects of research on the participants. Moreover, since the study adopts an exploratory design, it is challenging for the researcher to predict the information that the participants will disclose and how they will disclose it (Asselin, 2003). All these have a bearing on the emotional profile of the interviewee. To avoid the adverse aspects of this situation, I debriefed the interviewees to enable them to deal with the emotional nature of the study subject, as proposed by (Snellgrove and Punch, 2022). Furthermore, in line with the ethical standards adopted, all forms of interaction were treated as private and confidential, and the responses were anonymised in the records of the study. As a result, I had the confidence of the interviewees.

Finally, I have taken measures to manage the expectations of the participants. According to Blythe, et al. (2013), the close relationship between the researcher and interviewee can create the impression that the researcher has emancipatory objectives for the study, thus leading to increased commitment beyond what is necessary for the research. This includes providing

responses which are aligned with particular outcomes, with the goal of guiding the researcher to take measures to emancipate the interviewee from a particular predicament. To avoid the possibility of such an outcome, I acknowledged their expectations and advised the researchers of the objectives of the study, which are fundamentally academic. Finally, I recognise that in spite of all measures to limit possible adverse outcomes, there are a number of limitations to the study process. These limitations are identified in section 4.8.

4.4 Targeted Participants and Recruitment

I recruited respondents through a snowball sampling approach which was appropriate in identifying study participants (Etikan, 2015). Through snowballing, I was able to recruit breastfeeding mothers through my friendship circle. I emailed participants with a short introduction to the research, the study purpose, consent form and an interview request. Participants showed interest in participating in the study and were happy to nominate more participants. Participants were made aware that they did not have to provide names of the referral participants, but were asked to share with them my contact details and Research Participant Information Sheet. Afterwards, I received emails and phone messages from three other candidates, who also after their interviews, referred further participants. This same procedure was followed in recruiting fifty participants. All the mothers I contacted were happy to participate and endorsed this initiative, that shed light on their struggles. I decided to stop recruiting more participants after attaining the target number of fifty respondents due to data saturation (Guest, Namey and Chen, 2020).

Snowballing is preferred over other approaches to recruit participants for a number of reasons. First, it eliminates some logistical challenges linked to recruiting suitable respondents

out of a large population (Etikan, 2015). Therefore the technique is suitable for this research involving hidden populations which may be challenging to access. Second, through snowballing, the researchers recruit individuals who are willing to participate in the study, hence increasing the success rate. This sampling approach is advantageous in research as referrals from existing subjects make it easy to find more study recruiters from reliable sources. Third, snowballing is also cost-effective since most of the respondents are selected through referrals from participants who can vouch for their suitability as study participants (Guest, Namey and Chen, 2020). Finally, it increases the possibility that the selected participants will be willing to provide data for the study, since it reduces the possibility of hesitancy among the respondents.

Despite the logistical advantages of the snowballing approach, I recognise that it bears a number of drawbacks, in terms of the diversity of respondents and the extent to which the sample is representative of the entire population (Saunders, Lewis and Thornhill, 2016). This weakness is further linked to the possibility of sampling bias, since the researcher nominates persons with whom they are familiar. To ameliorate the weakness, I chose a large sample for the qualitative research, with people from different backgrounds and ages. However, a number of the characteristics of the sampled individuals may have an influence on the outcome. Most of the respondents are highly educated women working in senior positions. Their position and power influence how they exercise agency, which can influence their perspective on the research topic, as well as their past experiences. Their education level has a positive effect on decisions regarding motherhood and breastfeeding, as indicated by past studies by Wako, et al. (2022) and Naja, et al. (2022).

The inclusion criteria for selection of the study participants were:

- i. The participant should be a mother of at least one child and currently breastfeeding or has breastfed.
- ii. The participant should have had a child in the last two years .
- iii. The participant should be currently working full-time or part-time either in the public or private sector in Qatar.
- iv. The participant should be able to communicate in Arabic or English.

In order to more fully appreciate and assess the perspectives, experiences, and constrained choices of breastfeeding Qatari working mothers, it is essential to understand the demographic of the research participants (**Table 1**). Fifty Qatari working mothers were interviewed. Thirty-five of the participants work in the public sector and fifteen work in the private sector. The participants' ages range from 23 to 44 years. All participants were married, and sixteen of them were first-time mothers. Most of the participants (thirty-five mothers) were working full-time in the public sector in accounting and administration work, twenty-two of them hold a bachelor's degree while nine hold a post-graduate degree, and 4 have a High School degree. Evaluation of the seniority levels of the participants showed that they held both senior and junior positions in their workplaces. In addition, fifteen participants were working full-time in the private sector; and the majority hold a bachelor's degree and were working in a specialised industry, such as engineering and accounting.. An assessment of the business landscape in the country shows that most of the private firms are classified as small and medium enterprises (SMEs)¹⁵. However, many of the women interviewed herein are employed in large-

¹⁵ Qatar's diversification is driven by SMEs - BSUQ (businessstartupqatar.com)

scale firms or multinational organisations in the private sector. The outcome can be attributed to the use of the snowballing approach in the selection of respondents. In line with the literature review, large firms are found to have sufficient resources to accommodate the interests of their employees, including the unique needs of breastfeeding employees. On the same note, as indicated by Chow, Smithey Fulmer and Olson (2011), private firms were inclined to accommodate the needs of breastfeeding mothers, as a way of developing and maintaining their reputations.

Table 1: Basic Details of participants

Name	Age	No. of Children	Education	Sector	Title
Abeer	23	1	High school	Private sector	Coordinator
Ahood	34	5	Master's degree	Public sector	Teacher
Aisha	35	4	Bachelor's degree	Private sector	Financial Officer
Aliya	33	3	Master's degree	Private sector	Engineer
Amal	27	2	Bachelor's degree	Public sector	Accountant
Amani	31	4	Bachelor's degree	Public sector	Nutrition Specialist
Amna	38	4	Bachelor's degree	Public sector	Teacher
Arwa	34	5	Bachelor's degree	Public sector	IT Specialist
Awatef	44	5	High school	Public sector	Project Coordinator
Badrya	32	1	Bachelor's degree	Private sector	Communication Specialist

Bina	33	3	Bachelor's degree	Public sector	Payroll Specialist
Dalal	34	1	Bachelor's degree	Private sector	HR Specialist
Dana	24	2	Bachelor's degree	Public sector	Graphic Designer
Dina	26	1	Bachelor's degree	Public sector	Administration coordinator
Eiman	31	1	Bachelor's degree	Public sector	Legal Advisor
Fajer	30	1	Master's degree	Private sector	Engineer
Farah	42	4	Bachelor's degree	Private sector	Engineer
Fatima	38	4	Bachelor's degree	Public sector	Senior Administrator
Hana	34	3	Bachelor's degree	Public sector	Communications Specialist
Haya	32	2	Bachelor's degree	Public sector	Interior Designer
Hissa	30	2	Bachelor's degree	Public sector	Accountant
Khawla	31	1	Bachelor's degree	Public sector	Procurement Specialist
Kholoud	32	2	Bachelor's degree	Public sector	Internal Auditor
Laila	30	4	Bachelor's degree	Public sector	Senior Administrative
Latifa	31	3	Bachelor's degree	Private sector	Financial Specialist
Layan	27	3	Bachelor's degree	Public sector	Senior Administrator
Lulwa	36	1	Master's degree	Public sector	Graphic Designer
Maha	35	2	Bachelor's degree	Private sector	Financial Controller
Manal	27	1	High school	Public sector	Assistant

Mariam	37	3	Master's degree	Private sector	Senior Manager
Mona	26	1	Bachelor's degree	Public sector	Buyer
Moza	35	5	Bachelor's degree	Public sector	HR Specialist
Nadya	33	2	Master's degree	Public sector	IT Specialist
Nahed	33	1	Master's degree	Public sector	Head of Section
Naima	27	1	Bachelor's degree	Public sector	Architect
Nawal	29	3	High school	Public sector	Administrator
Noof	38	5	High's school	Private sector	Senior Administrator
Noor	37	1	Bachelor's degree	Private sector	Public Relation Officer
Nora	31	2	Bachelor's degree	Private sector	Internal Auditor
Ranya	36	3	Bachelor's degree	Private sector	Senior Administrator
Rawdha	30	3	Bachelor's degree	Public sector	Payroll Specialist
Reem	27	1	Bachelor's degree	Private sector	Procurement Specialist
Rehab	35	3	Master's degree	Public sector	Training Officer
Sameera	29	2	Bachelor's degree	Public sector	Accountant
Sara	29	1	Bachelor's degree	Public sector	Senior Administrator
Shaikha	30	2	Master's degree	Public sector	Manager
Shareefa	31	3	Master's degree	Public sector	Buyer
Shayma	31	2	Master's degree	Public sector	Senior Manager

Zahra	29	2	Bachelor's degree	Public sector	Administrator
Zainab	27	1	Bachelor's degree	Public sector	HR Specialist

4.5 Data Collection Methods

I employed semi-structured interviews due to the sensitivity of the subject and because the mothers I interviewed were working mothers of young children and, therefore, considered time-poor (Elmir et al., 2011; Kruger et al., 2019). Additionally, adopting semi-structured interviews enabled me to explore the research questions further and understand the underlying issues in order to draw out different experiences. This approach to data collection is best suited for a scenario where the researcher expects the interviewees to contribute to the line of questioning, in addition to providing responses to the interview questions. As a result, I prepared an interview guide that functioned as the basis for the interview, but was ready to make adjustments based on the responses from each interview. The process also enabled me to adjust the interview questions for subsequent interviews based on what I learnt from previous experiences. While the process facilitates effectiveness in gathering interview data, it also has a number of drawbacks as discussed below.

4.5.1 The Researcher-Respondent Relationship

As mentioned earlier, Qatari society is a conservative society, and I had to be cautious about the way I asked the questions and when to ask them. I also tried to take fewer notes because I had noticed when I started writing my comment, the participant stopped talking. In

my culture, it is considered as impolite not to give my full attention to the person who is speaking. It is also impolite to interrupt; therefore, I would listen carefully and ask for further clarification when the respondent had completed their answers. I also used my body language to show that I was fully listening and pleased to hear their experiences but not in a position to judge. Therefore, being familiar with the Qatari culture and traditions enabled me to behave with appropriate caution and sensitivity in order to foster a respectful relationship with the participants (Reinharz and Davidman, 1992; Rubin and Rubin, 2012).

There are diverse ways of listening, including active appreciative, comprehension, critical, evaluative and empathetic listening (Sullivan, 2009). Based on the focus of this research on gathering experiences from breastfeeding mothers, it was vital to adopt empathetic listening techniques in order to identify with the interviewees and understand their particular situations. However, as the interviews aimed to build knowledge, critical listening skills were also essential in order to interpret my respondents' answers and gather knowledge (Jones and Hodson, 2018).

Attention has been given to the fact that a comprehensive community healthcare system to promote breastfeeding in particular is almost missing throughout the country. Therefore, I anticipated that there would be inconsistency in the healthcare support received by the participants and tried to ask more questions about their unique experience. In cases such as this, I have learned that appropriate prenatal and postnatal training is required, or mothers tend to resort to formula milk. However, during the interviews, I was concerned about whether I should share my own experiences and views without being asked. However, through the dynamic conversation, I found that participants were interested in knowing about my experiences and feelings, and would ask me what I did and how I handled a similar situation. I carefully listened to their experiences with a view to gaining an understanding of how they solved problems that

were different from my own situation. In ethnographic work, Hodkinson (2005) describes this as ‘insider research’, whereby the research is conducted by members of the community or institution being studied. Such research approaches are effective in improving the collective understanding of the lived experience of people experiencing diverse vulnerabilities (Brannick and Coghlan, 2007).

There are a range of challenges to support for breastfeeding mothers in Qatar. As shown in Chapter One (Section 1.1.2), Qatari laws and policies do not adequately support mothers who choose to breastfeed. The maternity leave policy and nursing hours vary from one workplace to another in the public and private sectors, which makes each mother's experience distinct from others. Additionally, there is no law obliging employers to provide lactation support programmes in the workplace such as a lactation room or nursing breaks to pump milk in the workplace. In section 1.1.2 I discussed the community campaign called Malhom Badeel (on Instagram) led by a group of working mothers, which aims to improve working conditions for working parents in order for them to raise a balanced generation, emotionally and physically. I accidentally learned about this campaign when I interviewed two of the co-founders. They expressed their concerns about how effective this campaign is and how to access more families in society and obtain government support. After the interview, they stated that this sort of study is essential to empower both women and families, and were glad to participate in any way to achieve this goal.

As a working and student mother of two, who didn't receive any kind of support from my family nor my employer, I empathised greatly with the participants' experience and as well as feeling compassion for their situations. However, some of the participants asked me the same questions that I asked them, and were curious about how I continued breastfeeding while working or studying abroad. Many participants found it difficult, if not impossible, to breastfeed

for a long period due to the relatively short maternity leave offered under Qatari law or as a PhD student (eight weeks). An advantage of the nature of the semi-structured interview is the dynamic conversation which encourages the development of trust, which aligns well with good feminist practice (Reinharz and Davidman, 1992).

Some of the participants were worried about exposing the identity of their employers. I ensured their names remained anonymous and practised confidentiality ethics, whereby none of their identifying details would be shared with third parties, with a view to giving them confidence (see 4.5.3) to participate. Reflecting on my own feelings, the research process was participatory (enabled me to be part of the study) in nature and, being a mother, I felt very comfortable engaging with other mothers and collecting information with confidence. In order to encourage participants to contribute to the research without feeling that they were talking too much or wondering whether their input was valuable, I reassured them that their responses contributed greatly to the study.

Furthermore, during the interviews, I endeavoured to adapt my questions as they were informed by the participants' experiences in the workplace and with regard to their family support. One of the participants, however, provided limited answers, as she argued that she was unable to express herself. To encourage her participation, I opted to use open-ended and follow up questions. I was also able to gain the trust of the participants to the extent that they recognised me when I saw them out in public.

4.5.2 Data Collection Location

The fifty, in-depth, personal interviews were conducted in a location that was convenient both for the participants and for me. Interviewees were encouraged to select a quiet but public place for the meeting, but were ultimately allowed to choose a location where they

felt most comfortable to speak freely. This was important due to the nature of the conservative culture of Qatar, and the fact that some mothers were still breastfeeding a young child. Additionally, the participants were encouraged to choose a convenient time for the interviews. Most interviews were conducted in the afternoon, after the end of their working days.

Twenty-eight interviews took place in different coffee shops that were quiet, and near the participants' work or homes. My husband dropped me off and waited for me outside the venue. I started by offering them coffee and snacks prior to our meeting. Conversely, eight participants preferred to hold their interviews in their offices during their break hours. I expressed my concern that the place might constrain their freedom to speak, but they ensured me that they had private offices, and this was the only time available for these participants to conduct the interviews. When I suggested holding the interview in a coffee shop near their office or home, some of them stated that their husbands do not approve them hanging out in coffee shops, while others said they didn't have time after work. Due to the time constraints of my participants, I always ensured that I arrived on time. They were friendly, and I was always offered drinks and snacks.

A further nine interviews were conducted in the participants' homes, as those participants could not leave their babies because they were breastfeeding. For myself, I found every kindness and hospitality. My husband dropped me off and waited for me outside the participants' homes. He was supportive and wanted to ensure my safety. Once I had entered and verified that I was in a participant's home, I texted him to inform him that I was in the right house. Sometimes, mothers were holding their babies, and some of them felt comfortable feeding their babies while I was in the room, using the veil or breastfeeding cover. I felt so appreciated that they felt comfortable enough to breastfeed in front of me. I was treated hospitably and offered drinks and snacks. During the interviews, older children were present

and came in to say 'hello' and sometimes to ask. Finally, four participants preferred phone calls, which were conducted in my office at home. In this case, participants received an email with a short introduction to the research, the study purpose and consent form, and once they had returned the signed consent form, these interviews were audio recorded like all the other interviews.

4.5.3 Interview Protocol

Ethics approval was obtained from the University of Reading before starting the data collection process (Appendix A, page 237). In order to ensure the rights of the participants were considered throughout the research, I adhered to best practices related to recruitment, informed consent, voluntary inclusion, confidentiality and privacy, and the opportunity of participants to withdraw without any prejudice or ramifications. I took measures to safeguard the confidentiality of the participants' data throughout the research in the documentation, storage and analysis of the data. I also ensured that the participation of the Qatari mothers was kept confidential from their institutions. This was done to ensure that the interviewees did not feel pressured to provide contributions that falsely painted their organisation positively. I carefully anonymised my participants by ensuring the names and job titles were not referenced and instead, pseudonyms and different job titles were used. All participants will also receive a summary report of the key findings at the end of the research process.

All the interviews were in Arabic. The initial questions and themes were derived from the literature review, and the research questions set out in Chapter Three (section 3.6). The interview schedule was divided into three themes: mothers' breastfeeding motivation and experience, mothers' employment, and the experience of combining breastfeeding and work

(Appendix B, page 245). The interview questions arose from the fact that several factors can affect the decision-making of breastfeeding mothers, as shown in Chapter Two. These questions reflect the factors discussed in the literature review, and can comprise a base for future studies.

Open-ended questions were formulated, in order to encourage free thought and undirected responses, such as to elicit possible, unanticipated themes which have hitherto not been discussed in the literature. At the end of each interview, I asked the participant if they thought there were relevant questions that I had not asked, but they agreed that I had covered most questions they anticipated about their experience. Additionally, I ended all the interviews by asking them if they would be willing to add anything if I contacted them with further follow up questions, and they expressed their happiness about shedding light on their experiences and feelings regarding breastfeeding, willingness to proceed with further follow up questions.

The reaction of the respondents and my participation formed the basis of the interview protocol. Creating a rapport with the research subjects was imperative to the successful collection of information and incorporation of all elements of the research. I clearly explained and discussed with participants the information sheet, the study objectives, aim, and issues around confidentiality (Appendix C, page 247). At the beginning of each interview, I began by informing each participant about the study and how it aims to reflect their experiences and feelings about their entire breastfeeding experience. I also explained the themes and nature of the research questions, and assured them that they had the freedom to not answer any questions they did not feel comfortable answering.

Additionally, I ensured that they understood that participation was entirely voluntary and that they had the right to withdraw from the project at any time, and that this would be without detriment. Participants were asked to sign a consent form to agree to the interview

being tape recording and the likelihood of having to include direct quotes in the final thesis (Appendix D, page 253). Once the participants fully understood, had filled in and signed the consent form, the interview began. In order to help the participant to feel comfortable, the interview started with some warm-up questions and information. Each interview began with a standard form that seeks to obtain demographic information such as age, marital status and the composition of the interviewee's household (Appendix E, page 255). During the interviews, I did not have any participants who indicated that they were uncomfortable about talking, or who wanted to end or leave the meeting; they all were happy to talk about their experiences and some commented that, 'finally someone is interested in our experience'.

Furthermore, I used a table sheet that showed in the top the participant number, interview location, date and time (Appendix F, page 257). The sheet contained the open-ended research questions and a column for notes. The notes column was useful for writing comments or feelings during the interviews. I did take limited notes on the paper, but at the same time, these interviews were voice recorded using a professional recording device (Sony ICD-UX560), and these recordings were used later for data analysis. The interview questions remained the same throughout all the interviews.

Once the interview was completed, I had the chance to write my feelings and comments in the 'comments' column related to each interview. The interviews lasted between an hour and an hour and a half. The collected data was labelled using an assigned participant number randomised to ensure participant anonymity, while maintaining the integrity of the data. After data collection, the initial step was to transcribe the recordings. Interpretation of data was done using special software to ensure the figures were in tandem with the final analysis. I managed to dedicate time after each interview for data transcription and reviewed the answers to prepare for follow-up interviews or questions; however, the interviews were rich in data.

4.6 Data transcription

I conducted the transcription to ensure that all the information and answers were captured, and I fully familiarised myself with the data. All interviews were transcribed into Arabic. I originally intended to translate the transcription data; however, I have faced several challenges. The transcription that 'encompasses translation from one language to another presents an especially complex and challenging situation' (Davidson, 2009). Al-Amer et al. (2016) argue that when translating a metaphor, the differences in the social context, cultural beliefs, and linguistic discourse among different Arabic speaking communities are often of significance because human experiences are understood differently in different cultures. Al-Amer et al. (2016) recommend that researchers stay as close as possible to the data and maintain records to support the detailed descriptions of what was observed and felt during the interview process. The aim is to reduce the potential loss of the Arabic narrative data in cross-language research. Hence, I decided to conduct the analysis in the Arabic language as a study language, and carry out translation at a higher level, such as in coding, at the thematic level and for quotes, rather than translating the whole narrative at the initial phase.

Translation is regarded as an interpretative device that includes the transfer of a message from a source language to a target language (Al-Amer et al., 2016). It is a crucial part of the qualitative study of a subject in one language that requires interpretation in another. Translation, to be effective, must systematically and accurately encapsulate the full meaning of the source language in the target language - in this case, transferring the data from Arabic to English. In essence, the translation process can impact the exactitude and integrity of qualitative data. Translating qualitative research data from Arabic to English is a challenging task. At worst, meaning is lost in the process. As I speak fluent Arabic - which had been an advantage to

gaining access to the participants - that allowed me to be closer to the data during the entire analysis process.

The following are reasons for not translating all of data from Arabic to English. Arabic has a linguistic structure that does not accurately tally with that of the English language (Attia, 2008). Its morphology, terminology, syntax, grammar, stress, intonation, and punctuation systems are different from those of the English language (Ibrahim and Chejne, 1972). For instance, Arabic appreciation of tenses to indicate the past, present and future and how they influence each other conflicts with those of the English language. To convey a statement in Arabic tense to English would require manipulation of the statement in English. Arabic morphology and vocabulary have only two genders, masculine and feminine, while English has a third, neuter (Bateson, 1967). Thus, a statement in Arabic is gender-specific, unlike those in English. That could be general as it refers to both males and females.

Another challenge is in the translation of metaphors. Metaphors are culturally driven, therefore making it difficult to convey the same meaning or idea in another language's 'culture' (Lakoff and Johnson, 1980). As translation affects qualitative research and its integrity, I choose not to translate the interviews. Another problem is terminology. Every field has its own distinctive terminology, which it uses to explain events and concepts. In the English language, medical and health-related terms describe certain health conditions. However, differences in linguistics between English and Arabic may diminish any such description of those terms (McMorrow, 1998). For instance, the medical term 'fasting blood sugar level' is translated in Arabic is 'my sugar level while my stomach is empty' (Al-Amer et al., 2015). Such terminologies do not exist in Arabic.

Hence, when we collect data in Arabic, it is appropriate to retain the same narrative text, which enables us to depict social context and cultural beliefs accurately. This can avoid the loss of meaning through translation, because concepts in one language may be understood differently in another language. However, where translation is deployed, the important thing is to try to maintain the integrity of the data.

4.7 Data analysis

This section considers the data analysis applied in this research as well as the data analysis processes. It will also illustrate the reflexivity adopted during the process of analysing the data.

4.7.1 Thematic Analysis

Data analysis for qualitative research can be performed through a number of processes. Thematic data analysis was used to process the data and develop the resulting themes and understanding (Braun and Clarke, 2014). The framework outlines six steps that are adhered to when undertaking thematic analysis. In the first step, I familiarised myself with the data by reading and rereading the specific texts in the data set with a view to understanding the basic ideas that were exchanged. In the second and third steps, I generated codes from the data as well as themes or patterns. As I conducted the transcription by myself, this helped me to familiarise myself with the research data, thus enabling the identification of important themes and primary patterns which were generated using an inductive approach (Vaismoradi et al., 2016). I also relied on the findings from the literature review to determine the context in which the themes and patterns were developed. The researcher's role is imperative when using thematic analysis because this data analysis technique is rooted at the juncture of the dataset, theoretical assumptions related to the analysis, and the researcher's analytical skills. The

advantages include applicability for large data sets, flexibility in the approach to the data, the possibility of applying personal knowledge, and the researcher's capacity to address all research questions.

In this thesis, I used *MAXQDA* software because I was able to import and analyse documents in Arabic, and it works on Right-to-Left scripts such as Arabic as a third step. In contrast, *Nvivo* works strictly left-to-right, which makes the documents hard to read. Therefore, I used the *MAXQDA* software for coding, highlighting and distinguishing between themes. This analytical method provides the best tool for evaluating participants' responses that is less complex in design and execution, but provides a rich and detailed account of the data. Prior to using the software, I joined a webinar on the *MAXQDA* website as well as video tutorials, in order to familiarise myself with the software features and make maximum use of it. In the fourth step, I reviewed the different themes that had been generated earlier, and as a result, some themes were broken down further into sub-themes. The fifth step involved naming the different themes by assigning a descriptive narrative to each in order to clearly distinguish them. The final phase involved synthesising them in the writing of this thesis. The outcome of this step is encapsulated in the following chapters, which present the analysis of the research data.

While thematic analysis is preferred for its procedural specificity (as outlined under the six-phase approach by Braun and Clarke (2014), its flexibility can contribute to limited coherence and inconsistency in the development of themes. This weakness is identified by Nowell, et al. (2017), who proposes the application of multiple analysis run-throughs, as opposed to a single pass-by during the analysis process. To achieve this outcome, I made references to the original data in the process of analysing the findings, and provided the context in which the meanings were extracted. Moreover, since multiple themes are generated from the raw data, it may be challenging to focus and contribute to the loss of crucial data by not knowing

what to prioritise as vital. Again, since researchers are allowed to apply their knowledge, it could contribute to limiting the insights gained when they shift to using their personal experiences instead of the theoretical frameworks on which the study is based (Byrne, 2022).

4.7.2 Data Analysis Process

As the interview questions were in Arabic, the recorded answers were also transcribed in Arabic. However, the coding and themes were undertaken in the *MAXQDA* software in English. This strategy ensured that the data represented the views of women in the Qatar context, and also allowed for a more accurate representation of the information provided by the participants. Audio recordings and transcripts were encrypted and stored in a password-protected file. In the initial stages of data analysis, I read and reread the transcripts several times in order to familiarise myself fully with the data. Additionally, I made notes and wrote down early codes and impressions. As this study focused on the mother's experience and perception of breastfeeding while working, initial notes were made. For example, why did the mother initiate breastfeeding and why do they believe it is important? What kind of support have they received from family, healthcare or society? How did they feel about it? Moreover, how did mothers continue breastfeeding while working, and how did they manage it? What sort of barriers in the workplace did they face, and how did they feel about it? Why did some mothers give up breastfeeding before or after resuming work? How did they feel about it? Are they familiar with other co-workers who are struggling to breastfeed while working? What did that make them feel about their employer or profession?.

In the second stage, I uploaded all the interviews to *MAXQDA* software and started coding. Readable codes were allocated as aligned with the main research questions informing

the study and the theoretical framework. In the beginning, I started by coding the transcripts line by line and generating codes inductively. Multiple codes were sometimes assigned to the same segment of text. After that, I went again through the entire data set and re-coded it again with minor changes and added sub-codes. The data analysis process also included different memos such as field notes, emotions, and thoughts, as well as participants' reactions and feelings that were captured during the listening and transcription process. I have also added literature that is related to certain data and findings, as well as my research questions. Memo features also helped me to describe how a specific code was used.

The identified codes were organised in a hierarchical manner for ease of interpretation and then divided/combined into themes and subthemes. **Table 2** was created from these themes, sub-themes and categories. The mind map was refined multiple times until a clear picture of the central themes emerged without overlap, using the 'Complex Coding Query' feature in *MAXQDA*. At this point, key themes were grouped into linked perspectives and dimensions for further analytical expansion, to support a deeper exploration of the research interest area with quotations from participants. The data provided by the mothers were kept confidential, which facilitated thematic data analysis by encouraging candour and participant self-direction. This ensured that unique response behaviours and common notions from participants were more readily identified, providing more precise insight into how different mothers perceive breastfeeding in the workplace.

Table 2: Themes generated from the data:

1. Breastfeeding, Religion and Employment	1.1 Breastfeeding and Mother's Beliefs	1.1.1 Breastfeeding as God's Order 1.1.2 Breastfeeding as 'Natural' in Islam - Feminism, Essentialism and Religion
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	1.2 Mothers and Employment	1.2.1 Qatari Breastfeeding Mothers' Motivation to Work 1.2.2 Breastfeeding and Maternity Leave
2. Breastfeeding and Working in Qatar	2.1 Experiences of Embarrassment and Shame in the Workplace	2.1.1 The Stigma of Breastfeeding in the Workplace 2.1.2 Embarrassment in Employee-Employer Communication
	2.2 Experiences with Breast Pumping in the Workplace	2.2.1 The Lack of Consideration for Breastfeeding Mothers 2.2.2 The Challenge of the Nursing Breaks
	2.3 The Workplace is Not Mother-Centred	2.3.1 Discrimination Against Mothers in the Workplace 2.3.2 The Challenge of Nursing Hours
3. Returning to Work and Giving Up Breastfeeding	3.1 Employment as a Key Reason for Stopping Breastfeeding	3.1.1 The Lack of a Matricentric Focus on Resource Provision in Organisations 3.1.2 Unfair Treatment of Breastfeeding Mothers as a Departure from Matricentric Feminism
	3.2 Conflicts in the Workplace	3.2.1 Working Mothers and 'Good Muslim Mothers'

		3.2.2 Lack of Support from Colleagues
	3.3 Balancing Motherhood and Employment	3.3.1 Efforts by and Experiences of Mothers in Handling Employment and Motherhood 3.3.2 Concerns on the Absence of Childcare after Maternity Leave

I organised the research findings into three chapters: Chapters Five, Six and Seven. Chapter Five explains the interaction between breastfeeding, religion and employment. The chapter presents mothers' perspectives on, and perceptions of, breastfeeding, and their experiences of how religion and employment affected the practice. The chapter also describes the mother's motivations regarding both breastfeeding and employment. I discuss the interaction between the mother's motivation and her perceptions towards breastfeeding, as well as the role of religious beliefs in influencing uptake and maintenance of the practice.

Chapter Six describes the experiences of the breastfeeding mothers as they returned to work and the challenges they faced to maintain breastfeeding. I also critically examine the different types of support that were in place, or lacking, for the breastfeeding mothers. The findings allow me to shed light on the different kinds of pressures that breastfeeding mothers face in the workplace, as they focus on feeding their infants.

Chapter Seven focuses on those experiences of breastfeeding mothers while working in Qatar that led them to wean their infants. Unlike Chapter Six, which describes the experiences of the mothers who continued breastfeeding, Chapter Seven is seeks to understand the experiences of those mothers who stopped breastfeeding as they returned to work. The focus is

directed towards establishing the conditions of the work environment, including managerial and co-worker attitudes, government support in terms of the maternity leave legislation, and the various barriers to, and facilitators of, breastfeeding within the workplace.

The results are based entirely on the data and not on assumptions that can be made from such research. The results showcase all responses of all the Qatari mothers who participated in the interview.

4.7.3 Reflexivity, its Processes and Effects in the Data Analysis Process

Reflexivity entails the examination of the beliefs, practices and judgments adopted by the researcher during the process of analysing the data (Bryne, 2022). This conception of reflexivity also relates to how those three elements influence the outcome of the research. Reflexivity involves the manner in which I acknowledge my role in the research process. With the application of a qualitative methodology which culminates in an exploratory design, reflexivity plays an integral role in the successful completion of the study. In this study, reflexivity is applied to my assumptions, past experiences and the key beliefs that I held before and during the research process.

First, among the assumptions is that the experiences of breastfeeding mothers upon returning to work in Qatar are a complex issue that can best be described through the appreciation of the multiple intersecting layers of contexts. As a result, in addition to identifying the three individual theoretical models in Chapter Three (critical/matricentric feminism, the theory of gendered organisations/ideal worker and maternal bodywork), I conceptualise the experiences based on how they are embedded within multiple layers of contexts, including the global, national and institutional level. Second, my past experiences as a mother and a worker

have given me insight into the type of experiences that breastfeeding mothers have in the workplace. While not all organisations are similar, those experiences provided the foundations for my interest in the research topic, as well as the design of the methodology in this study. Finally, I hold the belief that while women, and indeed, breastfeeding mothers, joined the Qatar corporate scene only recently, it is possible to fast-track their assimilation and accommodation based on lessons from other locations, as well as recognition of their specific experiences. This belief arises from the extent to which the country is committed to achieving the policy goals for increasing female labour participation in the country, as indicated by Moghadam (2013).

4.8 Limitations of the Methodology

There are a number of limitations of the adopted methodology. This study did not include employers and colleagues, who play a part in how laws and policies are implemented in the workplace because they were not accurately reflective of the population and the data obtained from these groups would not be generalisable to the larger population (Vasileiou et al., 2018). Similarly, the perspectives of key stakeholders such as government officials involved in making laws and policies were not included in the study. The limitation however, is that with the sampling technique used, the participants were randomly selected and thus the researcher could not obtain comprehensive information on the research area beyond the information provided by the respondents. Their exclusion from the study is based on the position that the goal of the study is to investigate the experiences of the women from their perspective. As a result, the position of these stakeholders is derived from past studies from multiple locations. Considering the qualitative nature of the research, it is not intended to generalise from the analysis of the

women's experiences, but instead to produce useful knowledge based on their daily experiences, as part of a feminist research commitment (Letherby, 2003).

4.9 Conclusion

As Rayaprol (2016) observes, the application of feminist standpoint theory in social science research provides important benefits insofar as the methodologies applied are not separable from the real issues on the ground, about which feminist theory is mainly concerned. Undertaking research on topics that women face from a feminist perspective has transformed sociological understanding and brought about deeper insights into the systematic marginalisation arising from gender, race, religion and other forms of colonisation (Rayaprol, 2016). Researchers Miner-Rubino and Jayaratne (2007) argue that feminist research methods have a focus on theory and knowledge generation that is mainly grounded in women's experiences as the central focus.

In this thesis, the feminist standpoint philosophy is adopted as the epistemological approach. I was able to empathetically understand the experiences that mothers went through, having gone through a similar experience in Qatar. I adopted semi-structured interviews to facilitate data collection, primarily using open-ended questions. The rationale for using such questions was that they allowed respondents to speak about diverse issues they were facing, as well as express themselves in an easier manner. The interview data was evaluated using a thematic analysis approach, as this helped narrow down the different themes to be investigated in this feminist research. As a result, the research presents diverse but also relatively similar perspectives drawing on the experiences of working, breastfeeding women in Qatar.

In addition, the adoption of a qualitative methodology is useful for exploring existing barriers within the workplace for mothers who are breastfeeding, particularly in patriarchal societies such as Qatar. Therefore, integrating feminist standpoint theory in this research has influenced my approach towards data collection and the analysis of those individual experiences and opinions arising in the data set.

5 Chapter Five: Breastfeeding, Religion and Employment

5.1 Introduction

Thirty-eight of the Qatari working mothers interviewed for this study initiated and continued breastfeeding their infants upon return to work. Their accounts of their experience of returning to work are analysed in this chapter and the following chapter (Chapter Six). A further 12 Qatari working mothers initiated and maintained breastfeeding during their maternity leave (eight weeks), but these mothers felt that they had to wean their infants after they returned to work. Their experience will be discussed in detail in Chapter Seven. As stated in Chapter one, Qatari society is embedded in the Islamic world with a strong religious grounding that dominates daily and social life. Breastfeeding is positioned as a core cultural, religious, and spiritual function that plays a pivotal role in the establishment of the family environment. As such, looking at breastfeeding practice is useful for understanding the influence of religion on specific aspects of working mothers' lives. Therefore, this chapter demonstrates how religious beliefs exert a strong influence on the uptake and continuation of breastfeeding practices among the Qatari working mothers in this study.

This chapter contributes to the limited research that has explored the breastfeeding experiences of working mothers in relation to their faith and beliefs, and how they combine the practice with employment. Existing research on this issue had predominately focused on immigrant Muslim mothers (Jessri, Farmer and Olson, 2013; Rehayem et al., 2020). This chapter contributes to the literature, and answers Kawash's (2011) and Salem's (2013) calls for more research on the intersections between mothering and religious beliefs, practices and experiences and between secular and religiously framed mothering practices and experiences. It also contributes to the maternal studies literature (such as O'Reilly, 2016 whose work is

foundational for this thesis) in the context of Muslim societies. Although most studies in Qatar emphasise attitudes toward female labour force participation, one of the unique aspects of my research is that it is underlining the policies and attitudes toward Qatari ‘mothers’ in the workplace with regards to their beliefs and practices around breastfeeding. This chapter considers Hays’ (1996) theory of intensive mothering as a lens from an Islamic perspective. Hays, and those drawing on her work, note the ways in which, within Global North, ‘good mothering’ discourses are in conflict with the construction of an ‘ideal worker’ in everyday working life. By considering the religious dimension, I examine how the standard of being a ‘good Muslim mother’ is constructed differently. Hays’ writings on intensive mothering, as I will show, is useful here in illuminating the lived experience of the breastfeeding women I interviewed in Qatar, and allows me to consider further how their experiences were significantly impacted upon by the ways in which the ‘good Muslim mother’ is further removed from the model of the ‘ideal worker’.

As Feminist thinking has tended, more often than not, to dismiss the significance of religious belief in Islam (Kawash, 2011; Cheruvallil-Contractor and Rye, 2016), this chapter aims to analyse the religious belief in the Holy Quran’s recommendation to breastfeed as a motivation, and the mother’s desire to engage in the practice in Qatar while working. As these women with religious beliefs, experiences and stories are usually overlooked, this study aims to give agency to these women to tell their experiences as storytellers. Further, this chapter engages with how Qatari working mothers struggle to balance their religious beliefs with their career roles in the context of Qatar, and how the current maternity leave policy can create dilemmas for the working mothers, including the decision of whether to continue with their professional work, or leave in order to take care of their babies in line with the cultural context and belief system in place. This study begins with Qatari mothers’ motivation to breastfeed,

and their perspectives on the practice as a God's order. The second section considers mothers' motivation to work, and how their beliefs about breastfeeding and motherhood affect their decisions to return to work.

5.2 Breastfeeding and Mothers' Beliefs

The influence of religious beliefs on breastfeeding practices has, over the years, been examined by diverse researchers through empirical studies (Chapter Two, 2.3). Qatar is part of the Arab and Muslim world, and therefore Islam plays an important role in establishing the values and norms of society through individuals, groups and institutions. This section discusses Qatari mothers' decisions to initiate and maintain breastfeeding, understood as God's order in the Holy Quran, and their perspectives of breastfeeding as embedded in the way they construct their mothering work and motherhood.

5.2.1 Breastfeeding as God's Order

“Mothers shall breastfeed their children for two whole years, for those who wish to complete the term” Quran Surah Al Baqarah (2:233)

This sub-section considers Qatari mothers' perspectives about the importance of adhering to the religious beliefs that provide guidance on breastfeeding and its overall importance for the child's sake, as an order from God. Even among those who were not aware of the specifics of the Quranic instructions on breastfeeding, all interviewees indicated their recognition of the need to breastfeed their children for as much of the first two years as possible. For example, Ranya is a mother of three children, and she stated that she breastfed all her

children and breastfed the last child for 20 months. She works in the private sector as a Senior Administrator and talks about her motivation to breastfeed. As shown below, her decision is based on religious duty, in line with the command from Allah (Exalted be He):

“Religiously, God mentions it in the religion ... God orders us... I mean why I don't breastfeed. God orders us to breastfeed. You can't imagine how much breastfeeding is sacred to me. And I repeat and say that it is mentioned several times in the Quran not in a verse or two, so it's important. So why these days we are denying this blessing! And this is a livelihood from God to the child...so are you saying that I'm not going to give him, and I'm worried about myself? I'm against that” (Ranya)

Naima, a mother of two children and works in the public sector as an Architect, also shared a similar perspective. As indicated, she has internalised the religious duty to a form of commitment, which she enjoys and loves. She also understands the importance of the care. She states that:

“ I love it ... I love breastfeeding... from my first experience with my first child... with everything it had... all the emotions I felt...I want to repeat it and I want to repeat it with all my children. I believe it is my children's right... it is my responsibility toward God...it is their livelihood... and I must provide them with it as long as I can, if I can, why not? ... For me, I feel that this is a pride.” (Naima)

Shareefa, who breastfed all her five children and works in the public sectors as a Buyer, understands the importance of adhering to the religious duty to breastfeed, and takes it upon herself to promote the perspective to others. She states that:

“When I talk about breastfeeding, everyone tells me that I’m a drama queen, I just told them I’m not a drama queen...I just feel sorry for mothers who don’t breastfeed and what they miss... it is even mentioned in the Quran. Nothing mentioned in the Quran is useless.”
(Shareefa)

A similar view was also shared by Manal, a new mother who breastfed her child for two years and works in the public sector as an Assistant. She highlights the point that in spite of the guidelines on breastfeeding, the practice is not universal across the country, since not all individuals are aware of the provisions under the Quran. She said:

“When my relatives knew that I’m still breastfeeding...They frown and disapprove. I said it is not your business. I told them that breastfeeding has to be for two years, and I reminded them that it is mentioned in the Quran, and I show them the verse that mentions the subject of breastfeeding, and that’s what surprises them. Breastfeeding should last for an average of two years, and if I breastfeed longer, there must be mothers who breastfeed longer, and that’s normal.” (Manal)

On the same note, Zahra, a mother of 5 children and working in the public sector as an Administrator, shared her experience. Her experiences are shaped by the response of other employees, who have adjusted their breastfeeding practices to mirror the increased responsibilities. She states that:

“When my colleagues at work don’t like me to breastfeed or disapprove of it, I tell them that I love it... I love breastfeeding and I see that what I’m doing is the right thing but what you are doing is wrong... don’t discuss that with me because I will discuss it with you by the Quran.

God said breastfeed, don't discuss it with me... I believe in breastfeeding... strong faith that God has said this only because it has a strong effect." (Zahra)

The accounts by these five Qatari mothers, which are shared by a majority of the other interviewees, indicate core insights regarding how religion influenced their decisions to initiate and maintain breastfeeding. It also shows their desire and pleasure to engage in the breastfeeding practice as advised by God, and their perspective of the value of what they do. Breastfeeding is demanded by Allah (Exalted be He), and mothers, as a result, are required to breastfeed for the sake of their children, and they viewed it as a sacred activity and a blessing. Additionally, Qatari mothers' accounts disclose that they believed in the teachings of the Quran as the words of God and, as a result, did not require further conviction from any relatives or colleagues to engage in the activity. These accounts show the importance of breastfeeding for these mothers, which is in conflict with the current maternity policy, that adds unnecessary challenges which encapsulate the lack of understanding they face in a patriarchal labour market.

Fatoohi (2012) reported that the Quran mandates that every newborn infant has a right to be breastfed, while Jessri, Farmer and Olson (2013) also found that the mothers from the Middle East were committed to breastfeeding for long periods of time due to their Islamic beliefs. In another study, Bensaid (2021) argues that for Muslims, breastfeeding is intertwined with the Islamic system of beliefs and values and, as a result, continues to influence the uptake of breastfeeding among women. Subsequently, as Islam serves as the lens through which Muslims understand and view the world, instructions from the Quran are influential in determining the breastfeeding practices adopted by working mothers in Arab countries such as Qatar.

Furthermore, the accounts by these participants show how breastfeeding is not only valuable to the child, but also to the mothers as good Muslims who adhere to God's order. This is in line with a study by Khasawneh (2017), who suggested that breastfeeding had an associated religious context in Arab culture, as the Quran contains more than five verses that instruct mothers to breastfeed for up to two years. As such, the expectations of mothering in Muslim societies are that Muslim mothers should be willing to breastfeed their infants as recommended in the Holy Quran and for the sake of the child. Therefore, this mothering ideology comes from both culture and religion. As a result, from the Islamic perspective, mothers are responsible for breastfeeding their infants (Viruru and Askari, 2019). According to the ideal or good Muslim mother ideology, becoming a mother who breastfeeds is described as spiritual and an honor to them, and they will be rewarded (Cheruvallil-Contractor, 2016). As such, in order to better understand Muslim mothering, it is helpful to trace back to the interpretations of the Quran and Hadith (the collection of Prophet Muhammed sayings). Hence, Qatari mothers in this study aspire to be good Muslim mothers by following God's advice to breastfeed. Despite the fact that the academic discourse on motherhood mainly reflects white middle-class perspectives (Viruru and Nasser, 2017), this study shows that, despite circumstances that mainstream literature would identify as challenging, Muslim women associate breastfeeding and motherhood with positive feelings, because they welcome their responsibilities as God-given. Therefore, immediate support is needed to facilitate this mothering work and to help them achieve their goals.

Furthermore, these findings are in line with Jessri, Farmer and Olson (2013) and Lundberg (2018), who argue that the Quran's direct references to breastfeeding were a key influence in determining whether mothers would initiate and maintain breastfeeding in the context of Qatar. This study shows, in the various cases involving Ranya, Naima, Shareefa,

Manal and Zahra, that their decisions to breastfeed arose from their perceived need to follow the teachings of the Quran as an act of worshipping God, and accordingly, to fulfil the role of good Muslim mothers. This finding is in line with a cross-sectional study by Saaty, Cowdery and Karshin (2015), which showed that the primary reason to breastfeed was that Islam encourages breastfeeding. Furthermore, it is also in line with Ogbeide et al. (2004), who found that most of the Saudi Arabian mothers decided to initiate and continue breastfeeding their infants for two years because it is recommended in the Quran.

From a matricentric feminism perspective, participants' accounts show how mothering is central to their lives as women, driven by the religious beliefs which shape their maternal identities in Muslim societies (O'Reilly, 2016). Qatari mothers in this study reported that engaging in breastfeeding was sacred and the right thing to do, given that it is God's order, and they loved the practice. For example, this came through in Zahra's account (*"When my colleagues at work don't like me to breastfeed or disapprove it, I tell them that I love it..."*) and Naima's account (*"I love it ... I love breastfeeding... from my first experience with my first child... with everything it had... all the emotions I felt...I want to repeat it and I want to repeat it with all my children"*)

As suggested by de Marneffe (2005), the failure to acknowledge the potential value of mothering for mothers, as a site for meaningful accomplishment and in relation to their beliefs, is a major obstacle to imagining possibilities for change in the organisation of work. A mother's desire to breastfeed and to care for her children may be seen as anti-feminist, but conversely, the feminism informing this study aims to take into account the role of maternal desire in Muslim mothers' lives (de Marneffe, 2005; O'Reilly, 2016). As O'Reilly (2016) and Kokot-Blamey (2021) emphasise, because motherhood directs attention to biological differences, it has always posed a dilemma for feminism. The findings from this section underscore the need

to emphasise that the actions of these Qatari mothers ought to be evaluated and understood from the meeting point not only between tradition and progressivism, but also at the nexus between their identities as modern progressive women, and their perspectives as traditional Muslim mothers who are guided by religious beliefs.

5.2.2 Breastfeeding as ‘Natural’ in Islam - Feminism, Essentialism and Religion

This subsection continues to outline the mothers’ perspectives on breastfeeding as embedded in the way they construct their mothering and motherhood. The Qatari working mothers I interviewed believed that breast milk is a natural substance, and it is a child’s livelihood from God, which they were created to produce. For instance, Farah, is a new mother who works in the private sector as an Engineer, had been breastfeeding for over one year at time of the interview. She argued:

“This is our nature, why should I change it?... why would I change the human nature? God created us this way and it exists in our religion and other religions... it exists by nature... I breastfeed by nature.” (Farah)

Fajer, a new mother and works in the private sector as an Engineer, breastfed for nine months at time of the interview and also shared a similar perspective:

“In general, it is an important thing and something fundamental, and this is an instinct from God. what I am praying to God for is that I can complete the two years that are written in the Quran... and certainly it is for a wisdom from God... certainly God will not create anything without a reason... it says two years, not one or three... No, it is for two years.” (Fajer).

Latifa, a mother of three children and works in the private sector as a Financial Specialist, breastfed her last child for a year and seven months. She said:

“Breast milk is important for the child’s health and growth. That’s what God created. What God gives the mother in her milk is what the baby needs. And I don’t know if artificial milk meets the baby’s full needs. The amount of breast milk is what the baby needs, and the colostrum that is initially produced is very important for the growth of the newborn. I feel like it’s very important.” (Latifa)

Shaikha, a mother of two children and breastfed them for two years and works in the public sector as a Manager, reported:

“God has deposited in our bodies a full organ for breastfeeding. And God has deposited already in my body an organ that provides my child with his food and milk. As I told you that God created us in the best design, made the full pregnancy period nine months and so on, and made the supplement for these nine months to breastfeed the child. And God created it (breastfeeding) as innate in us. My opinion is that what prevents us from following the teachings of our religion? And to breastfeed for two whole years?” (Shaikha)

Aisha is a mother of three children who works in the private sector as a Financial Officer, reported:

“Breastfeeding is a social phenomenon that has to be strengthened because it is an obvious choice that should happen... I don’t know why people are going to the formula... breastfeeding is normal and natural.... We shouldn’t be against our nature... This instinct is from God...thank

God that I'm blessed... because not all women can, or have, determination, perseverance and knowledge, so can breastfeed...for me I felt not only is it easier, but it was an easy path. I feel that it is a blessing from God. It's not right to deny it to your baby.” (Aisha)

These accounts by these Qatari mothers interviewed for this study demonstrate that the importance of breastfeeding is not only emphasised in Islamic teaching, but also from their belief that their bodies are the temples of God, and their breasts and breast milk are special gifts from God, which they should share with their infants. The views, which reflective of the responses by most of the participants interviewed in this study also emphasise that it is normal to expect mothers to breastfeed, and describe breast milk as best for the baby, as it contains all the nutrients for the child's growth and development. These accounts emphasise how mothers identify with their motherhood in the Islamic context, which requires more attention from the policymakers in order to accommodate their needs and concerns.

Their accounts were in line with a qualitative study by Chang, Denney and Cheah, (2015) in Malaysia, who reported that mothers believed it was their responsibility to breastfeed, and breast milk was a gift from God with goodness that brings a proud and joyful experience to mothers. In fact, Firoozabadi and Sheikhi (2015) claim that Islamic Imams consider breastmilk to contain blessings from the mother. This demonstrates a convergence between the scientific evidence, and inferences from the Quran, which both indicate that breastmilk is important for the growth of the infant. Therefore, it can be argued that since beliefs from the Quran regarding initiating breastfeeding and its duration are supported by scientific research, Muslim breastfeeding mothers are subsequently influenced to adopt breastfeeding practices by their conviction in their religious beliefs, and for the sake of infants' development. Islamic teachings regarding breastfeeding identify breastmilk as an important provision for the newborn. It is important to emphasise that the religious inferences from the Quran only consider

breastmilk to contain “blessings from the mother” (Gregory and Walker, 2013). The finding in my study adds to the existing knowledge on the perception of breastfeeding in Muslim society, and also contributes to these studies about mothers’ intentions and decisions to breastfeed, which are not only based on following religious recommendations but also on the perceived role of being a good Muslim mother who wishes to comply with her nature as created by God.

There is considerable agreement about the centrality of motherhood to Muslim women’s lives based on the responses by these five interviewees, in spite of the fact that the work in different sectors and they perform different roles within the specific companies where they work. However, the participants’ accounts contradict recent scholarship on motherhood, which suggests that motherhood is a set of fundamentally cultural practices enacted within social and political contexts (O’Reilly, 2016; Viruru and Nasser, 2017). This scholarship challenges the notion that motherhood is a set of instinctive, "natural" behaviors. In contrast, Kawash (2011) concludes that reproduction cannot be dissociated from the female body, and that to insist that biology has nothing to do with mothering is extremely dogmatic. In this sense, Qatari mothers in this study did not challenge the nature of their bodies, but instead showed how God designated the mother’s breast as a method of providing her child with food and milk. They accept that mothers are endowed with natural gifts from God, such as pregnancy, birth and breast milk for their children. Because of this honor, Muslim mothers view motherhood as their responsibility and have high expectations and goals regarding breastfeeding their children.

Thus this study found that religion can also be a factor that affects the experience of motherhood, including urging mothers to breastfeed, a factor that is usually missing from the literature, especially that produced in Western societies or the Global North. For instance, according to Jamal Al-Deen and Windle (2019), motherhood In Islam is considered as a blessing from God to human beings, therefore the mothers in this study felt honoured to position

themselves in relation to it. This study also recognises those voices that are often less heard within feminist thinking: those of women who hold Islamic religious beliefs and mothers who recognise their mothering and breastfeeding as "natural" behaviours. This section also allows for more modern discussion between religionists and Western feminism, as well as for deconstruction of the stereotypes that both have of each other. It offers the possibility to realise that for mothers, belief is an important aspect of their identity and their lives (Cheruvallil-Contractor and Rye, 2016). As motherhood is central to Muslim mothers' lives, it resonates with a matricentric feminist perspective, as both Islam and matricentric feminism agree that motherhood can be a powerful space for women's agency.

5.3 Mothers and Employment

This section outlines the motivations for Qatari mothers who are breastfeeding to participate in the labour force, and how they combined their work with their breastfeeding practice. All Qatari mothers in this study are highly educated and working in senior positions. Thirty-four per cent of the mothers have annual incomes ranging between 360,000 to 480,000 Qatari Riyals (£78,000 - £100,000). Additionally, 32% of the participants are new mothers and 68% of the mothers had two or more children. As seen in the first section in this chapter, Qatari mothers' beliefs about breastfeeding as recommended in the Holy Quran, for up to two years, can clash with the current maternity leave in Qatari law which is only eight weeks. Therefore, the first sub-section shows some Qatari mothers' perspective about participation in the labour force, while the second sub-section discusses how they negotiate the balance between work and continued breastfeeding. The latter sub-section focuses on those mothers who took additional

leave on the top of their maternity leave, while the next chapter goes on to discuss further the challenges they encountered upon return to work whilst breastfeeding.

5.3.1 Qatari Breastfeeding Mothers' Motivation to Work

Some Qatari mothers in this study shared their perspectives about their participation in the work force. There is a similarity in the perspective that most Qatari mothers are motivated to work, albeit for varying reasons. For instance, Farah shared her opinion, which revolves around her setting an example for her children, both in terms of acquisition of knowledge, and application of those skills in the workplace:

“I want my child to grow up and see me as a woman who has progressed in society and accomplished an achievement for herself. I studied and worked, and I didn't waste these years in vain. I want to build my future. I'm the kind of person living for my baby, not with my baby.”
(Farah)

Latifa recognises the trend of women to choose to work as a way of fitting into the modern way of life. The increased support by husbands plays a role in their motivation to work, as well as the desire to not be left behind at home. While these motivations exist, she notes that the traditional roles of the woman cannot be overlooked. She states that:

“Mothers now are working. It may have been different in the past, the husband used to work, and most mothers stayed at home, but now these days mothers are working... even if the husbands tell the mothers that it is their choice, but husbands want women to work too...the responsibilities have changed, and time has changed, and it is rare to see now mothers having no activities or not working... My ambition is, practically and even scholarly, my ambition is even greater. However, I feel like a mother has to be patient, and when the kids are young, you

have to take care of them, because it is considered the foundation stage... I can't chase my ambitions now and find better job till my child grows." (Latifa)

Abeer, a Coordinator in the private sector and a new mother who had been breastfeeding for a year and two months at the time of interview, opines that women work in search of new ways to beat the boredom of sitting at home and focusing on housework. The changes in lifestyles have made it necessary for women to work, even though they still handle their housework related jobs. By so doing, they gain value, both at home and in society. She states that:

"So, what do women want from work? Women usually want to work to change their lifestyle and monotony, they want to feel their value and the value of what they offer society." (Abeer)

Noof, a mother of two children who had breastfed for one year and six months at the time of interview and works in the private sector as a Senior Administrator, attributes her motivation to work to the fact that she possesses the requisite skills. However, she recognises the societal pressure for women to focus on family, rather than money. She reported that:

"The problem is that even if you stay at home, they say that you are a failure, you took the certificate and stayed at home and you don't add anything to the community, and if you work, they say that you went on for the money... I mean the society demands that the mothers offer and make progress but in return take the whole responsibility of the household." (Noof)

The different accounts by these four Qatari mothers interviewed herein highlight the shift of the expectations around mothers' employment in the society of Qatar. The similarities exist for those who work in senior management, such as Noof, a senior administrator, and

Abeer, a coordinator. The findings can be explained from the institutional layer under the multiple intersecting layers of contexts, Lisbona, Bernabé & Palací (2020) and Mabaso, Jaga and Doherty (2022) posit that while women in senior management positions were perceived as being more capable of exercising agency when engaging in mothering in the workplace, they were still faced with the effects of maternal bodies at work and the effects of the inequities regime, albeit at the management level. As a result, while their position was perceived as providing a shield from adverse experiences, it did little to achieve such outcomes. Despite the diversity of opinion and experience of these mothers, the data suggests that Qatari mothers felt pressured to participate in the workforce, either to be a role model to their children, or to be dual earner in the family. The findings reflect what the data from the Ministry of Development Planning and Statistics show, with the percentage of married Qataris in the total workforce in 2016 was 81.3 %, 56.7% of whom were of female (Labor Force Statistical Analysis, 2016)¹⁶. As a result, women's access to the workforce is considered an important indicator of their social and legal status in Qatar (Moghadam, 2013). Moghadam (2013) argues that, in the Arab region, educational attainment and economic need both contribute to producing the supply of female labour, including mothers of small children. In a study in Qatar by James-Hawkins, Qutteina and Yount (2017) that aims to illustrate the conflict between norms about education, workforce, and family, the authors concluded that the majority of working women felt that it was important to become financially independent from their husbands and to ensure their future security. However, the authors also claimed that norms about mothers' roles within the family have remained static.

¹⁶ labor_force_statistical_analysis_2016_En.pdf (psa.gov.qa)

The traditional family institution and the private/public divide have historically defined the patriarchal structures of Arab societies. However, in the context of modernity and globalisation, these traditional gender roles are changing, re-shaping and creating challenges and contradictions for working women (Kamla, 2014). The Qatari government has placed significant emphasis on the active participation of women in all spheres of the economy. At the same time, women have to conform to the 'social pressure to focus on home and family over higher education and career' as Mitchell et al., (2015) put it. Therefore, while the expectation that mothers should participate in the workforce has arisen, their roles in the private sphere still remain. This study shows how Qatari mothers were keen to participate in the workplace to enhance their children's lives and be a dual earner.

In my study, from participants' accounts, it seems that becoming a mother affects every aspect of a woman's personal and social life. For instance, some mothers' accounts show that mothers felt pressured in order to access economic resources and make the most of their educational investment, as well as to contribute to diligent work to improve their children's lives. Hays (1996) argued that working mothers often justified their employment by stressing the benefits for their children, and also endorsed it by pointing to the benefits they themselves received (Christopher, 2012). However, some mothers' accounts highlight the contradictions in social perceptions that mothers must be caring and selfless while raising young children, yet competitive and ambitious at their jobs (Hays, 1996). Moreover, working mothers are concerned about being negatively judged if they are working for personal fulfilment rather than upholding the standard of ideal motherhood. Such scenarios can be usefully understood through the intensive mothering lens, in that unrealistic standards are imposed in order for these women to be an ideal mother or a good Muslim mother, which can lead to feelings of stress and guilt due to an inability to meet the expectations of motherhood. Participants' accounts show how

they are affected by an ideology of intensive mothering specific to their context, and equally how they feel they are judged by others according to how closely their practices fit the ideology and position them in relation to it (Jamal Al-Deen and Windle, 2019).

Furthermore, some participants' accounts show how motherhood is one role they play in their lives and working is another. It suggests that Qatari mothers' participation in the work force is motivated by their interest in raising strong families and being better wives and mothers, rather than primarily for the individual advancement of women (James-Hawkins, Qutteina and Yount, 2017; Viruru and Nasser, 2017). Women's participation in the work force is inevitable and desirable, however, as will be shown later in this chapter and coming chapters, it creates conflicts with their roles and beliefs as Muslim mothers who desire to breastfeed and care for their children. This unique conflict highlights how some mothers in Qatar are caught between prioritising motherhood over employment, and responding to government calls to increase women's labour force participation. This tension is exacerbated by the lack of appropriate maternity leave and childcare provision in Qatar.

Therefore, the combined accounts of the majority of Qatari mothers interviewed for this study highlight the changes in the social perception that being a good Muslim mother necessarily means staying at home to care for the children. In contrast, today being a good mother means to both take care of one's children and engage in the work force in order to improve one's family's life and wealth (Hays, 1996; James-Hawkins, Qutteina and Yount, 2017). This study recognises the complexity of working women's lives, where the value of work becomes part of the experience of good mothering (Viruru and Nasser, 2017). Thus, the findings of this study are in line with James-Hawkins, Qutteina and Yount (2017), who concluded that increased economic resources and the inclusion of women in paid work, do not guarantee gender equality or more power for mothers, but instead put additional pressure on

mothers who try to balance work with their responsibilities in the private sphere. The following section will highlight the tensions and challenges that my respondents faced in trying to combine their breastfeeding beliefs and practices with paid employment that offers limited maternity leave.

5.3.2 Breastfeeding and Maternity Leave

The first section showed that breastfeeding is considered a symbol of good mothering in line with the values of the Quran and, yet as Qatar aligns with Western notions of what makes an ideal working citizen, mothers are expected to mother intensively while simultaneously holding down a good professional career (Hays, 1996). Yet, through its religious component, the tension is amplified especially if it is not acknowledged in the workplace policies. One of the key contention points involving the current work policies in Qatar is around maternity leave policy. Qatari workplaces have policies that allow mothers to have just two months of maternity leave, which contradicts the principles of mothering as outlined in the Holy Quran. Therefore, some Qatari mothers applied for additional leave in order to balance their religious beliefs about breastfeeding with their career roles. As stated earlier regarding the necessity of women's employment, the discussion on maternity leave policy has led to another salient issue, which is Muslim working mothers (Syahidah and Jalil, 2017).

In this study, 30 of the Qatari mothers interviewed applied for different types of leave on the top of their maternity leave, such as paid annual leave and unpaid leave. For instance, Ranya, who works in the private sector, had to supplement her maternity leave with annual leave just to get sufficient time for breastfeeding. She stated:

“I took my maternity leave and I took an extra three months from my own annual leave with my last child. I know a colleague who stopped breastfeeding because of the work, for her, work is her priority. For me, breastfeeding is my priority.” (Ranya)

Manal, who works in the public sector, shared her experience:

“My son didn't accept the bottle at all, even if I filled it with breast milk, and it caused me a lot of trouble in my job, and I was going to resign. I told my manager about my desire to resign, and he wondered why, and I told him because my child doesn't accept the bottle. The manager tried to help me through vacations, so I applied for maternity leave, a month from annual leave and another month unpaid leave, I took all the types of leave to stay with my son.” (Manal)

Naima, who works in the public sector, shared similar sentiments:

“I took maternity leave, then my annual leave and because my daughter couldn't accept the bottle, I had to take unpaid leave. So, I sat with her for six months, breastfeeding 100% till she started eating... I mean if they didn't give me these vacations, I would have had to resign, I don't have a choice. Maternity leave is too short. It's not enough at all.” (Naima)

Shareefa, too shared her experience:

“I took maternity leave then I took 20 days from my annual leave, maternity leave is only 60 days... it should be at least six months because the first six month is the hardest period

for breastfeeding... because the child cannot eat yet... Because when you breastfeed, the baby's total reliance will be on breastfeeding. It is the period before eating.” (Shareefa)

Latifa, who works in the private sector, said:

“There's no consideration in that respect (maternity leave). For example, I work for the private sector, and my maternity leave period is lower than the rest of the government jobs. I have got 50 days from the calendar days with the weekends. I have to take time off or more vacation from my allowance to stay as long as possible with my child, so I took two months off to stay with the baby. For me I feel that breastfeeding is important.” (Latifa)

These responses indicate that the official two-month maternity leave is not sufficient for the purposes of mothering, based on the experiences in these accounts of Qatari mothers, for a number of reasons. First, the provisions are in conflict with the principles of mothering according to Islam, which illustrates the tension between a strong traditional culture and an evolving modern globalised culture. This conflict is manifesting in workplaces mainly due to the increased participation of women in the modern workforce, who want to invest in themselves in order to increase their value and be more efficient, as explored in the previous sub-section. Therefore, Qatari working mothers in this study were often confronted with the distressing choice between sacrificing their time with their child, or compromising their working status and performance (Parasuraman & Greenhaus, 2002; Valizadeh et al., 2017). With only two months of maternity leave, the current maternity policy in the State of Qatar is moving away from supporting mothers as children's primary care givers, towards increasing women's employment in general. While there is limited justification for the two months

provision for maternity leave, it further highlights the paternalistic nature of the decision made in the process of facilitating the inclusion of women in the workplace. The explanation by AlKhereibi et al. (2021) also suffices, in that under the Qatarisation program, most natives are absorbed into the workplace in managerial or key positions. This implies that their presence in the workplace is integral in the functioning of the departments or institutions where they are employed. As a result, mothers' work commitments need to be adjusted to meet the needs of infants and families, and for them to be good Muslim mothers, as well as meeting the expectations about the role of mothers in modern society.

The strategies adopted by the women interviewed in order to circumnavigate the fundamental flaws in the legal provision suggest that their experiences are at odds with the entitlements and doctrine of Islam. For instance, some mothers in this study stated that they had to apply for extra leave to prolong their breastfeeding period in order to ensure that they could follow the Islamic teaching. It also shows how they prioritise breastfeeding and motherhood over employment, as these mothers hold strong beliefs about breastfeeding, regardless of how that might affect their work advancement and progression, because they chose to practice their faith in a way that was personal to them. Some participants' accounts also show the difficulties that some mothers face with their infants regarding bottle-feeding acceptance, which made it harder for them to return to work after two months. Therefore, this situation creates a double bind between attempting to meet the standard of being a good Muslim mothers, and making decisions about priorities or performing a different kind of mothering which results in the loss of employment. Hays (1996) described the contradictions inherent in contemporary constructions of motherhood, whereby mothers act against their own self-interests, by putting the interests of others ahead of their own. However, in this study, Qatari mothers' accounts show how they prioritise their sense of Islamic motherhood over employment for the sake of

both their infants and their beliefs. However, pursuing such an ideal can also limit mothers' abilities to achieve economic and other forms of independence for themselves and their children (Hays, 1996). According to O'Reilly (2016), despite the fact that more women are now part of the workforce, the act of becoming a mother continues to have more consequences for mothers than becoming a father does for fathers.

While religion prevails as a key influence, it is apparent that the role of the global, regional/national, and institutional layers of context also play a role. In the Global North, women reformers shared the view that the gendered division of labour was both natural and good, and supported the development of gender-specific legislation. They also made arguments for gender justice, claiming that women's 'difference' gave them unique capacities for developing state policies that would safeguard mothers and children (Orloff, 2006). This is because the notion of gender sameness in the labor market policies do not recognise differences in family position or social context, and can therefore reinforce inequalities. Metcalfe (2008) argues that women in the Middle East face similar difficulties to other women in many parts of the world, but they also face opportunities and constraints specific to the construction of gender within their culture. I argue here that Western experiences and moving towards a capitalist market has contributed to the lack of willingness by Qatar to change the laws to accommodate the needs of women, from an Islamic perspective. The failure to develop a model based on difference and recognising the importance of the family are based purely on the capitalistic perspective, where institutions perceive all employees, including breastfeeding women, as resources for production. Within such a framework, any of the national initiatives in Islamic states such as Qatar to advance the rights of women and recognise the importance of family are treated as secondary concerns. While there are options within this capitalistic system for women

to cope (such as using regular leave days), it predisposes women to unfair treatment as predicted under the gendered organisational model.

With the challenges identified above, most of the mothers reported that employment has negatively affected their breastfeeding duration as predicted by Bai, Fong and Tarrant (2015), Rollins et al. (2016) and Steurer (2017), while those who took longer maternity leaves breastfed for significantly longer periods of time. Based on these participants' accounts, I emphasise the need to understand and evaluate the actions of these Qatari mothers as straddling the meeting point not only between tradition and progressivism, but also the nexus between their identities as modern progressive women, and their perspectives as traditional Muslim mothers who are guided by religious beliefs. As a result, successful breastfeeding has the potential to enhance Muslim mothers' psychological wellbeing and reaffirm their religious and maternal identities (Williamson and Sacranie, 2012). In contrast, the failure to breastfeed could result in feelings of guilt and a sense of inadequacy as a mother and as a Muslim as posited by Spencer, et al. (2014). Therefore, the experience of motherhood is amplified by the ideological pressures of intensive mothering as good Muslim mothers, as a standard against which they are measured while simultaneously competing in the work force as a good worker (Hays, 1996; Jamal Al-Deen and Windle, 2019).

Against these backdrops and as discussed in Chapter Two (2.7.4), Qatari working mothers might find it more difficult to follow the Quran's advice to breastfeed for a long period due to the relatively short maternity leave offered by law - 60 days in the governmental sector and 50 days in the non-governmental sector (Qatar's Civil Human Resource Law No. 15 of 2016). Obviously, as observed in this study and other current literature, this is inadequate maternity protection, especially combined with the lack of lactation facilities in most workplaces. In Qatar, there is no provision in the law obliges the employers to facilitate or

provide any kind of lactation support programs in the workplace, which makes it even harder for Muslim mothers, as will be shown in the next chapters. The current maternity law suggests that policymakers have not yet considered the importance of religious belief underlying decisions to continue breastfeeding, or how this represents the fulfilment of an Islamic order strongly stressed in the Holy Quran (Al-Mendalawi and Alwelaie, 2010). Moreover, as Qatar is considered a wealthy Muslim country (see Chapter One), it also suggests that there is a sense of dissatisfaction that the country's funds are not being used to improve mother's lives by increasing maternity leave, and about how mothering and breastfeeding experiences are often constrained and pressured in this context.

Thus, to enable Qatari mothers who hold strong beliefs or desires to breastfeed, the provision of rights to longer maternity leave could have a substantial effect. The findings from this study are in line with past studies that posit that longer the maternity leaves contribute to longer the duration of breastfeeding among full-time working mothers (Guendelman et al., 2009; Calnen, 2010). These findings also resonate with those of Mitchell et al. (2015), who argue that increasing maternity leave days, flexible working hours and working from home could reduce the challenges that working mothers face while also fulfilling family obligations. In a Muslim country, the expectation is that maternity leave days must be compatible with the period stated in the Holy Quran. Moreover, if the State of Qatar is keen to invest in human capital to have a strong, developed economy and social advancement by engaging more Qatari citizens in the labour force (The Qatar National Vision 2030, Qatarisation strategy), more attention must be focused on alleviating the constraints and pressures affecting Qatari working mothers. Therefore it is important that policymakers revisit the maternity protection articles and increase maternity leave, as it currently only amounts to eight weeks which is challenging for Muslim breastfeeding mothers.

5.4 Conclusion

This chapter shows that religion is an important aspect of motherhood in Qatari culture, particularly insofar as it emphasises breastfeeding and responsibility towards children and how it intersects with the experiences of working mothers. As such, in participants' discussions, it emerges that the view held by most of Qatari working mothers involved in this study is that breastfeeding is an instruction from God which it is therefore important to fulfil. While a number are not aware of such instructions, the propensity of the women to engage in breastfeeding arises from the knowledge that it is not only valuable to the child but also to the mothers, as part of how they construct their identities as good Muslims who adhere to God's order. The disparities in awareness about what is provided for in the Quran could explain why some of the women have not carried on some of the practices such as the use of wet nurses when they are not available to suckle their babies. However, there is a widespread awareness among the mothers that breastfeeding is a natural phenomenon in Muslim society and a social phenomenon that has to be strengthened and promoted. Resonating with the theory of intensive mothering (Hays 1996), Qatari Muslim mothers are subjected to a variety of stressors and tensions as they struggle to follow Islamic and the Quran's teachings to breastfeed and be a good mother and a 'good Muslim', as well as to realise their career roles in the workplace. This theory in the context of Qatar provides a lens through which to understand the ideal of the 'good Muslim mother' and the associated set expectations for mothers, and how that provides creates obstacles and causes tensions for Qatari working mothers.

The maternity leave policy for Qatari workplaces contravenes religious guidelines about mothering practices. The policy, which is based on law, represents how one aspect of the

multiple intersecting layers of context function to influence breastfeeding among the Qatari mothers. First, this chapter describes how Qatari mothers negotiate the contradictory demands of breastfeeding and employment, conflicting expectations between constructing their identities as good Muslim mothers, and their roles as workers. By recognising the voices and experiences of these Muslim Qatari workers as mothers, and their experiences of breastfeeding and returning to work after only a short period of maternity leave, this study contributes to the sparse literature on Muslim mothers and their choices about motherhood, and focuses on the influence of religious belief on Muslim women's mothering experiences (O'Reilly, 2016). Theoretically, from an Islamic perspective that applies Western feminist theories or those from the Global North, this study adds to the existing literature and shows how the conflicts and tensions that Muslim mothers experience upon return to work in an Islamic country are exacerbated by their particular context. It is also relevant to feminist thinking which marginalises religious women and its criticisms of religion, which often fails to consider women's beliefs as an important aspect of their identity as Muslim mothers and their lives and experiences at work. This study shows how religious belief may contribute as a pressure on mothers to become a good Muslim mother, while at the same time they are expected to participate in the work force to advance their family and society, which makes it difficult for them to balance work and family life.

Second, the absence of women representatives in positions of political authority in Qatar, as Hassan (1996), argues, the oppression faced by Islamic women arises from the fact that the tasks of defining diverse aspects of the status of Muslim women, ranging from the ontological to the theoretical and sociological, falls to men. Third, most organisations rely on the national laws to design policies and strategies, specifically under human resources management and workplace practices. The rigid nature of those laws and its effects is evident from the findings, since there has been no change in the policies, even with the apparent

possibility of women in key position resigning. Consequently, Qatari working mothers in this study chose to take extra leave to prolong their breastfeeding.

Taking Qatar as an entity, the lack of representativeness highlights how the effects of a gendered organisation contribute to certain outcomes in relation to this research issue. My concern is that the State of Qatar's plentiful resources are not being used to facilitate mothers' lives, particularly as shown in the findings above regarding maternity leave policy. These findings also show the contradiction between the State of Qatar's calls to increase Qatari women's participation in the work force, and other state policies which encourage them to stay at home. Therefore, I argue that breastfeeding mothers working in Qatar in modern Muslim environments are still marginalised, and their rights are not closely attended to, especially in the workplace, despite societal progress in terms of policies which aim to improve gender equality in the workforce.

The next chapter outlines the experiences of Qatari breastfeeding mothers who returned to work and maintained breastfeeding after their maternity leave, or after taking extra leave. It also considers how they struggled to balance their career roles with being a 'good Muslim mother'. Chapter Seven will then discuss the experiences of Qatari mothers who had to wean their infants after they returned to work.

6 Chapter Six: Breastfeeding and Working in Qatar

6.1 Introduction

Resonating with my argument in Chapter One (section 1.1.2), about the current Qatari labour laws and in Chapter Two (section 2.6) about the limited options that working mothers have, this chapter continues to explore the key tensions that have emerged for the 38 mothers in my study who continued breastfeeding upon return to work. This chapter analyses and brings to the fore the contradictions and conflicts that Qatari mothers experienced between the sacred Islamic prescription and how these texts are not acknowledged in current organisational and government policies. With the shortcomings of maternity leave policy, this chapter shows the personal perspective of Qatari mothers regarding combining breastfeeding and employment and the difficulties they encountered. Although breastfeeding promotion features in sacred Islamic texts such as The Holy Quran and is well defined in the literature, limited research has explored the experience of working mothers in relation to their breastfeeding practice and beliefs as a word of God, and there is a gap between what is practiced and what is needed (Jessri, Farmer and Olson, 2013; Lundberg, 2018; Anggraeni, Punthmatharith and Petpichetchian, 2020). Breastfeeding practice is useful in understanding the influences of both religion and employment on specific aspects of mothers' lives in the context of Qatar, and as a contribution to the current literature.

Theoretically, this chapter is framed by Hays' (1996), intensive mothering theory and O'Reilly's (2016) matricentric feminism. While the existing scholarship sheds important light on these salient issues within the Western context, the present study presents some similar issues that are specific to a Muslim country such as Qatar, and also those issues which are unique to the Qatari context. Resonating with intensive mothering theory (Hays, 1996), this

study contributes to the theory that Qatari Muslim mothers are subjected to a variety of stressors and tensions because they struggle to follow Islamic and the Quran's teachings to breastfeed and be a good mother and 'good Muslim', as well as to realise their career roles in the workplace. From a matricentric feminist perspective (O'Reilly, 2016), this study identifies the constraints and contradictions in Muslim mothers' lives and how they negotiate these constraints in their work and breastfeeding practice in the Qatari context.

Additionally, this chapter contributes to maternal studies that call for work on mothering and religious beliefs, practices and experiences (Kawash, 2011). Gatrell, Cooper and Kossek's (2017) theory helps to highlight constraints such as how breastfeeding and pumping breast milk is stigmatised in the workplace, and the maternal body is seen as a social pollutant or taboo in the Qatari context. Furthermore, this study recognises voices from non-Western contexts that are less heard within feminist thought, being caught in a feminist 'blind-spot' – namely, the voices of mothers who hold religious beliefs. It also gives an opportunity for feminists to recognise that women's belief is an important aspect of their identities and their lives. Therefore, this chapter presents a narrative that is grounded in the voices and experiences of Muslim mothers, which aims to capture the complexities and nuances of their lived experiences as mothers and workers.

The first section discusses and supports the perspective that a return to work after short maternity leave creates pressures and tensions for Muslim Qatari mothers who, for instance, don't feel comfortable, are embarrassed to pump in the workplace and are embarrassed to communicate their needs in a conservative society. Section two outlines the difficulties mothers experienced with pumping breast milk in the workplace in terms of place and time, and how limited maternity leave and a workplace that is not breastfeeding-friendly adds further tensions for the Qatari mothers. Section three considers the discrimination towards mothers in the

workplace and how employers and workplace policies are inconsiderate of the needs of the mothers and their infants. The last section offers a conclusion to this chapter.

6.2 Experiences of Embarrassment and shame in the Workplace

This section discusses the tensions Qatari mothers encountered when continuing breastfeeding upon return to work after maternity leave. The first sub-section discusses Qatari mothers' experiences of shame and embarrassment around pumping milk in the workplace. The second sub-section outlines the embarrassments felt over of employee-employer communication about accommodating the need of breastfeeding mothers.

6.2.1 The Stigma of Breastfeeding in the Workplace

Some Qatari working mothers conveyed a feeling of being ashamed to pump breast milk in the workplace, a situation that was worsened by the facilities provided for this purposes in the workplace. As indicated earlier, expressing milk is integral in enabling working mothers to provide breast milk to their infants. For instance, Nawal is a mother of three children and works in the public sector as an Administrator. She stated that she was ashamed to pump milk because she works in a male-dominated workplace. She said:

“I was preparing two bottles for her (her daughter) before going to work, but I wasn't pumping at work, before I go to work, I woke up at four and I pumped... and then I breastfed her, and I dropped her to my mother's house. I put two bottles in the fridge and went to work. My breast was hurting me, there's no way I'm going to pump at work, I feel like it's hard because I work with men, I was ashamed, and the sound of the pumping machine was embarrassing me, it was really hard... and I work in a very sensitive place with security inspection... if I came to work with a nursing bag and they saw it... it is very hard, I feel ashamed.” (Nawal)

Eiman, a new mother who works in the public sector as a Legal Advisor, reported that she breastfed her infant for three months and introduced formula milk while she was at work. Her decision to provide alternatives to breastmilk is purely based on the inability to express milk while still working. She reported:

“When I returned to work, my work enforced me that at a specific time to breastfeed and to introduce artificial milk, if I was not an employee, I would have been able to complete breastfeeding exclusively for a whole year not only three months, the first two months I was basically on maternity leave, and one month I made a stock and the one I stored for a month was very little, but I didn’t pump at work, I was embarrassed, I work in a sensitive place, and I work in a shared office with other girls, there is no way I could pump in front of them.” (Eiman)

Dana, too, was avoiding pumping in the workplace. Dana is a mother of two children and works in the public sector as a Graphic Designer. She stated that she had struggled to breastfeed her infant for eight months at the time of interview, and she would only pump breast milk at home. She said:

“I work with six other girls in the same office, I can't put a pumping device in front of six girls, and I can't turn around and pump manually, not a beautiful scene, okay? I don't pump in the prayer room because it is crowded and not clean at all, so I don't sit in it... Some girls pump in the bathroom... and to go to our bathroom; you need to walk and pass between men. But if there's a dedicated place if there's a bathroom in the girls' section, it'd be easier, but imagine the sound of the machine in the bathroom, that's not good.” (Dana)

Remarkably, the shame of expressing breast milk in the workplace is not only reflected in the accounts of Nawal, Eiman and Dana – where they were unable to pump in the workplace – but even mothers who did pump milk at work reported the same issue of embarrassment. For instance, Rehab, a Training Officer in the public sector and a mother of three children, reported that she used to pump her breast milk ‘secretly’ in her office. She said:

“Even if there is a lactation room, even then I'm embarrassed to go in if a colleague sees me, for example, he'll know what I'm going to do. I do not know, although it is not supposed to cause embarrassment, it is normal and from God and God has recommended it, and women were working and breastfeeding, and there is no embarrassment in that, but I am embarrassed.” (Rehab)

She elaborated by stating that:

“It was very difficult (to pump), difficult even at work, I was embarrassed, and I did not take the [electric] pump with me, it's manual, so it doesn't make a sound... The bag is black and unclear, but I would put it in the fridge, and I was always afraid that someone would open it, I don't know, that's how it bothered me.” (Rehab)

Shayma, a mother of two children who works in the public sector as a Senior Manager, shared the same sentiment:

“Even the nursing hours, I like to call them maternity hours, because if I said nursing hours, I feel like they are imagining the breast, so I don't say I'm going to pump, I had to conceal it.” (Shayma)

The accounts by these five participants emphasise the tensions mothers experienced returning to work after a very short maternity leave and the difficulties they encountered with continuing to breastfeed. The participants, whose experiences reflect what the majority perceive, shared how they were embarrassed and ashamed to bring the practice of expressing breast milk into the workplace to enable them to provide breastmilk to their babies for as long as possible in line with the two years after birth as recommended in the Holy Quran. While recognising that breastfeeding was not possible in the workplace, most of the interviewees faced challenges in expressing milk in the workplace. This finding is consistent with a study in Kuwait that found that most mothers felt embarrassed to pump milk at work, and that embarrassment and social constraints regarding breastfeeding practice were identified as the major barriers for working mothers (Al-Darweesh et al., 2016). This is an indicative finding that the transition experience of returning to work is stressful for mothers. The short maternity leave indeed causes tensions for mothers because they struggle to deal with being separated from their babies while returning to an unaccommodating workplace. A number of rationales explain the stigma linked to breastfeeding and the expression of milk. First, as indicated by Gatrell (2019), mothers tend to conceal their lactating bodies and breastfeeding practices in the workplace to avoid being seen as disruptive and 'abject,' and to meet the criteria of 'clean and proper' within professional settings. In such scenarios, mothers often conceal their breastfeeding activities and in some cases force their bodies to produce milk only at home or at night (Gatrell, 2007). However, the interviewees indicate that it is challenging to fully conceal the activities, since the practice is conspicuous and fellow workmates can guess what they are doing in the rooms.

Furthermore, Nawal and Eiman both stated that they didn't consider pumping at work because they work in very sensitive places (military workplaces) that require security

inspections, therefore they were ashamed to be seen with a nursing bag and embarrassed to pump in a male-dominated workplace environment (Souza, 2022). Similarly, due to the security measures in place, having to explain the purpose of the pumping gadgets to male sentries at the gate contributed to their feelings of shame. Rehab's account also shows how she was ashamed to be seen using a visible lactation room (although one was not available) by her male colleagues and therefore uses an opaque nursing bag to hide what she is going to do (she stated that she pumps in her office). She was also concerned about the public fridge that she was using to store her milk, and was bothered and afraid of it being seen by others. A similar perspective was found by Raisler (2000), who reported that mothers in her study were uncomfortable about storing their breast milk in a refrigerator where the breast milk could be recognised by others. This is indicative that the perceptions of maternal body work extend to gadgets for expressing milk, as well as the milk products that mothers use to feed their infants in the workplace. Additionally, Dana and Rehab were concerned about the sound of the pumping machine that might draw attention to what they were doing. Their accounts are in line with Boswell-Penc and Boyer's work (2007), who found that working mothers experienced anxiety about being observed or drawing attention to their breasts by using a loud machine within earshot of their colleagues. These findings are indicative of the lack of suitable facilities within the workplace for mothers to use in their breastfeeding activities.

The findings also reflect what past researchers have argued, that the lactating body in the workplace causes anxiety because it imposes the acknowledgement of women's biological productivity (Boswell-Penc and Boyer, 2007). The findings also reiterate what the study in Malaysia by Sulaiman et al. (2016) found, whereby working mothers did not engage in expressing breast milk at work since it would cause so much discomfort for themselves and for their colleagues. These forms of stigma arise since in most cases, the physical facilities for

breastfeeding are not structurally designed in a fit-for-purpose manner, but are rather repurposed from existing rooms. As a result, they may have design flaws, which further worsen the experiences of the breastfeeding mothers. However, since their presence is expected to solve the breastfeeding issues facing mothers, the inability of those mothers to extract the intended utility from them further magnifies their negative experiences. From a matricentric feminist perspective, becoming mothers would position them as 'different' or 'others' from their male colleagues, as well as female colleagues without children (O'Reilly, 2016). The distinguishing factor, which is fundamentally a dimension of diversity, is perceived as a precursor to the requirement for the organisation to find ways to accommodate their needs, through a process that entails human and capital resources. Breastfeeding in the workplace is perceived as 'other' by some mothers, and the workplace 'aversion' to 'leaky' maternal bodies pervades their breastfeeding experiences. Hence, breastfeeding is 'other' in workplaces dominated by childless men and women.

Interestingly, Rehab's account highlights that breastfeeding was an instruction from God and, therefore, was important to observe and should be a normal practice, but still, she was ashamed to engage in this practice in the public sphere. This suggests that the workplace's bodily ideal is solid and in control, and implicitly gendered male (Acker, 1990). Therefore, breastfeeding is considered out of place, and makes it nearly impossible to blend in with male employers or colleagues (Gatrell, 2007). This can be derived from the reality that most workplaces in Qatar are modelled around the Western perspectives to work, and that work environments are not designed in line with the ideals of Islam, specifically about accommodating breastfeeding woman. Participants' accounts are in line with Hentges and Pilot (2021), who highlight that some mothers in male-dominated workplace environments are more likely to stop pumping at work. This compromises their ability to fulfil the requirements for

breastfeeding for two years, unless they are involved in shift-based schedules. It also reflects what Hirani and Karmaliani (2013) argued with reference to many Pakistani working mothers, who prefer not to express breast milk at work in a male-dominated workplace environment. Their options are thus to struggle to express milk after work, or look for other alternatives to breastfeeding, if they are to meet the Islamic guidelines on breastfeeding. Similarly, Burns and Triandafilidis (2019) found that due to cultural and religious expectations, participants avoid being seen by men while breastfeeding or expressing breast milk in the workplace.

Notably, the majority of the Qatari mothers interviewed herein also expressed embarrassment about pumping in female-dominated workplaces, indicating the level of privacy that women require when breastfeeding. In spite of the differences in the institutional settings, the women share a perspective in line with the institutional dimension of the multiple layers of intersecting contexts (Vilar-Compte et al., 2021). The similarities in their perspectives can be attributed to the tenets of the maternal body, whereby the bodies of breastfeeding mothers are viewed as a social pollutant in the workplace. with the findings are similar to the outcome of a study in Kuwait which claimed that most mothers were not comfortable breastfeeding or pumping breast milk in front of other females who are not their relatives (Al-Darweesh et al., 2016). This arises from the differences in the demographic and psychographic characteristics of women in the workplace, as is evident from this study. Past studies have shown that most women are thus only comfortable breastfeeding in private, or in the presence of close friends or family, a scenario that is not possible at work. The scenario is worsened by the fact that since women only entered the workplaces recently, most companies are male-dominated environments..

To a large extent, this form of stigma differs from stigmatisation by male co-workers, due to the unfulfilled expectations from fellow females, and it can galvanise the workers in the

male-dominated workplaces to perpetuate shame and the ‘othering’ of breastfeeding women.. Qatari mothers’ accounts showed that, although the Holy Quran advises mothers to breastfeed, the practice has not well accepted in the public sphere, and more so, in professional settings where every facility is designed for the functions of producing specific goods and services. Any activity that deviates from the intended purposes is perceived as an opportunity cost on the organisation, with implications on performance and productivity. Therefore participants’ accounts in this study emphasise how they were worried and embarrassed about pumping milk in the workplace, and concerned about embarrassing others and adverse reactions (Sheeshka et al., 2001). This shows how the mother's social context is an important determinant of breastfeeding initiation and continuation, especially when breastfeeding is seen as belonging to the private sphere of life.

Participants’ accounts show how the separation between public and private, and between the personal and professional realms, is disrupted by breastfeeding and maternal bodies. It also shows that maternal bodies represent a fundamental conflict between the ‘private’ body of maternity and the ‘presentational’ body required in the workplace (Gatrell, 2013). Therefore, mothers find themselves required to avoid or conceal pumping milk in the workplace to evade being perceived as disruptive, because the lactating body does not conform to the presumed neutrality of the working body of the male or female without children. This suggests that breastfeeding working mothers face a dilemma about whether to completely avoid or conceal pumping in order to avoid shame and embarrassment in the workplace. From an intensive mothering perspective, the conflict between the good Muslim mother and the good worker identities is intensified, because breastfeeding is treated as a choice in the workplace, while breastfeeding is increasingly seen as necessary in Islamic teaching (Hays, 1996). Having children, and more specifically breastfeeding, is generally thought to be an individual’s

decision, and furthermore the sole responsibility of the mothers (Horwood et al., 2020), however, I argue that religious beliefs calling on mothers to breastfeed for two years add a further layer of tension to mothers' decisions, especially in the context of limited maternity leave. Boyer (2014) argues that the competing demands of neoliberal motherhood on breastfeeding mothers obscure the emotional and social aspects of breastfeeding. The contradictions between the bodily ideals of motherhood and work remain difficult for women to reconcile (Lee, 2018a).

The fact that the mothers felt embarrassed to engage in pumping in the workplace indicates that breastfeeding and pumping breast milk practice is stigmatised in the workplace, and the maternal body is seen as a social pollutant or taboo (Gatrell, Cooper and Kossek, 2017). While most studies depict this perspective from the male perspective, in Qatar, the negative perceptions regarding maternal bodies is shared between men and women in the workplace. Essentially, this implies that those negative perspectives do not necessarily originate from the male perspective, but are shared across the genders. Gatrell (2019) describes lactating working women as “boundary creatures, caught between health ideals of “proper” mothering or intensive mothering and organisational images of the “good” or “ideal worker”” (see also, e.g., Acker (2006)). In this study, Muslim mothers encountered further tensions between the ideal of good Muslim mothers and the image of the ideal worker (in the absence of laws to mediate that). Today, Qatari mothers have the privilege to access career advancements in modern workplaces; however, they still need to keep their breastfeeding practice within the private sphere, which produces tensions and puts them in a difficult situation. Their accounts also show their fear that pumping milk might interrupt organisational routines and co-worker perceptions. Although breastfeeding is recommended by God in the Holy Quran and thought to be a natural

phenomenon in a Muslim society like Qatar, mothers were concerned about the reactions of employers and co-workers of breastfeeding who considered it taboo.

The failure to accept breastfeeding arose from the fact that the practice was considered abject in the public sphere. In a Muslim society like Qatar, where the breastfeeding practice should be normalised and melded within private and public spheres, current modern workplace policies with limited maternity leave indicate that working mothers face a dilemma when combining breastfeeding and employment. This aspect arises from the fact that the mothers have to continue working as unencumbered ‘with or from children’ employees, and simply avoid or conceal pumping, in order to avoid being noticeably ‘different’ (O’Reilly, 2016). Therefore, due to the failure of policymakers to provide longer maternity leave, mothers either had to avoid pumping in workplace that was unwelcoming of breastfeeding, or conceal it, which can lead to further tensions and problems.

6.2.2 Embarrassment in Employee-Employer Communication

Some Qatari working mothers reported feeling embarrassed to communicate about their breastfeeding-related activities to their employers in order to seek accommodation of their needs. For instance, Nawal was ashamed to consider communicating her need to pump because her manager is a male. She said:

“No, I can’t talk to him about it. I’m ashamed. Can you imagine telling a man that you want to pump?” (Nawal)

Layan, a mother of three children who works in the public sector as a Senior Administrator, shared a similar perspective:

“I can’t say I want to pump, I’m embarrassed because of our work environment, they’re all men, the manager is a man, the assistant director is a man, and even the director is man!” (Layan).

Badrya who works in the private sector as a Communication Specialist also stated:

“I told you there were managers who didn’t understand it, especially if your manager is a man, you couldn’t ask him to, ask for something like this that is inappropriate and very embarrassing, how would you tell him I want to go to pump?” (Badrya).

Nawal’s, Layan’s and Badrya’s accounts emphasise their embarrassment about communicating their breastfeeding-related activities to their male managers in the workplace. They also show that workplace breastfeeding support and interpersonal communication challenges are often unclear and complex, hence contributing to challenges in fulfilling the mandates on breastfeeding. This is in line with Stumbitz and Jaga (2020), who explore the maternal body work practices of black, low-income mothers in the Global South (South Africa). They found that lactating mothers reported struggling with bodily boundaries but did not feel confident about discussing options for expressing breastmilk in the workplace, especially since the maternal activities and organisational functions were perceived as unmalleable, as predicted by (Gatrell, 2013). While the current literature encourages effective communication between mothers and their employers about breastfeeding support (Anderson et al., 2015; Chang et al., 2021), mothers in this study faced challenges about such interpersonal communication. Qatari

mothers' accounts indicate that communicating and requesting breastfeeding support might be embarrassing, especially in a conservative culture like Qatar, reflecting the arguments outlined in section one about the perceived sexuality of the breast.

As discussed above, Western meanings of breasts as sexual objects have also influenced how Qatari mothers understand their breasts when breastfeeding, and their feelings of shame about discussing breastfeeding-related support with their male managers. This is in line with Chang et al.'s (2021) systematic review of qualitative studies, which reported that mothers face difficulties in discussing breastfeeding with male employers. In particular, Qatari mothers recognise their responsibilities as Muslim women through the rules of 'aurat', which shape feelings of modesty and respecting social expectations in the context of Qatar. Mohamad et al., (2013) make a similar argument, as they found that Islamic regulation regarding modesty and the female 'aurat' positions breasts as object of inscrutability and is isolated from the public sphere. These Islamic regulations, combined with workplace culture, places mothers in a constrained situation. In other words, the injunction by the Quran to breastfeed for two years assumes women will be confined to the domestic sphere (Qibtiyah, 2018). However, as stated by Syed, Ali and Winstanley, (2005), the concept of Muslim women's modesty encourages restraint, inhibition and related emotions of shame when interacting with males at work. The authors also conclude that, while female modesty arises as a value in many cultures, it is a particularly explicit and strong feature of Islamic doctrine. Hence these Qatari mothers' resistance to communicating about the support they needed for breastfeeding with their managers, due to a strong sense of modesty and the idea that it is something private.

From a matricentric feminist perspective, this finding shows how modern workplaces in Qatar problematise the acceptance of maternal bodies, evoking a 'social pollutant' stance that is in line with Gatrell, Cooper and Kossek's (2017) research (see also e.g., Kokot-Blamey,

2021). Furthermore, breastfeeding is viewed as an abject and transgressive act, making it difficult to separate the clean from unclean (Gatrell, 2019) and fundamental to separate the private from the public (Kristeva, 1980). From participants' accounts, it appears that mothers working in a male-dominated environment avoid talking about a sensitive topic such as breastfeeding needs, again adding to the tensions they experience individually and collectively. This study suggests that modesty through Islamic rulings of 'aurat', combined with the modern, sexual significance attached to breasts, play an important role in participants' understanding of breastfeeding in the workplace. In fact, modesty about exposing the private act of breastfeeding to public view was a major problem for the mothers, especially in relation to male managers. It is particularly challenging to follow the Islamic teaching to continue breastfeeding when feeling ashamed to communicate about it within a male-dominated workplace. As discussed in Chapter Two (section 2.4), women in modest cultures are taught to be modest and shy as well as reserved in their interactions with males who are not related to them (Koburtay, Syed and Haloub, 2018), hence, they might well be embarrassed to communicate their needs for support with breastfeeding to their male managers. As a result, policymakers in the State of Qatar should take into consideration the social and cultural expectations placed on Qatari mothers to guard their modesty and 'aurat' from the public view, by extending maternity leave to enable them to easily breastfeed their infants.

6.3 Experiences with Breast Pump in the Workplace

This section discusses further the dilemma which breastfeeding Qatari mothers faced when returning to work. The first sub-section outlines their experiences and challenges with

attempting to pump in the breastfeeding-unfriendly workplace. The second sub-section discusses their difficulties in finding the time to pump at work.

6.3.1 The Lack of Consideration for Breastfeeding Mothers

Despite the insufficiency of available maternity leave, most workplaces in Qatar do not have lactation rooms, which led the majority of the mothers in my study to use the bathrooms to undertake their breastfeeding-related activities. For instance, Fajer, a new mother who works in the private sector, stated that she used to pump in the bathroom. She commented about her experience:

“Unfortunately, the company I work for doesn't have a special place for pumping. I had to sit in the bathroom, sit on the floor...not even on a base; I had to sit on the floor and pump. The first thing is my back, the second thing, my bottom, and the third are that the bathroom is hot; there is no air conditioner. I can't even breathe; I want to finish these 20 or 30 minutes and get out. I can't avoid pumping because my breast is full, and I feel pain and get annoyed. Even all day, I would wait for the time that I finish my work so I can go and pump so that I don't start feeling these pains and these feelings.” (Fajer)

On the same note, Noof is a mother of two children, and she also works in the private sector. She shared that she also pumped in the workplace's bathroom. She said:

“They weren't honestly supporting me [her employers], but at least they didn't mind that I disappeared for an hour to pump. I used to pump in the bathroom, and honestly, it was very tiring; first of all, the place was not proper, the bathroom very tight, and in terms of cleanliness, it was zero. So, I needed to sterilise the place, and no matter how you sterilise it, it is still unclean. So, I sit on the chair; the bathroom is a meter by a meter and a half. I had back pain,

especially in my shoulder; I was holding the device in both breasts, I couldn't even support myself on anything, so honestly, I hate pumping... although I work six hours, I should pump twice, but I can't pump but once because this experience is very tiring.” (Noof)

Lulwa, too, experienced pumping in the workplace's bathroom. She is a mother of three and works in the public sector as a Graphic Designer. She said:

“One of the issues in our workplace is that we don't have a lactation room, so I had to pump in the bathroom. And it is a nasty thing to do... every time I pump there, I was thinking why I put myself in this situation... you enter a bathroom that is full of germs. I had to do this (pumping) twice in eight hours; it is enough though what you are doing (pumping) is annoying and uncomfortable, you do it in a bathroom too!” (Lulwa)

Layan is a mother of three and works in the public sector; she also shared her experience of pumping in the bathroom:

“It wasn't a nice experience, first of all, it's not a good place. There's no place to put the bag and the pumping device, there's no plug, the batteries might have been emptied, and I have to replace them. In terms of cleanliness and sterilisation, it was impossible... I'm not even at the sinks, but in the bathroom, I didn't like this experience, and the stuff was bumping into each other when I got out, and it was on the floor, so I had to wash it before I reused it, it wasn't easy, that's the thing that bothered me the most.” (Layan)

These four Qatari mothers experienced tensions and difficulties with continuing breastfeeding when they returned to work, due to the absence of proper lactation rooms in their

workplaces. The challenges extend to the expression of milk. Their accounts show the institutional inconsideration of their needs as breastfeeding mothers in the workplace, and how their workplaces are not well prepared or equipped to welcome breastfeeding mothers. They also indicate the extent to which this lack of consideration is institutionalised, starting with design of the interventions for breastfeeding, and extending to the implementation of measures to facilitate breastfeeding in the workplace. For instance, although breast pumps can enable lactating mothers to carry on breastfeeding upon return to work, they are not always welcomed in the workplace, therefore they had to pump in an inappropriate place, including bathrooms.

They all agreed that the bathroom is not a clean, proper, or right place to pump, but their lack of agency was clear as they had to pump in this way in unhygienic conditions in order to adhere to the Holy Quran's advice. The challenges with hygiene predispose both the mother and infant to health risks, which further aggravate the stressors facing the mothers. The challenges identified above are characteristically similar to the conclusions on how reduced breastfeeding was found to predispose women to health risks such as postpartum weight (Jarlenski et al., 2014; Reifsnider et al., 2016; Lambrinou, Karaglani and Manios, 2019); Diabetes (Chowdhury et al., 2015 and Gunderson, et al., 2015); and breast and ovarian cancer (Victoria et al. 2016; Anstey et al., 2017; Walters, Phan and Mathisen, 2019). The findings in this study also reflect what Gunderson et al. (2015) indicated regarding longer breastfeeding durations which lead to a reduction in risks of diabetes, with a 43.3% reduction if breastfeeding occurs past ten months. While these studies do not indicate whether the use of breast pumps to express breast milk has the same effects on preventing those risks as wet nursing, the challenges that the interview participants face in expressing milk are of more relevance to this study.

With the absence of legislation in Qatar that supports breast milk expression in terms of both time and space in the workplace, mothers are returning to workplaces that do not

accommodate breastfeeding mothers and their infants' dependency on their milk, which puts mothers in a challenging position. It is also apparent that the design of the milk pumps, specifically the noise produced and how the mechanisms work, reduces the extent to which the women can enjoy privacy while using them. Notably, their accounts show how pumping can add more work and pressure to the mothers' working days.

Despite these challenges, they view pumping breast milk as essential to enable them to operationalise their beliefs about breastfeeding, because their separation from their infant was inevitable, however, their accounts underscore their lack of agency and rights to choose how to provide that milk. Qatari mothers in this study shared their discomfort and frustration with these workplace experiences, in addition to the discomfort of using a pumping machine. They had to pump milk to avoid sore breasts and the risk of developing mastitis, as well as to be able to continue breastfeeding their infants, as recommended in the Quran. While the lack of suitable facilities has these adverse outcomes, it also emblematic of the extent to which workplaces are not primed for use by breastfeeding mothers. Additionally, the breast milk could have become contaminated if expressed in a bathroom, which can create many risks when giving the expressed breast milk to infants (Dowling, 2018). Just as Qatari mothers in this study withstood these harsh conditions in order to provide their infants with breast milk, Hirani and Karmaliani (2013) reported that, in the absence of a private lactation room, Pakistani working mothers choose to use bathrooms as a private place to express their breast milk, which might result in early cessation of breastfeeding, or suboptimal benefits from the process. From Qatari mothers' experience, it is worth mentioning that their awful experience was not a one-off, but a daily occurrence. Even when mothers could make time to express milk at work, they were only able to do it in the bathroom.

The findings herein reflect what Boswell-Penc and Boyer (2007), Jessri, Farmer and Olson (2013), Gatrell, Cooper and Kossek (2017), Gatrell, (2019) and concluded that the lack of lactation rooms in the workplace and having to pump their milk in the washrooms and emphasised that it was not a pleasant experience for breastfeeding mothers. Qatari mothers' accounts highlight the ways in which many Qatari workplaces continue to deny the needs of the lactating body, as well as the ways in which pumping itself creates more work and pressure for mothers. The findings also reflect what Murad et al. (2021) found among Saudi Arabian mothers, who perceived themselves as being against the system, since they had to juggle multiple stressful roles. Furthermore, as shown by Ryan, Team and Alexander (2013), the increased use of expressed breast milk replaces the natural process of breastfeeding with a technocratic process that can jeopardise the development of a bond between the mother and the infant..

In my research, participants' accounts show the perpetuation of intensive mothering culture in the lived experiences of working mothers, despite changes in the expectations of mothers in the workforce (Hays, 1996). O'Reilly (2016), 's matricentric feminist perspective highlights that the lack of lactation facilities, or indeed the unsuitability of those facilities for the intended purpose, that made the pumping activity impractical directly reflects the tensions produced by the disavowal of the centrality of care within professional settings, which led mothers to manage their care responsibilities without adequate support. From an intensive mothering perspective, the mothers face tensions as they are willing to sacrifice their own comfort, for instance, by sitting in bathrooms for long periods while they attempt to both advance their careers and fulfil their commitment to being good Muslim mothers alongside expectation that constructs the good Muslim mothers as continuing to breastfeed (Hays, 1996,

115). Additionally, the participants' accounts are in line with Kittay's (2011) description of care as: care, connection and concern.

The absence of legislation that facilitates breastfeeding in workplaces reflects the simplistic grasp of autonomy that undermines substantive equality (Fineman, 2004), and the specific discrimination which mothers face, often referred to as the motherhood penalty (Correll, Benard and Paik, 2007). I argue here that the motherhood penalty arose from the fact that the workplace views mothers as less competent and committed than other employees, as indicated by them being afforded only negligible maternity leave, therefore, mothers experience status discrimination. Kittay (2011) argues that the assumption of equality conceals the infant's dependency needs and mother's role in attending to those needs, while Fineman (2004) argues that the concept of equality denies dependency as a universal and inevitable condition, which overlooks how we all benefit from the taking care of dependents.

The four interviewees' responses indicate the similarity in women's experiences in private (Fajer and Noof) and public (Lulwa and Layan) sectors. However, the similarity contradicts what Peters and Blomme (2019) found with reference to these different institutional settings. In the study, private sector settings were more restrictive, with supporting evidence from Al-Kohji, Said and Selim (2012), who indicated that private sector employees got 50 days of maternal leave while public sector employees received 60 days. On the other note, private sector entities tend to have more tightly-knit management styles with customised organisational strategies that make them more inclined to accommodate the interests of all employees, including breastfeeding women (Chow, Smithey Fulmer and Olson, (2011). These differences highlight that both private and public sector employees face similar experiences when it comes to breastfeeding in the workplace, contrary to findings from past research.

The findings show that Qatari mothers react to this imposition of a discordant sense of identity by reflecting on the infant's inseparable dependency on their bodies and thinking. Hence, care is a central activity of human social life, and the State of Qatar should support mothers with dependents to facilitate their involvement in the labour force (Kittay, 1999; Fineman, 2004) by providing long maternity leave beyond eight weeks, in order to reduce the tensions they experience, especially when their breastfeeding needs are ignored. Moreover, the experiences shared by participants in this study can offer policymakers a deeper understanding of the challenges faced by Qatari working mothers in a culture that values intensive mothering and the following of Islamic teaching on breastfeeding. As many studies indicate a negative relationship between maternity policy and breastfeeding initiation and continuation, Qatari mothers' accounts show that mothers need support to be able to balance their multiple roles. Therefore, in order to support Qatari mothers' choices to follow the Quran's advice to continue breastfeeding after their return to work, policymakers need to revisit the maternity leave policy in order to guarantee working mothers' rights and protect their beliefs.

6.3.2 The Challenge of Nursing Breaks

Further issues and challenges arise when mothers attempt to find time to pump in the workplace, along with managing their workloads and stress levels in the under the restrictive laws on nursing breaks. For instance, Naima is a mother of two children and had been breastfeeding her last infant for nine months at the time of the interview. She works in the public sector as an Architect and reported:

“Honestly, I feel it is my right [to have a nursing break to pump], many people go to smoke more than three times a day... every time they took ten minutes... at the end, they ended

up taking more than 30 minutes compared to me... I take 30 minutes to pump... I don't need more than 30 minutes." (Naima)

Nora offered a similar perspective. She is a mother of three children and works in the private sector as an Internal Auditor. She said:

"Nobody knows that I took a break for pumping, and I don't feel comfortable to talk about it with my manager, and I work in a male-dominant workplace environment, so I cannot say I need a 20 minute break to pump... it should be something granted, it is supposed to be something natural and intuitive. They know you will work for seven or eight hours after 50 days maternity leave... they should know you need to pump." (Nora)

Aisha also reported the pressure of taking a nursing break, due to its insufficiency and unsuitability for the intended purpose. She said:

"The bank where I work has a law prohibiting absenteeism from the office even during lunch break for more than half an hour, and they're very strict in monitoring the work of their employees, so the manager must be a very understanding person. But the law is the most important. When my boss tells me, "You are going missing a lot and spend a lot of time pumping and eating", what can I tell him? I won't be able to say anything; I have no law to base on. If there is a law providing the mothers with half an hour to pump in addition to the nursing hours, it will be helpful, and this will not be subjected to the opinion of the manager." (Aisha)

Shayma is a mother of two children and works in the public sector, and faced similar challenges due to the limited time allowed, as well as micro-management by her superior. She reported:

“Within five working hours, I need to pump twice. So, it was difficult. Especially that my manager was always asking, “where are you going? One minute you are here; suddenly, you are gone” ... 20 minutes ...half an hour... so it was very stressful. Suddenly I got a call saying we are coming to your office, and I cannot say I have to go and pump... I’m a bit ashamed.” (Shayma)

Rawdha who is a new mother and works in the public sector as a Payroll Specialist also shared a similar experience:

“But in these five hours, I have to pump twice. So, in order to pump these two times, I have to see when my meetings are, and I need to book half an hour to pump, trying to go and come back, so that caused a lot of stress... Even sometimes, for example, I have back-to-back meetings, and we stay a long time in meetings. So, this was the biggest challenge ... And I was afraid at the same time because we are in a group room, I can’t disappear and come back.” (Rawdha)

Aliya, a mother of three children and works in the private sector as an Engineer, shared a similar perspective. She said that she could hardly pump for ten minutes due to the lack of a lactation room or a nursing break:

“I was pumping in the office! I locked the door ... and it happened a lot that they knocked on the door, and they called me and so on, but I wasn't answering like I didn't hear anything like

I didn't hear! I have a pumping time of ten minutes; ten minutes for you is not worth anything; I will give you everything you want if you want me to stay after the end of the working hours, I will stay, I do not mind but let me pump milk, I will not harm you in anything.” (Aliya)

The account by six participants highlight the difficulties and frustrations they encountered trying to carve out a nursing break during working hours, especially with no regulations to grant this to them. Even with the regulations to grant nursing breaks in place, the departure of the breastfeeding mother from the workplace creates tensions for the mothers. Naima said that her right to have a nursing break is as important as having a smoking break for her male colleagues, and that shows how she experienced discrimination in her workplace, as will be discussed further in the following section. Her account is in line with a recent study in Malaysia by Al-Attas and Shaw (2020), which showed that some mothers compared their right to express milk to other employees taking breaks to browse the internet or play computer games. While Nora, Aisha and Shayma were stressed about concealing their needs to take nursing breaks, they could not discuss this with their managers because the word ‘breast’ in breastfeeding communication contravenes norms about modesty as discussed above (Mohamad et al., 2013). Nora argued that the mother’s need and right to pump in the workplace should be granted, natural and intuitive and one should not have to ask for it, especially when returning to work after such a short period of maternity leave. Participants’ accounts are in line with a recent study in Indonesia which showed that, although Islam encourages every mother to breastfeed, working mothers have similar job tasks as they did, before childbirth and strict job schedules which affect their ability to schedule in pumping, which can cause discomfort and pain to the mothers (Anggraeni, Punthmatharith and Petpichetchian, 2020). As found by Ryan, Team and Alexander (2013), in the UK, the transition to work was described by many

participants as a difficult time, complicated by work arrangements for expression and storage, their feelings about working and expressed breast milk feeding, and worries about the feasibility of breastfeeding and working.

Additionally, participants' accounts show how pumping experiences varied from one mother to another. Notably, breast milk production and pumping constitute significant emotional and physical labour that require mothers to be calm and stress-free. However, most of the Qatari mothers in this study experienced added stress and tension in trying to find a time to pump amid the pressure of their work, in order to provide their infants with their breast milk and adhere to the Islamic teaching. Their accounts are in line with Felice et al.'s (2017) study, which found that pumping was time consuming, costly and unpleasant compared to feeding at the breast, which may make the practice a difficult substitute for some mothers. As mentioned in Chapter One, Qatari law does not provide working mothers with nursing breaks after their return to work from maternity leave. Instead, it provides one to two nursing hours, which are applied to reduce their working hours as will be discussed further in the following section. However, during these working hours, mothers still need to pump once or twice a day, as reported by the participants. In this research, participants' accounts highlight the tension mothers experienced in trying to practice their natural labour of mothering by breastfeeding on the one hand, and the lack of regulation and support they received at work on the other hand (Hays, 1996).

Furthermore, aspects of the unsupportive work environment that were identified included lack of suitable places to pump breastmilk or facilities to store expressed milk in the workplace, and strict work schedules, which made it difficult for the breastfeeding mothers to find time for the activity (Al-Katufi et al., 2020). Even in instances where such facilities were available, they were found to be lacking in one of the key elements that enable mothers to

express milk in comfort and with efficiency. Part of the explanation can be linked to the reality that such facilities are not necessarily always in use within the workplace, since mothering is not a predictable occurrence within the workplace. As a result, most workplaces are not willing to commit resources to establishing facilities for breastfeeding or expressing breastmilk. Moreover, the findings in this study also align with those of Al-Attas and Shaw (2020), who reported that mothers' breastfeeding practices were discreet and manoeuvred around work, instead of them having a dedicated time to express milk. In one such scenario, participants' accounts highlight how working mothers were trying to approximate the 'ideal worker' norm by hiding their pumping activities and managing their tasks and meetings without exposing their maternal bodies (Acker, 1990). Furthermore, at work, mothers still had to simultaneously negotiate both the good Muslim mother and good worker ideals (Hays, 1996; Acker, 2006). On many accounts, these two ideals remain contradictory (Hays, 1996). In the present study, as mothers were participating in the labour force, they also wanted to perform as good workers, but felt torn between being good mothers and good workers. While at work, mothers often try to perform as good workers through managing milk pumping breaks secretly, without allowing this need to affect work tasks or schedules. Mothers also struggled to express milk and faced pressures, both from their beliefs, to provide their infants with breast milk as recommended by The Holy Quran, and from work demands. Thus, participants' accounts emphasise how both intensive work and intensive mothering ideologies are important. The intensive work ideology is visible through the mothers' maintenance of discreet breastfeeding activities and juggling of these needs with their workloads, and the intensive mothering is evident through the simultaneous performance of both the mothering and work roles (Hays, 1996; Al-Attas and Shaw, 2020).

From a matricentric feminist perspective, the cultural belief that women are primarily responsible for childcare and feeding is still being upheld, and the mothers' needs invariably come second. Thus, the mother's perseverance and beliefs are the most significant factor affecting continued breastfeeding and managing breastfeeding, and employment is still seen and considered the mother's sole responsibility. While the accounts of my respondents are also in line, according to Hays (1996) with an intensive mothering ideology that is child-centred and labour intensive, in which mothers are primarily responsible for the nurture and development of the sacred child, and in which children's needs take precedence over the individual needs of their mothers (Johnston and Swanson, 2006). However, they still need to work under pressure to maintain their work advancement and progress. This is reflected in the working mothers accounts in this study, as they modify their working hours and schedules and milk pumping arrangements in order to live up to intensive mothering ideologies and the model of the 'ideal worker'.

In Qatar, these challenges happen while disruptions to breastfeeding upon returning to work remain difficult for mothers to handle. Mothers adapt to various disruptions in their efforts to cling on to intensive mothering practices as guided by Islamic teachings. Various matricentric views emerge from looking at this trend, understanding the meaning, purpose, and practicality of centralising the mother. The mothers' views of traditional and Islamic norms is also adaptive to their condition. They still assert themselves as capable labourers supported by the Islamic context of work and mothering. Nevertheless, Islamic expectations of intensive mothering which centres the child continue to come up against challenges due to the impracticality of intensive mothering for working Qatari mothers. Therefore, there is a need for policy reform and action to help Qatari mothers to be good Muslims, as well as ensuring breastfeeding mothers can continue breastfeeding as advised the Holy Quran.

6.4 The Workplace is Not Mother-Centred

Qatari mothers in this study also experienced challenges deriving from working cultures and policies built based on men's needs and perspectives. The first sub-section discusses the Qatari breastfeeding mothers experiences of discriminatory workplace practices towards them. The second sub-section discusses the problems arising from the nursing hours that are granted by law.

6.4.1 Discriminations Against Mothers in the Workplace

In the interviews, the most of the Qatari mothers in my study portray how their career environment was centred around the needs of men but not women, and especially not mothers. Fajer shared one example of a discriminatory environment that was harmful to mothers:

“What I am surprised about in the workplaces is that they have made a place for smoking, I mean you thought of making a whole room for smoking, but you didn't think about making a room for lactation, you only need to put a chair and put a refrigerator, and that's it. So, this is what I was surprised about. Additionally, there is no women's prayer room in our building, only the prayer room for men.” (Fajer)

Noof also expressed how the discriminatory workplace environments can be even more challenging for a mother, with organisations displaying a lack of willingness to accommodate the requests by breastfeeding mothers. She states:

“I sent an email to human resources to ask for a lactation room in the workplace, and when I got their response verbally, not even written, it was very frustrating, I remember I cried

that day, they said you could leave for breastfeeding and coming back to work, and that was impossible, how long I will leave and breastfed and come back, when will I finish my work? It means I have to stay extra hours to finish my work. They also said you [breastfeeding mothers] are only consisting of 3% of female employees, so we are not obliged to provide such a room and please do not pump in the bathroom because it is not the proper place, but I had to continue pumping in the bathroom, where else I can go?!" (Noof)

While the case of Noof may be perceived as isolated, the same response is evident when it is a shared problem. Lulwa, too, shared that she assumed that her employer might not know how difficult the conditions were for breastfeeding mothers, so she communicated her needs to her employer with another colleague. She said:

"I said maybe they [the employer] don't know that we pump in the bathroom, so I went with another colleague who is suffering too from pumping in the bathroom to talk to my Qatari male manager that we need a room, I was shy to talk to a male manager, but eventually, this is normal practice [breastfeeding], and I'm so proud of myself with my achievement [continuing breastfeeding]. But no one did anything, I talked about the topic more than once, but unfortunately, I did not get any support... I kept pumping in the bathroom. Even now, I'll be back in the bathroom after my expected baby." (Lulwa)

Rawdha also described similar conditions by indicating that the institution has characteristically failed to recognise the needs of women, including the provisions for religious activities, which are an integral aspect of a Muslim's life. She states that:

“In our building, there is no prayer room for girls. Do you want me to tell them to put a room in for breastfeeding? So, I did not ask honestly, but there is no female prayer room in the building, so I don’t expect them to provide a room to breastfeed because girls have asked for a female prayer room for a long time, and it didn’t happen.” (Rawdha)

Aisha also shared the tensions that she experienced in the workplace, all of which arise from the failure of the male-centric workplace to recognise her need for breastfeeding. Her tensions arise because:

“I am already pumping in the bathroom because there is no place to pump. The building is very small. There are no rooms at all. Even the prayer room we have is a men and women’s prayer room. If you see a man’s shoes outside it, there’s a man inside... I don’t use the prayer room because it’s normal to have men standing outside waiting. And I spend half an hour, at least... And I talked to them, but I don’t expect they’ll assign a room to me... I’m the only one. So, I pump in the bathroom, where else I can go?!” (Aisha)

The accounts by Qatari mothers highlight the discriminatory practices of the employers towards women and mothers in the Qatari workplace. Participants’ accounts show how employers in the workplace were inconsiderate of the needs of breastfeeding mothers, eschewing ‘leaky’ maternal bodies from the workplace. It highlights how breastfeeding bodies challenge the division between the public and private spheres. The findings reflect what Stumbitz and Jaga (2020) found that many employers are unaware of the rights and duties of breastfeeding mothers at work, and argued that breastfeeding was the responsibility of the employee. Similarly, some mothers were not aware of their rights under employment law, and

thus, most of their actions were based on treatment by their employers. Under such circumstances, the breastfeeding mothers were increasingly inclined to take the position of the employer as the law, rather than establish what their rights are. However, a more imposing reality emerges, due to the power disparity between employees and employers, whereby breastfeeding mothers returning to work perceive their demands as an added burden to the employer, and their measures to fulfil their breastfeeding duties (such as expressing and storing milk in the workplace), as an undeserved concession that the employers and other employees have to put up with. Finally, there is a sense that the expectations and demands for accommodation of the breastfeeding mothers are perceived as an undeserved reward or concession, even though it has significant implications for their wellbeing.

While the laws in Qatar do not explicitly propagate discrimination, the provisions which state that a woman must be paid the same as a man if she performs the same work appear to have perpetuated the gendered organisational perspective as posited by Acker (1990). While the law requires that women must be provided with the same opportunities with regards to training and promotion as men, the discriminatory action here is towards mothers, and arises through ignorance of their needs, which left decisions to the discretion of often unsympathetic employers. Upon return to work after a child's birth, a mother is expected to meet the Holy Quran's advice of sustained breastfeeding, however, in the workplace, in terms of her needs as a breastfeeding mother, she is often viewed as a troublesome, needy person, or ignored altogether. From a matricentric feminist perspective, participants' accounts indicate how becoming a mother consequentially impacts others – employers and colleagues and position mothers as 'different' in the workplace (see e.g., Kokot-Blamey, 2021). From an Islamic perspective, Sidani (2005) in his article points out that Al-Ghazali (1990) – the religious scholar – argued that Islam provides a significant sense of equity between men and women and any

differences are related to the nature of the human instinct and the different roles assigned to each gender. His discourse resonates with Heba Ra'uf, the Islamic feminist who asserts that, while Islam gave men and women similar rights and responsibilities, any remaining differences are related to their nature.

Furthermore, the attitudes of the employers in the institutions where most of the Qatari mothers' work resonate with Acker (2009), who claims that some people perceive breastfeeding as largely negative, and breast milk as a bodily fluid that brings forth the emotion of disgust. Employers' apathy towards breastfeeding mothers is due to a lack of knowledge about the complexities of breastfeeding (Burns et al., 2022). Breastfeeding mothers in the workplace could be considered 'boundary creatures' as they blur the boundaries between mother, baby, and work, as Gatrell (2019) argues. As indicated above in the discussion about the boundary between motherhood and the sexuality of the breast, the findings suggest that employers are not comfortable crossing that borderline of communication between employer and employee, even when mothers are open to such conversations. This can cause further tensions for mothers who adhere to the Holy Quran's advice, compromising their infants' needs for breast milk as well as the mothers' needs to bring their mothering work into professional settings. The collision of the worker body and lactating body when breastfeeding mothers return to work can cause tensions and challenges for Muslim mothers in Qatar, and shows how workplace culture and values undermine mothering work, as they eschew maternal bodies. While breastfeeding is revered in Islamic contexts, it is positioned as 'ambiguous and inconvenient' in work contexts. In effect, breastfeeding working mothers are punished for their deviation from the expected behaviours and characteristics of the 'ideal worker'.

The employers' responses and attitudes show that breastfeeding is unwelcome within workplace spaces, and working mothers' needs are not well understood or accepted because

motherhood is a devalued status in these settings (Correll, Benard and Paik, 2007). Employers' refusals to provide a private space resonates closely with Gatrell, Cooper and Kossek's (2017) theory, drawing upon Mary Douglas's (1966) notion of maternal bodies as social pollutants and as 'taboo', which observes that maternal bodies are a danger to productivity in the workplace. The perspective can be attributed to misconceptions based on the individual's physical characteristics and ability to perform assigned duties. Similarly, employers and fellow employees perceive maternal bodies as either too fragile for the workplace, since they do not know how to interact with the breastfeeding mothers, or unsuitable for the workplace since the practice is associated with taboo. Regardless of the cause of the response of the peers or superiors, the mothers' experiences culminate in shame on account of possessing a maternal body, considering that such treatment is different from what they experienced during earlier interactions. This suggests that mothers with children are, or feel undervalued in the workplace, and they are subjected to a penalty for their status as mothers (Gatrell, Cooper and Kossek, 2017). Furthermore, these authors argue that unfair organisational behaviours lead to discriminatory practices against mothers, due to subtle, visceral reactions to the maternal body's unwelcome domestic odour. From a matricentric feminist perspective, it shows how becoming a mother disrupts our sense of self and foregrounds the experience of difference at work (O'Reilly, 2016; Kokot-Blamey, 2021). Mothers in this study were struggling to navigate their roles as a new mothers and simultaneously as workers, and experienced the stress of balancing this 'double-burden'. As such, I would emphasise that the refusal to accommodate breastfeeding mothers' needs shows that employers have a deep hostility towards the maternal body and breastfeeding practice, which are treated as 'taboo' (Gatrell, 2007; Gatrell, Cooper and Kossek, 2017). This finding accords with Jabari et al.'s (2015) regarding the challenges facing mothers who opt to express milk in the workplace, as well as Nasser et al. (2018), who

found that mothers who had to go back to work were more likely to stop breastfeeding, because the work environment was so prohibitive and unaccommodating.

The findings are reflective of what Puwar (2004) and Gebrekidan, et al. (2021) concluded, specifically that women who enter male-dominated workplaces are treated as different from other female compatriots, since they are viewed as ‘other’, and have become ‘space invaders’. Puwar's (2004) book pins down some of the processes through which ‘space invaders’ are treated as ‘bodies out of place’ in the political workplace, which I suggest is similar to occurrences in other areas of the labour market and society, such as the hostility to breastfeeding mothers’ needs in the workplace that is evident in this study. Participants’ accounts illustrate how masculine norms, ethos and privilege resound in such workplaces through providing men with prayer and smoking rooms, while mothers’ lactating bodies position them apart from male embodied ‘norms’ (Pain, Bailey and Mowl, 2001; Puwar, 2004; Van Amsterdam, 2015). According to Acker (1990), the maternal body at work is seen as symbolising equivocality and instability because of the dominant norms requiring bodies to appear stable and unequivocal to be an ‘ideal worker’.

The findings highlight a similar perspective regarding the ideal worker as indicated by Karam and Afiouni (2013), who argue that little is being done in the Arab region to establish women-centric, family-friendly environments, and that existing work-life balance policies are male-centric, designed to support a Muslim to balance between his Islamic duties and career roles. Such insights underscore the inequalities in modern Qatari workplaces, and the disavowal of the maternal body and children’s dependency as embodied within Islamic teachings and intensive mothering ideology in Qatari culture. As mentioned in Chapter One regarding the maternity leave provision in Qatari law, the law does not require employers to provide lactation rooms or breaks for breastfeeding mothers in the workplace, which allows the employers to

disregard working mothers' needs. In a study by Al-Katufi et al. (2020) which investigated the different barriers to continued breastfeeding activity, most of the participants reported the lack of suitable lactation places as the major work-related barrier to continuing breastfeeding. As this study is conducted in a Muslim country, it is worth stating that the Quran is identified as a guide for what makes a good Muslim mother with regard to the uptake of breastfeeding, as well as the compassion and justice to which mothers ought to be entitled in order to be both good religious women and mothers. This highlights the effects of the multiple layers of contexts, featuring the global, national/regional and, finally, the organisational context. At the global level, breastfeeding mothers expect the institutions in the country to recognise and facilitate their commitment to obeying the Quranic command to breastfeed. However, the laws at the national level, which feature policy decisions that encourage women into the workplace for the benefit of the country, fail to provide sufficient mechanisms for that goal to be achieved, thereby leaving the responsibility to the organisations to provide interventions. Moreover, as evidenced from the actions and choices of the institutions, they are in denial of the reality regarding their role in providing an employee-friendly workplace, specifically for the breastfeeding mothers. Therefore, by emphasising the Quranic ideals of supporting breastfeeding mothers, policymakers in such a society should promote and support breastfeeding and extend maternity leave to reduce the pressure on working Muslim mothers.

6.4.2 The Challenge of Nursing Hours

As mentioned in Chapter One, in addition to the two months of maternity leave, Qatari law provides working mothers with two nursing hours in the public sector and one in the private sector, for one year from the infant's date of birth. This sub-section considers the challenges

Qatari mothers experienced regarding these nursing hours. For instance, Ahood, a mother of five children who works in the public sector as a teacher, reported that the two-hour provision is not sufficient. She states that:

“The time and stress are difficult... first, the two hours with the road traffic. And to prepare a two-month-old baby’s stuff, his clothes, his cleanliness, his feedings, everything, you go out in hours of the road jams, and so on. I feel like these two hours are not absolutely for the baby. It is an hour for congestion and preparing and so on. And most of the time is lost. If I’m going to pump for him or breastfeed him, he may not accept it. So, I have to offer him a second time. I feel like, sometimes, you’re dealing with a baby - he is two months and a day old- it’s very difficult to set him two hours. He needs more care.” (Ahood)

Amna, a new mother who also works in the public sector as a teacher, indicated that the manner in which the two nursing hours provision is structured makes it challenging for women to utilise them for the intended purpose. She states that:

“I didn’t take advantage of the two hours they gave me because of the road, it goes on the road for an hour, morning and noon, and it was tiring. For example, every day I am equipped with three feeding bottles for the road, I must see someone in the house holding the child, the matter of traffic, morning and noon, especially since my work is far from my house.” (Amna)

Similarly, Dana reiterates the position by Amna and Ahood, and reports that a significant portion of the nursing time is spend performing company-related activities, such as preparing and getting ready for work. She reported that:

“The two hours, honestly, it's wasted on the road. I feel like if it's three hours, it's going to be more appropriate. And it should be flexible... It would be more appropriate to take it in the middle of the day, not either at the beginning or in the end. I go to work then I leave to breastfeed then I come back to work. So, I can balance the baby's feeding time, but if it's either in the morning or noon, I work for 5 hours and the baby has to be breastfed in the middle, that's hard.” (Dana)

Khawla, a new mother who works in the public sector as a Procurement Specialist, recognises that the nursing break is not enough for a mother who plans to get home to breastfeed her baby. She stated that:

“The two hours, it's getting lost in the way in the first place. By virtue of the place. Where does the mother live and where is the workplace? We have three quarters of the workplaces either in the towers or in the Al-Wesail and people live either in al-Wakra or in Al-Khour. It's hard to be just two hours. A woman can arrive at her home in an hour and a quarter. So, what's left of the two nursing hours? Nothing!” (Khawla)

Laila, a mother of four children who works in the public sector as an Administrative Specialist, noted that while the two hours restrict her choices, the fact that the company controls when she can take the break further compromises her agency. She reported that:

“They told me to take the nursing hours in the morning or noon as they want, not as I want or need. They think... Their view of you is that you're doing nothing. Their view is that who told you to breastfeed. No one understands the value of breastfeeding.” (Laila)

Qatari mothers' accounts highlight the tensions and difficulties they encountered due to early separation from their infants while breastfeeding, in order to return to work. Their accounts foreground the challenges of taking advantage of the one or two nursing hours as per the law, a view that is shared by most of the interviewees. While the experiences shared above relate to the public sector employees who get a two-hour nursing break, there is a shared feeling that these hours are not flexible and do not meet the needs of breastfeeding mothers and infants. They also explained how these nursing hours are mainly spent on extensive commuting time and getting stuck in traffic, and how it is not possible to allocate it all to breastfeeding. Moreover, their accounts show the difficulty of specifying a breastfeeding time for a young infant because the infant's needs are unpredictable. For example, Ahood outlined how the infant's temperament is an innate and constant characteristic and a determinant of the infant's unique behaviour, which is in line with a study by Taut, Kelly and Zgaga (2016), therefore it was difficult to restrict breastfeeding to specified nursing hours. Interestingly, Laila's account emphasises the assumptions made in the workplace of that breastfeeding is the mother's choice, which obscures the way in which individual choice occurs within the constraints of social conditions and religious beliefs. To this end, the provision for nursing hours is more of a prophylactic and symbolic gesture than a measure to accommodate breastfeeding mothers in the workplace. At its core, it is apparently a measure designed to accommodate breastfeeding mothers in the workplace without clearly appreciating their needs and the situation they face.

The accounts by Amna and Dana, on the other hand, emphasise the mental load that Qatari mothers have to bear with when balancing between work and caring for two-month-old infants (the length of the maternity leave). Participants' mental loads arose from their worrying about whether there would be sufficient milk available for their infants during their absence, and how their working conditions and time restrictions impinged on how and when they could

feed their infants, as well as the issue of finding someone to take care of their infants. According to Robertson et al, (2019), the mental load for mothers includes all the family-related mental processes which comprise planning, monitoring, and anticipating needs. These needs arise from the reality that while breastfeeding is conceptualised as the physical delivery of milk for the satisfaction of the baby, the process entails so much more in terms of interactions between the baby and the mother. These additional activities are integral in achieving the full benefits of breastfeeding as projected under Islam and, more recently, through science. Moreover, the interactions are also part of the mothering process, with satisfaction to the mother emanating from the responsiveness of the baby to the breastfeeding process.

Participants' accounts are in line with Zafar Sh and Irma's (2008) study in Pakistan, which found that breastfeeding mothers expressed feelings of personal discomfort when they had to leave their children hungry and unsatisfied to go to work on time. Notably, breastfeeding, and its alternatives, require time and practice for both mothers and babies, and it is also time intensive, so mothers need to be present to provide their infants' feeds when they need it. The disruption caused during return to work can compromise any progress made in terms of the processes of feeding the baby, as well as the mother's ability to cope with motherhood, specifically for new mothers. Participants' accounts emphasise the mental load they experienced in planning their infant's meals by providing sufficient breast milk and adequate childcare during their working day, with the struggle of their long working hours and the requirement to be at work on time.

The majority of Qatari mothers in this study allocate a significant amount of time and physical work to providing their infants with breast milk and child caring, as their dependents. Mothers feel deeply obligated to their dependents who need their care (Kittay, 1999). However, the current maternity provisions in Qatar obscure the infant's rightful dependence, driving the

mother to constantly struggle in her attempts to fit meeting the infants' needs together with the reality of employment. This suggests that there is ignorance about the role of care as a positive and important element in everyday life, especially for breastfeeding mothers who need support to manage their infants' feeding and caring. It also points towards the reality that the goal of allowing women to join the workforce is not aligned with the innate interests of women, including socio-economic empowerment for the benefit of their families. Stephens (2011) and McDowell (2004) both argue that, in contemporary neoliberal societies, women are required to manage the intensifying private sphere of care, while contributing to the productivity of the public sphere. In most cases, there is limited effort to meet those expectations with any facilitation for those women, who are depended upon by a multiplicity of members of society for key roles, starting with the duty to reproduce and perform motherhood duties. Kittay (1999) argues that dependency is a basic dimension of the human life course, which includes early childhood, and dependents are those who rely on others to meet their essential needs due to their youth, and these relationships are shaped by cultural, social and moral conditions in different societies. Fineman (2004) argues that biological dependency is inherent to the human condition, and that collective dependency needs must be met for a society to survive and thrive. Despite the importance of care, the responsibilities for the dependents' nurturing fall exclusively to mothers, which can cause further tensions for working mothers in the absence of support in the workplace. Breastfeeding Qatari mothers in this study carried primary responsibility for care, which included significant embodied care work that is invisible to the employers and the policy makers, who should nevertheless consider the care work that mothers carry out for their dependents.

Despite the presence of workplace policies that appeared to support breastfeeding, these policies around nursing hours did not translate well into practice. The mothers herein use the

two hours to express milk for their babies to use later, since the time is not sufficient to get home and nurse their babies. The findings of this study contrast with a recent study by Kooli and Al Muftah (2020), who reported that in the State of Qatar, women are enjoying a more family-friendly legal framework in the government and public sectors that includes paid maternity leave, and two years of breastfeeding-friendly, flexible working hours. This study found that Qatari working mothers encountered tensions regarding the inflexibilities of these nursing hours, and the provision was inadequate to promote the continuation of breastfeeding.

The situation can be attributed to the intersection of two factors. First, the lack of information and knowledge among the mothers about their rights and entitlements in the workplace, thus making them accept the norms that are built around the ideal worker notion and the maternal body (Mabaso, Jaga and Doherty, 2023; Cervera-Gasch, et al., 2020). The lack of knowledge about rights in the workplace can lead an employee to reflexively minimise situations of oppressive treatment, and to accept lesser than optimal rights, in the name of fitting into the ideal worker image and not 'making waves'. Similarly, since women already have the perception that the maternal body is a social pollutant in the workplace, it limits their willingness to bargain while in that situation (Van Amsterdam, 2015). Second, the dual-legal system in the country is built on a patriarchal system, whereby the most prominent decision-making systems are headed by men (Deehring, 2020). There is evidence of men's inability to appreciate women's needs and their lack of willingness to make accommodations on this particular issue and other emergent and extant issues. At best, there is evidence of impression management, whereby women are provided with basic concessions, which represent a portion of what they need or require. The combination of negative sanctions has made it challenging for women to ask more, lest they receive less and be perceived as demanding.

Today, as is evident from the experiences of the interviewees, working mothers not only encounter conflicting demands on their time and energy as mothers, but also conflicting perceptions of how they behave or act as simultaneously a mother and a worker. They must be caring and selfless while raising their children, yet competitive and ambitious at their jobs, while also accepting any form of discriminatory treatment (Hays, 1996). However, Garner (2015), who critiques Hays (1996), indicates that the word ‘choice’ is often controversial and melded with reproductive rights, in terms of the decisions that many mothers have to make regarding paid labour, pregnancy, and nutrition. These are all ‘landmines’ that mothers have to negotiate with different degrees of awareness to avoid the stigma that is associated with ‘wrong’ mothering (Garner, 2015). According to Haynes (2006), a ‘good’ mother is expected to embody nurturing and emotionally attuned qualities, which are hard to reconcile with the attributes of a ‘good worker’, who needs to be emotionally distant and objective. In practice, Qatari Muslim mothers were subjected to various stressors and tensions because they were struggling to follow Islamic and the Quran’s teachings to breastfeed, care for their children and be a ‘good Muslim mother’, whilst also fulfilling their career roles in the workplace. From participants’ accounts in this study, it appears that nursing hours are not meeting the needs of breastfeeding mothers and their infants, and it is necessary to extend maternity leave to lessen the conflict for mothers in accommodating their workplace expectations alongside meeting their children’s nutritional requirements. Returning to work so soon places an enormous physical and emotional stress on some mothers, who found it difficult to balance the need to earn an income as well as care for themselves and their infants.

6.5 Conclusion

The findings outlined in this chapter have demonstrated the tensions and difficulties Qatari working mothers encountered trying to continue breastfeeding as advised by the Quran, while working in modern workplaces. These are due to stresses associated with the practicality and acceptability of breastfeeding in the workplace, and finding the proper place and sufficient time for it. The findings of this study show how workplaces are not well prepared or equipped to welcome breastfeeding mothers in a Muslim society like Qatar. Additionally, due to the increased number of mothers in the labour force, one might assume that the expectations of mothers have shifted (Hays, 1996, O'Reilly, 2016a). However, Qatari working mothers underscore the importance of breastfeeding as advised by the Holy Quran, while still participating in the labour force. Yet, in practice, the workplace still assumes an intensive commitment to the job that only suits individuals without childcare responsibilities. Resonating with intensive mothering theory (Hays, 1996), Qatari Muslim mothers are subjected to various stressors and tensions because they struggle to follow Islamic and the Quran's teachings to breastfeed and be a good mother and a 'good Muslim' along with their career roles in the workplace and being a good worker. Participants' accounts show the difficulties and challenges they encountered in combining breastfeeding and work after a short period of maternity leave. They described how the conditions and restrictions of their workplace were inconsiderate to their needs as mothers with dependents. Moreover, their accounts emphasise the stigma of breastfeeding in the workplace, despite the Quran's and Islam's teachings which encourage breastfeeding. Some mothers avoided pumping in the workplace, while others concealed their practice to avoid being stigmatised as 'others'. These challenges are magnified by the reality that Qatar has a dual legal system which is a combination of Sharia law, and a framework inspired by common law that was adopted from modern Western law (Hamzeh, 1994).

Furthermore, participants' accounts show that employers have a deep hostility towards the maternal body and breastfeeding practice which are treated as 'taboo', and not readily viewed as acceptable in the professional workplace (Gatrell, 2007, 2013). The indifference and sometimes hostile treatment contribute to negative sanctions upon the mother, as they try to find alternatives to breastfeeding or demand their right to fulfil their duties of motherhood. From a matricentric feminist perspective, it shows how modern workplaces in Qatar create barriers to the acceptance of maternal bodies in the public sphere, evoking a 'social pollutant' stance that is in line with Gatrell, Cooper and Kossek's (2017) claims. These authors argue that the marginalisation of women in the workplace is because maternal bodies are seen as uncontrollable, fragile and taboo. Building on Acker's (2006) concept of the 'ideal worker', the absence of breastfeeding support in the workplace is due to the maternal body being unwelcome, as mothers' bodies are not stable and unequivocal. Therefore, mothers struggle with the importance of breastfeeding, care and dependency in organisational settings.

This research thus argues that current Qatari labour laws, and the limited options that full-time working mothers have in the workplace, only serve to exacerbate the personal and professional pressures Qatari working mothers endure. The propensity of organisations to implement policies based on national laws without taking into account the intrinsic human resources implications in the workplace has magnified the stigma and helplessness of women in the country. Furthermore, while Qatari human resources law accommodates the Islamic duties of practicing Muslims such as Hajj leave, and the long waiting period for widows, the duty to breastfeed as advised by God is not well prioritised and supported. As a result, most Qatari working mothers in this study were often confronted with the distressing choice between sacrificing their time and energy to feed their child, or compromising their working status and performance (Parasuraman & Greenhaus, 2002; Valizadeh et al., 2017). This research shows

that in Qatar, eight weeks maternity leave is an insufficient period to maintain breastfeeding practice up to two years.

Additionally, there are differences in maternity policy between the government and non-government sectors, while the challenges and needs of women in those workplaces are to a large extent similar. The difference in provisions highlights the extent to which the policy-makers lack practical knowledge about the subject for which they make the policies, as well as the implications of those policies. Therefore, many breastfeeding mothers working in Qatar in modern Muslim environments are still marginalised, and their rights are not well attended to, especially in the workplace, despite societal progress in terms of policies that aim to improve gender equality in the workforce in Qatar. The state of Qatar authority should direct every effort into supporting all mothers to continue breastfeeding as per their wish.

7 Chapter Seven: Returning to Work and Giving Up Breastfeeding

7.1 Introduction

The main aim of this thesis is to highlight the experiences of breastfeeding mothers in the Qatari workplace. The percentage of breastfeeding mothers in Qatar is comparatively low in relation to the high number of women participating in the workforce, as shown in Chapters One and Two. This chapter will provide a detailed evaluation of the responses provided by Qatari mothers involved in this study who stopped breastfeeding upon returning to work, since in line with the tenets of maternal bodies, they are not able to breastfeed at work.

In this research, 12 Qatari mothers reported that they were unable to follow the Islamic teaching and had to wean their infants due to reasons attributable to returning to work. Notably, three out of 12 mothers reported that they applied for an extra month after their maternity leave (Mona, Hissa and Sameera). Their experience will be outlined later in this chapter. As the literature about motherhood in Islam is well established and mothering work has always been valuable, this chapter aims to shed more light on Qatari mothers' breastfeeding experiences as individuals in an Islamic society that constructs their biology in a way that, in practice, restricts choice. Foremost, I address the disparity observed in the workplace, whereby the environment does not allow new breastfeeding mothers to be both good religious mothers and simultaneously good workers.

This chapter explores the experience of mothers returning to work who stopped breastfeeding, in order to consider the challenges they encountered, and the changes that need to be made to empower Qatari working mothers. Although The Holy Quran encourages mothers to breastfeed, the current maternity policies in Qatar (one of the lowest in rank across the world;

International Labour Organisation, 1998)¹⁷ reinforce the traditional gender roles that cause mother to experience discrimination and oppression in the workplace. Oppressive cultural practices against women may lead mothers to cease breastfeeding especially when in public settings such as workplaces. This research contributes to the literature by highlighting how Qatari maternity policy contradicts the principles of breastfeeding and mothering as outlined in the Holy Quran, which leads mothers to wean their infants earlier than they should.

Theoretically, this thesis sheds light on the connection between the concept of intensive mothering, and the Islamic beliefs around breastfeeding to which mothers try to adhere, and their contribution to creating the cultural contradictions of motherhood. The analysis in this chapter recognises the benefits of breastfeeding to the children, the mothers, the employers and the entire society (Section 2.3). While this section focuses on the positive aspects of breastfeeding, the analysis will also recognise that some employers may perceive the time mothers spend fulfilling this objective as ‘unproductive’, hence their propensity to impose limitations on the freedom of the mother. The tension is exerting significant pressure on women who join the workforce in order to advance their family and society. Qatari mothers may find it more difficult to continue breastfeeding and adhere to religious principles while still working, due to the lack of support in the workplace and the insufficient maternity leave provision.

In this chapter, I further develop my argument that the conflicts faced by working mothers who want to breastfeed are perpetuated by outdated notions of an ‘ideal worker’ within the theory of the gendered organisation. I also argue that the current maternity leave provision in Qatari law exacerbates the tensions these mothers encounter, leading to them weaning their

¹⁷ More than 120 Nations Provide Paid Maternity Leave (ilo.org)

children in contravention of Islamic teaching. Finally, I will review the multiple intersecting layers of context at the global, national and institutional levels.

Therefore, this chapter, by adopting a matricentric feminist perspective, can push for positive change in how workplace policies are formulated and adjusted to respond to the varied concerns and needs of working mothers. The fundamental goal is to promote women's empowerment in such a way that it promotes active participation in the economy, as well as intensive mothering. The Quran acknowledges the divinity of motherhood, as well as the challenges and hardships involved in taking care of children. The significance of breastfeeding is of such import that the Quran has a particular *hadith* wherein it is mentioned that, "mothers may breastfeed their children for two complete years for whoever wishes to complete the [nursing] period" (Khasawneh, 2017). Hence, this chapter highlights evidence of the ignorance, in maternity leave policy and in the workplace, of the infant's dependency and the mother's traditional role as a caregiver.

This chapter is divided into three sections: the first section shows how employment is the key reason for breastfeeding cessation among Qatari mothers. Then, the second section explores how the current employment setting in Qatar departs from a matricentric feminist approach, while the third section evaluates how the breastfeeding mother compares to the 'ideal worker'.

7.2 Employment as a Key Reason for Stopping Breastfeeding

This section shows that there are hardly any special provisions for breastfeeding mothers in Qatari workplaces. This lack of special provisions makes it difficult for mothers to continue breastfeeding upon returning to work. Research evidence provided in studies such as

Jabari et al. (2015), Al Ketbi et al. (2018) and Taha et al. (2021) supports this argument, by showing that return to employment is one of the key reasons mothers give for their decisions to stop breastfeeding their children. The first sub-section will argue that contemporary organisations lack a matricentric focus, which leads to cessation of breastfeeding. The second sub-section evaluates the kind of treatment breastfeeding mothers receive in workplaces, and how this departs from a matricentric feminist approach. the final sub-section shows how breastfeeding mothers balance their mothering roles with working in contemporary Qatari workplaces.

7.2.1 The Lack of a Matricentric Focus on Resource Provision in Organisations

This sub-section considers some Qatari mothers' experiences of returning to work after two months of maternity leave. Their accounts highlight the different difficulties and issues they encountered which led them to stop breastfeeding. For instance, Fatima, a mother of four children (and who was pregnant during the interview), working in the public sector as a Senior Administrator, shared her experience by stating:

“Going back to work was one of the reasons that the milk was stopped because I can't pump large amounts, and at that time I didn't pump at work, this thing that made the milk stop quickly, work, once I go back to work...my milk is reduced, the two months at home things are good, but once I get back to work it starts to get less, because I can't pump at work, and I have to be at work so early because my work requires me to be there so early, it wastes time and being a long time away from the baby.” (Fatima)

And when asked about her feelings, she noted that the elements of positive support arise from the fact that she is well-known to the employer. She states that:

“If the employee is comfortable from this point [i.e. supported as a mother], she will not try to take sick leave, to stay at home to see her children, she will not evade work, she will not treat work as something that prevents her from breastfeeding her son, and the reason why she can’t breastfeed her son, so she hates working. I hate my work because it is the reason that I can’t breastfeed my son.” (Fatima)

Even more interesting insights are provided by Bina, a mother who works in the public sector as a Payroll Specialist. According to Bina,

“every woman has the right to breastfeed or not breastfeed her children; however, breastfeeding is an important duty for every woman who can, of course.”

Bina commented further on her experience and the challenges she faced upon returning to work, which led her to wean her child earlier than the two years prescribed. She states that:

“Our maternity leave was approximately 50 days, nursing hours are only one hour for a year after the birth of the child, not from the date of return to work... My work was frankly exhausting and tiring, we work at sites... At work, they are always very strict about working hours... so I only breastfed for one month and a half after returning to work... For many reasons, including that I went back to work, and there was no place for pumping... There was never time to go and pump and come back, and we have meetings and so on.” (Bina)

On the same note, Awatef, a mother of five children who works as a Project Coordinator in the public sector, attributes her decision to wean her child before two years to the workload. She states that:

“I was tired and stressed. Especially with the workload. The pressure of the work itself. They [the employers] don’t care that you just gave birth to your baby. You have work to do. There was pressure. And the working environment was also stressful. This was affecting me very much. When I was stressed psychologically, I used to go home, and I was not in the mood to breastfeed, because I’m already tired.” (Awatef)

The convergence in the experiences of the interviewees is clear, with the mothers having to stop breastfeeding in order to go to work. Fatima’s account shows how sad she was that her work stopped her from breastfeeding her son, and she said that she ‘hates’ her career as a result. Her lack of agency is clear, reflecting the ways in which women’s bodies and the practicalities of the embodied relationship between mother and infant during the early stages of breastfeeding are not considered or centred in the workplace, in line with the arguments made by Acker (2006), O’Reilly (2016) and Stumbitz, Lewis and Rouse (2018). This was a challenge, because it meant that she had to leave her infant very early in his life, thus leading to a significant reduction in her milk production. The practicalities of pumping very early in the life of an infant – before the introduction of solid foods – are challenging, as Fatima’s interview shows. She was unable to take the frequent breaks that would have enabled her to produce enough milk to avoid the introduction of formula milk.

Fatima experienced her return to work as a forceful separation from her son and details, in the third person, how she would have felt differently about her work if she had been treated

better. She speaks in the third person, which perhaps also indicates that she experiences this disruption of her breastfeeding relationship as something that is done to all working mothers, not a unique experience. Her perspective resonates with the findings of a study by Williamson and Sacranie (2012) that highlights a connection to other women, often missing in the accounts of mothers in the Global North (see, e.g. Kokot-Blamey, 2021). Williamson and Sacranie (2012) found that their Muslim participants in the UK spoke about their breastfeeding practice in the third person rather than the first person, and/or using a plural rather than a singular voice, suggestive of collective cultural understandings. The use of third-person references is indicative of the prevalence of the challenge for Qatari women, as well as the sense of a collective responsibility. This use of the third person plural and all its implications is also present in Bina's account.

Like Fatima, Bina and Awatef, too, identify their return to employment as the key reason for their decisions to wean their infants earlier than mandated under Islamic practices. Bina's argument, above, shows a clear departure from the directive provided in the Quran on breastfeeding for two years. Bina claims instead that the mother reserves the right to choose whether or not to breastfeed, as well as the duration of the activity. The statement points to a potential erosion of the Islamic tradition in the country, in that women are increasingly viewing issues to do with breastfeeding as guided more by personal choice than by religious doctrine. Moreover, Qatari mothers note the ways in which their work was organised, both in terms of spatial arrangements and the constraints imposed by their working hours and workload, did not align with the needs of a mother and a very small infant. As a result, their decision to join the workforce culminates in what is termed as symbolic interactionism, whereby everyday practices turn into social norms within a society. Essentially, while they fully recognise the importance of the mandate to engage in breastfeeding, the Qatari women have also realised the

need to live in the 21st century world, where work commitments take priority over previously important matters. Awatef's account also shows how work absolutely exhausts her to the extent that she feels unable to be fully present for her infant when she returns home. Generally, it is plausible to argue that work-related exhaustion adversely affects her ability to be present in her child's early months and intrudes on her private life. Essentially, her experiences challenge the overriding view that the engagement of women in the workplace presents opportunities for socio-economic liberation. While there may be economic benefits from participation in income-generating activities, the adverse effects on mothers present an opportunity cost that is often overlooked.

This revelation by Awatef resonates with Hays' writings in the 1990s, which discussed the difficulties of living and parenting under the conditions of work in which working mothers were expected to give their full attention to mothering on the one hand, and compete on the labour market as if they were child-free, on the other. In the culture of intensive mothering as conceptualised by Hays' (1996), a mother is supposed to be present in her child's early months so as to provide the necessary care. This principle is also supported in Islam, which stipulates that a mother should be present at all times so as to ensure the optimal development of her child. These positions and expectations of mothers imply that they remain primary caregivers even while participating in the workforce, but with limited agency. On the contrary, however, the experiences described by Fatima, Bina and Awatef indicate that employment can undermine the ability of mothers to be present in their children's lives after only 50 or 60 days. As such, it is evident that employment makes it impossible for mothers to adhere to either a practice of intensive mothering, or the directives set out in the Quran.

The experiences of the interviewees highlight the perception that the conflict between their mothering duties and workplace responsibilities compromise their ability to be viewed as

'ideal workers'. The research of Acker (2006) and O'Reilly (2016) points out that in order to gain recognition and career advancement, mothers are expected to work in just the same way as those employees that have fewer responsibilities outside of the workplace. According to Acker (2006), this is the case because workplaces are designed around the notion of an 'ideal worker' who has no other commitments outside of work, and paid work is perceived as the only or primary responsibility of employees. The ideal worker, however, is impossible to achieve for breastfeeding mothers since, as explained by Fatima, Bina and Awatef, women who have just given birth have numerous other responsibilities over and above the professional and social responsibilities which they share with their colleagues. Furthermore, the symbolism of the ideal worker does not give women any benefits that facilitate their breastfeeding endeavours, since the challenges facing the women herein are apparent across all levels of management. This argument is strongly supported by Foster, Ebrahim and Ibrahim (2013), O'Reilly (2016) and Bueskens (2016), who emphasises that mothers with infants are further from this 'ideal worker' status than the average employee as a result of their additional responsibilities as caregivers. Thus, the notion of the 'ideal worker' can be a key contributor to gender inequality in the workplace. This is evident from the fact that Fatima, Bina and Awatef are expected to achieve the same professional objectives as their colleagues despite the fact that they have the additional burden of breastfeeding their babies on a regular basis. However, the prevailing definition of an ideal worker is constructed from a gender-biased perspective. It is skewed towards a set of characteristics that do not necessarily take into account the entirety of the circumstances. While those past studies highlight the theoretical image and symbolism of the unencumbered employee who is available to work and fits particular physical, emotional and physiological criteria, the value of an employee to the workplace is fundamentally linked to their contribution to the goals of the organisation.

From a matricentric feminist perspective, despite the Quran's advice to mothers to breastfeed their infants for two years, mothers' return to work is one of the key reasons that they give up breastfeeding. Still, in Qatar, mothers are not centred in the employment sphere, where maternity leave is too short at eight weeks. The limited maternity leave reduces mothers' choice to breastfeed very young infants – two months old – as the return to work precludes establishing a functioning breastfeeding relationship, and it is particularly difficult to pump enough milk at this early stage. From the discussion so far, it is evident that Islamic doctrine is well aligned with both a practice of intensive mothering and matricentric feminism. However, patriarchal interpretations of Islam obscure the importance of intensive mothering in workplaces, thus exposing working mothers to pressures relating to the need to achieve 'ideal employee' status, performing in a comparable way to those workers who do not have many other demanding responsibilities outside the workplace. The poor consideration for matricentric feminism in the Qatari workplace context is seen in the fact that activities such as breastfeeding are not considered as important as the delivery of professional duties, as well as in the fact that maternity leave in the country is extremely short compared to countries like Turkey. It is therefore evident that the workplace realities faced by breastfeeding mothers contravenes the dominant religious doctrine in the country, and are not compatible with either a practice of intensive mothering or a matricentric feminist approach. For that reason, Qatari working mothers struggle to navigate an effective pathway between the breastfeeding guidelines provided in the Quran, and the expectations and demands of their workplaces and employers (Hays, 1996). This continuing conflict between being an ideal Muslim mother, and an ideal worker, is what led some of the mothers who participated in this study to experience tensions which made them hate their work, as it cut short their ability to breastfeed their infants.

Notably, human resources practices in many organisations in Muslim countries are derived from both Western management and Islamic religious traditions (Ali, 2010). The doctrines provided in the Quran on breastfeeding have, however, not been integrated into the country's modern workplaces, which leads to the kinds of conflicts discussed here. The Quran is identified as a guide for what makes a good Muslim mother, with regard to both the uptake of breastfeeding, and the compassion and justice which should be shown towards mothers. Working in an environment which is unsupportive and does not accommodate their needs as breastfeeding mothers is tiring, as is evident in the responses provided by the Qatari mothers whom I interviewed. According to Koburtay, Syed and Haloub (2018), although Islamic teaching may be considered to place greater value on gender equity compared to Western traditions, the workplace culture in Qatar is not, at present, conducive to equality, despite being guided, to a large extent, by Islamic principles. The religious practice of breastfeeding is not acknowledged at either an individual or an organisational level. Hence, breastfeeding mothers are still marginalised in modern Muslim workplaces in Qatar. Their rights are not prioritised or protected in the workplace, despite societal progress in terms of policies that aim to improve gender equality in the workforce, and despite an Islamic call for equality.

Given the impractical conditions in the workplace, the experience of working mothers indicates a need for reform of workplace policies in the modern workplace, as emphasised in Islamic feminist theory (Yamani, 1996; Hassan, 1996). The impracticalities described by participants suggest a lack of justice and compassion for breastfeeding mothers in Qatari working environments, due in part to policymakers' wilful ignorance of Islamic principles. While Islam provides valuable guidelines for human resource professionals, the practice and the reality are still more in line with the contemporary and modern direction of the Western notion of the 'ideal worker'. Hence the considerable tension faced by working mothers in Qatar

as they try to balance the need to be good mothers, as per Islamic doctrine, and the need to approximate the 'ideal worker' in line with the needs of the contemporary workplace.

7.2.2 Unfair Treatment of Breastfeeding Mothers as a Departure from Matricentric Feminism

This sub-section shows that there are numerous informal practices that contribute to the negative experiences of breastfeeding mothers in Qatari workplaces. In the excerpt below, for example, Fatima emphasises that the lack of support and unfair accountability measures lead to negative breastfeeding experiences for mothers:

“There is no support. On the contrary, they [the employers] treat you as if you are doing something wrong. Why do you go out at 12 o'clock? I mean, you are accomplished less than the achievement of the employee who does not have nursing hours; there is no support. On the contrary, it affects your evaluation, your evaluation is affected, that you are leaving early, the percentage of your attendance is lower, you are less accomplished than other employees, this is not support, on the contrary as if they are holding you accountable for the two hours of motherhood [the nursing hours] that you take.” (Fatima)

Fatima further elaborated that her boss also made the breastfeeding period very challenging for her, by demanding that she make up for the time she was not at work due to taking her nursing hours:

“My boss told me that since you're going out earlier, you're having to cover the time you're going out; your achievement is less than others who stay, there is not even moral support!”

He is against you... The manager is against me, when it comes to nursing hours, the manager is against you, okay we take the time for nursing, but this is my right, you are confiscating my right, he tells me I have to compensate that time, my assessment may be affected because of the two hours of nursing, although it is from the state, the state gave me two hours, you are not entitled to revoke it, he tells you are not at work, regardless of the reasons, you do not exist in these two hours and others exist and are still performing, it is not my fault.” (Fatima)

From the two excerpts above from Fatima’s interview, it is evident that much of the pressure experienced by breastfeeding mothers in Qatari workplaces results from the inadequate understanding of the issues by other employees and of managers, about the additional responsibility that comes with having an infant. More specifically, Fatima explicitly shows that other employees were unwilling to support her, probably because they felt that she was not doing as much work as they were. This emanates from the perspective that breastfeeding is not a necessity, and that it is a suffice reason for an employee not to fit into the ‘ideal worker’ image.

This assertion of inadequate support is echoed by Sameera, who works as an Accountant in the public sector. Sameera specifically pointed out that she had to wean her child one month after returning to work, as a result of the challenging environment caused by colleagues not providing any support but instead blaming and criticising her:

“Even if a mother has nursing hours, you feel like they're trying to make her tired the next day of work. And if she asks permission and something happens at work, they criticise her and blame her... But she has nursing hours. They say you have nursing hours; it's like we're taking something that's not our right. They said, do this, this, and this, you're already taking

nursing hours... We want to work, but we don't have time. We work five hours, if we're done with our work, why are you putting pressure on us to do other work?" (Sameera)

Sameera's situation is strikingly similar to that of Awatef, who also described being blamed and shown no appreciation:

"And this environment is full of blame. You're going out early. You ask for a lot of permissions. I go to my children...what am I supposed to do? This was tense, especially to make me not produce or give [at work] because I am nervous. It's all tension. Why do I work hard when there's no appreciation? No 'thank you', or 'may God bless you' or that we appreciate you and know you have children. There's no encouragement." (Awatef)

The accounts by Fatima and Sameera highlight the contrast between the formal state policies, and the actual, informal practices of their managers in the workplace. Although the State of Qatar has granted mothers two nursing hours to breastfeed their children or look after them at home, mothers in this study were not able to benefit from this time as a result of a lack of understanding and support from colleagues and managers. Generally, it is evident that mothers have to choose to either take the two hours provided by the state to breastfeed their newborn as directed by the Quran and, as a consequence, face harsh treatment from their superiors, or simply avoid the practice in order to win their managers' approval. The accounts by Qatari mothers emphasise the tensions caused by managers assessing mothers' performances in the workplace based on their maternity status, rather than their capability and what they have accomplished as workers. They also reported how their managers blamed them for taking the nursing hours granted by the state to enable them to breastfeed their infants. In some cases,

instead of accommodating those rights, their managers asked them to compensate for these two hours. In this way, breastfeeding increases the workload of mothers despite the fact that the law has provisions to allow mothers to leave their workplaces early without penalty.

Even though working breastfeeding mothers are granted, by law, a paid two-hour reduction in their daily working hours to breastfeed, they are expected to complete the same amount of work within the remaining five hours. This is in line with arguments of Gatrell, Cooper and Kossek (2017), who claim that mothers with children pay the penalty for motherhood, in the form of unequal treatment in the workplace. Mothers are also treated differently than their colleagues simply because they are mothers (O'Reilly, 2016). Mothers are seen as less productive than their peers, and their maternal bodies are seen as disturbing to other employees in organisations (Acker, 2006; Gatrell, 2013; Gatrell, Cooper and Kossek, 2017). All these factors lead to low tolerance for breastfeeding mothers in workplaces, which reduces their likelihood of being supported by other employees. The provision for nursing hours is seen as a tax on the employer and the organisation, thereby driving peers and superiors to impose requirements for the mother to compensate for the lost time by working more. These perceptions can be attributed to the inability of peers and employees, and indeed the entire employment system, to perceive mothering as a necessary and integral part of female employees, then factor that into the work processes.

From an intensive mothering, feminist perspective, the social and Islamic expectations of intensive mothering impose on mothers, in their primary caregiver role, the need to leave work early to feed their infants. According to Nomaguchi and Fetro (2019), although mothers work fewer hours, they experience more work pressure, fewer career options, and less managerial support. The findings from my interviews further resonated with empirical work by Chow, Smithey Fulmer and Olson (2011), and Seijts (2002), who reported that different

employers considered breastfeeding a time-consuming activity that leads to low overall workforce productivity. Similarly, Prudence, Akoth and Wanjiru (2020) found that employers are reluctant to support breastfeeding mothers as a result of the associated direct and indirect costs. This failure to provide support is, however, counterproductive, since it leads to a decline in the productivity of breastfeeding mothers. It further exposes the employee to job dissatisfaction, and those tensions can spill over to other aspects of employee relations.

Although this research did not primarily focus on the productivity debate, it was interesting that employers linked mothering work to an assumed loss of productivity by women. The ideal worker, according to Acker (2006), is expected to be dedicated to working, have no responsibilities outside work, and be entirely available for work. This image of the unencumbered worker, as described by Acker (2006), contradicts the image of Muslim working mothers, whom the Quran advises to breastfeed. In the modern world, however, there are people in almost all societies who are increasingly focused on business and generating profits. Thus many Qatari mothers are pursuing their goals as modern career women in the professional workplace, and are therefore more inclined to follow organisational policy at the expense of religious traditions. In the professional environment, mothers are exposed to a wide range of challenges, including pressure from managers when they cannot maintain normal productivity levels after maternity leave. From an Islamic perspective, employers are expected to treat the employees with dignity and kindness, and go beyond the policies and laws to assist them (Ali, 2010). However, evidence provided by the Qatari mothers I interviewed shows that there is absolutely no consideration of religious doctrine in the treatment of breastfeeding women in the Qatari workplace. The application of purely secular policies that are driven by profitability objectives as opposed to human rights could explain why breastfeeding mothers in Qatar are

not accorded the level of support encouraged in the Quran, and called for by idealistic feminist theories such as intensive mothering and matricentric feminism.

7.3 Conflicts in the Workplace

This section highlights the conflicts in the workplace that Qatari mothers continue to face, which lead them to stop breastfeeding, in contravention not only of the guidance in the Holy Quran, but also of their own wishes and to the detriment of the health of the infants. The first sub-section discusses the conflicts between the mothering role and the notion of the ‘ideal worker’ in the workplace. The second sub-section highlights the lack of support that mothers receive from their colleagues.

7.3.1 Working Mothers and ‘Good Muslim Mothers’

The information drawn from the interview responses shows that most breastfeeding mothers are viewed as either incompetent or less committed to their work. According to Hissa, who works as an Accountant in the public sector, leaving early to go and breastfeed made other employees view her as an incomplete employee:

“Other than the comments that you have nursing hours, and you are breastfeeding because... you are leaving early and these comments themselves... they feel that you are not a complete employee, you are an incomplete employee, or there is a defect.” (Hissa)

Hissa further highlighted that some managers were against hiring breastfeeding or married women due to their increased caregiving obligations. Therefore, becoming a mother is

an obstacle both for employed women, and those seeking employment. The excerpt below from Hissa's interview shows that women are usually asked whether they have young children or whether they are pregnant. She said:

“Even when we do interviews, the first question is: Do you have a child? Are you pregnant? If she is pregnant, then no, it is over; she will have nursing hours. They consider women with nursing hours as incomplete, and that psychologically affects me as an employee....[it is our mistake because we bring our emotions into the work]” (Hissa)

From the excerpt above, it appears that pregnant and breastfeeding women are denied employment opportunities regardless of their skills and competencies. This assertion by Hissa is confirmed by Kholoud in the excerpt below:

“If there is a woman who just gave birth, and she wants to breastfeed ... there is no empathy. Actually, I am very honest... I know that sometimes they ask any candidate if she is married and has children. I get bothered with this to the extent that someone told me that he wants her commitment. They make sure whether a woman would be fully committed, or she has other responsibilities. I think this is very hurtful, as they do not understand that this is normal, and this responsibility should not hinder any woman from working. There is ignorance.” (Kholoud)

The issue of women with children is also well elaborated in the response below by Mona. Mona, a new mother who works in the public sector as a Buyer, said:

“I wish they would support me as a mother, and they are not just seeing me as an employee and that is it! There are places where they see the mother as if she were not doing

her job completely and in a proper way... They see that she is a married woman; she certainly will not do her job well. There will be appointments and other things. However, if I find that my manager supports me, I will do my job in a perfect way and even better than before.” (Mona)

The responses provided by Hissa, Kholoud and Mona show the ways in which professionalism and productivity are juxtaposed with motherhood in the workplace, in line with the arguments presented in studies by Lupu (2013), O’Reilly (2016), and Kokot-Blamey (2021). Hissa’s account of taking responsibility and blaming herself for transferring the workload pressure and stress to her child was surprising at first: *“it is our mistake because we bring our emotions into the work” (Hissa)*. Interestingly, a similar finding is presented by Nikaiin et al. (2013), who investigated factors affecting the ways in which 32 women in Qatar make decisions about breastfeeding practices, and found that most of the women were worried about passing the psychological stress of their jobs to their infants through breastfeeding. Like Hissa, Kholoud shared that when a mother gives birth and wants to breastfeed, there is no empathy in the workplace, as she continues to handle the same work pressure but within fewer working hours. Moreover, Mona stated that she wished to be treated as a mother, not just an employee with no such mothering work responsibilities.

From an intensive mothering perspective, the accounts provided by the participants show how they constructed good mothering in terms of being physically and emotionally accessible to their children. As these mothers wean their children upon return to work, their accounts show how employment shaped their mothering ideology and breastfeeding practice. From a matricentric feminist perspective, the findings of this research, in agreement with O’Reilly’s (2016) argument, emphasise that most workplaces lack mother-centred and child-centred policies and practices. The findings also show that most workplaces in Qatar are

ignorant about child dependency, and are unwilling to adjust their policies and practices to reflect the interests of their employees. According to Kittay (1999), however, dependency is part of what it is to be human, and all perceptions of independence are fictitious and unreal. From this argument, it is evident that even adults are not independent per se, but only seem to be so because they do not require the same level of care as children do. This suggests that workplaces need to strongly consider the higher level of dependence of infants when creating policies to support breastfeeding mothers. Kholoud's account also resonates with the work of Fineman (2004), who argues that autonomy is a myth, and dependency is unavoidable in society. Based on this argument, therefore, it is imperative for organisations to take child dependency into consideration in the design of their policies if they are to improve the experiences of breastfeeding mothers. Furthermore, my findings also resonate with those of a study by Lamar and Forbes (2020) in the United States, who reported that they usually feel guilty for missing opportunities to spend time with their children. In the specific context of Qatar, it is plausible to argue that the level of guilt in Qatari women is significantly higher owing to the fact that, in addition to not spending enough time with their dependent infants, work demands compel them to go against the teachings of the Quran..

Evidence provided by the respondents shows that working mothers in Qatar are, in many cases, viewed as less valuable employees, albeit at the point where they require short-term support for breastfeeding as they settle back to work. This finding is consistent with the 'devalued social status' argument made by Damaske (2013), in the context of the perceptions towards mothers in the workplace. The status is constructed without taking into account that breastfeeding is a short-term responsibility for the woman. Gatrell, Cooper and Kossek (2017), in corroboration, argue that the maternal body is considered unstable and less likely to be productive in the labour market, thus making breastfeeding mothers 'unideal workers' or, as

Hissa stated, '*incomplete worker[s]*' and '*defect[ive]*'. This finding again reflects the work of Acker (2006), and Gatrell, Cooper and Kossek (2017), who argue that 'maternal' bodies and their ability to procreate, breastfeed and care for children, lead to their exclusion from the public sphere. As such, I would emphasise that the rejection of the maternal bodies of working mothers stems from the negative views of employers, including the assumption that maternity can reduce overall productivity levels (Acker, 2006). However, Cohen and Mrtek (1994;1995) claimed that working mothers who breastfeed might have healthier infants therefore require fewer days' absence to stay home with a sick child, which is reflected in Fatima's account in the previous section. They also point out that this reduction in absenteeism among working mothers could be seen as a cost saving for the company, as predicted by Stumbitz, Lewis and Rouse (2018).

The interview data also highlight the effects of multiple layers of intersecting contexts, from the overlap between culture and religion with regards to work-related behaviour. As indicated in Section 2.6.1, maternity protections under Qatar law are disadvantageous to pregnant or breastfeeding mothers. First, public sector employees are only provided with 60 days paid maternity leave, and in case of any complications that necessitate an extension to maternity leave, there is no compensation for such. The assertions are consistent with the findings from Koburtay, Syed and Haloub (2018). Despite all these bottlenecks, work is considered a virtue in Islam, and it is linked to spiritual, social, and economic fulfilment (Ali, 2010). This linking of work with different kinds of fulfilment is among the reasons why all adult citizens in Qatar, including mothers, strive to take part in employment. National policies, such as those contained under the QNV 2030 provide similar justifications. By taking part in employment, it is evident that mothers have a strong desire to fulfil their religious duty as hardworking individuals. However, this desire to be hardworking is found in this research to undermine their ability to fulfil the other religious requirement, which is to breastfeed and

nurture their children in the best way possible. This makes evident the conflict that mothers face in the Qatari workplace. The difficulties that breastfeeding mothers have in delivering their professional responsibilities due to mothering demands results in them being viewed as less competent than other more 'ideal' workers. On the other hand, the failure of breastfeeding mothers to always be present in the early months of their children's lives, due to professional demands, means that they cannot fulfil the mothering requirements of Islam. The perceived failure in these two fronts explains the negative experiences such as anxiety, stress, tension, and dissatisfaction expressed by most of the participants. Overall, these findings are in line with the findings of Burns and Triandafilidis (2019), who argue that the good mother or good Muslim mother and the good worker are hard to reconcile in the context of balancing work and breastfeeding. Therefore, breastfeeding mothers in Qatari workplaces inhabit an ambiguous space between Islamic definitions of good mothering, and organisational interpretations of a good worker. This situation exposes them to tension and stress related to striving to achieve both professional and religious objectives in a corporate environment that is, arguably, designed to undermine the Islamic guidelines on motherhood.

Discrimination against mothers with infants, or pregnant women, is another important issue highlighted by the respondents. Its link to conflict arises from the perspective that women are denied their due rewards and recognition purely because the employers predict that they will fail to meet the ideal worker image when they become mothers. While Qatari human resource law insists that priority in employment in the public sector in Qatar should be given to individuals who satisfy the qualifications and conditions required for the position, regardless of their gender or marital status. Despite the existence of such laws, evidence provided by the Qatari women involved in this study shows that breastfeeding and pregnant women are discriminated against in hiring processes in both the private and public sectors.

7.3.2 Lack of Support from Colleagues

Generally, breastfeeding mothers need a lot of support from their colleagues at work. This is made evident in one of the responses provided by Awatef. Awatef indicated that being expected to work in the same work environment and under similar conditions while breastfeeding predisposes women to additional stress. She stated:

“From my experience, the most impact was the work environment. It made me feel stressed. The managers and the group you work with, no colleague can help you, say it's okay, I'll do the work for you, for example, and you can go. There's no such thing. It is your job; you must finish it. And if you didn't complete it, nobody will do it. And when you get home, you think too. I used to go home and think. Tomorrow I must do this and so on, instead of thinking about breastfeeding the baby. I'm preparing an agenda for my work. So, I don't leave a chance for anyone to blame me. So, I won't face anything that I don't like.” (Awatef)

However, what she experienced was disapproval and lack of cooperation from her colleagues due to her reduced working hours. A similar complaint is made by Dina, a mother of two who works as an Administrative Coordinator in the public sector. According to Dina, her colleagues viewed the two hours she took for breastfeeding as unjustified. From her point of view, she believes that she still has a responsibility toward her children, and she has to take care of her newborn baby. She said:

“I'm five hours away from them [her children], this is wrong at the beginning of their lives... when the working hours become less, they [her colleagues] said stay at home better why you are coming to work... these are the comments of colleagues that really bothered me. I don't like it because I know what it means to be with my children.” (Dina)

Rehab, on the other hand, stated that her colleague did not support her request of taking flexible nursing hours which made her feeling frustrated. She stated:

“Yesterday, I was talking to my colleague who manages the working hours in our department about about getting flexible nursing hours but he rejected my request and told me you are not suppose to have flexible nursing hours... they are fixed!... I can not cancel my training sessions or meetings or the committees .. honestly, I got little upset.., but I can not do anything! ” (Rehab)

The accounts by participants indicate that colleagues often perceived the privileges that working mothers have, such as maternity leave or nursing hours as unfair. Rather than view the accommodations in their entirety as necessary to facilitate women’s participation in work, they see the leave as lost time. Such insights are consistent with previous findings by Chow, Smithey Fulmer and Olson (2011), which show that some employers might not support breastfeeding in the workplace for the reason that co-workers perceive it as favouritism toward breastfeeding employees. This is in line with Gatrell, Cooper and Kossek's (2017) argument, that when mothers seek flexible time, employers and colleagues tend to show opposition as a result of the direct impact on their own workloads. The findings also align with a range of empirical research studies such as Payne and James (2008), Froh and Spatz (2016) and Majee et al. (2016), who all reported that peer pressure and lack of support from colleagues discouraged women from breastfeeding. The findings are also consistent with the research by Zhuang et al. (2018), which found that co-workers usually stigmatise breastfeeding mothers, thus making it much more difficult for them to continue breastfeeding. In this regard, it is plausible to argue that the

organisational culture in most workplaces in Qatar is unsupportive of breastfeeding women. The organisational culture emanates from the limited awareness of the situations that breastfeeding mothers face in the workplace due to the lack of a feminist perspective during the design of workplace policies and interpretation of existing workplace laws. The overriding perspective is that some employers and fellow employees seek to impose gender equality and gender equity principles in this scenario, albeit with the knowledge that women will be the ultimate victims.

The lack of policies to deter intolerance towards breastfeeding mothers by other employees is an indication that, indeed, there is hardly any consideration for the challenges that breastfeeding mothers experience on the part of human resource managers and other organisational leaders. The position emanates from the multiple layers of intersecting contexts, whereby mothers are faced with conflicting situations as discussed by Lewis and Beauregard, (2018). On the one hand, the religious mandates, which tie back to Islamic law principles in the country, predispose women to commit two years to breastfeeding without considering that they have professional commitments. Those very laws, which form the socio-cultural basis for most choices made by women, have led to a patriarchal society, which is skewed towards the preferential treatment of men. Institutions, on the other hand, demand commitment from women, regardless of their prevailing duties to breastfeed. Consequently, the evidence presented in this section shows that there is little education in organisations on the unique needs of breastfeeding mothers with young infants. This lack of knowledge explains why some employees feel envious when breastfeeding mothers are allowed to leave the workplace two hours earlier than other workers, since it contravenes the guideline that women should be paid equally to men based on work done. As a result, the conflict arising from the lack of support for breastfeeding mothers by other employees is an indication that, despite the fact that most

employees in Qatar are Muslims, they do not necessarily support breastfeeding teachings. The fact that they do not pay attention to such doctrines explains why some employees criticise and show intolerance towards the special treatment afforded to breastfeeding mothers.

7.4 Balancing Motherhood and Employment

This section considers an important aspect of motherhood and mothering to which most policymakers fail to give due consideration, namely child dependency. The first sub-section highlights some mothers' experiences and understandings of child dependency, and how employment affects their roles as mothers beyond breastfeeding practice. The second sub-section considers the mothers' concerns regarding childcare after their return to work from a short period of maternity leave.

7.4.1 Efforts by and Experiences of Mothers in Handling Employment and Motherhood

Breastfeeding and its importance, according to most of the respondents, is undermined by the short maternity leave provided by organisations in Qatar. The short maternity leave compels most mothers in Qatar to find alternatives for feeding their babies, such as expressing milk that can be fed to the baby later. Nahed, for example, had a premature child that was put into intensive care from birth until about four months. Nahed stated that she was instructed to provide breast milk on a regular basis since her child's stomach could not tolerate formula milk. As a result, Nahed had to apply for one month of unpaid leave after her maternity leave (two

months) to stay with her child and provide him with breast milk. Her manager, however, rejected her application, so she had to report to work despite her child's needs. Nahed said:

“What my employer did is that he said to me, ‘Come to work ... You need to show up at work’, but he did not allow me a leave. So, I went to work for a month while my baby was in the Neonatal Intensive Care Unit. There is nothing in the law that allows you a special leave when your child is at the hospital, so I had to go back to work and pump in the morning, during work hours, and after work, I go to the hospital and pump again.” (Nahed)

Nahed's stark account emphasises the lack of consideration of the infant's dependency on the mother in Qatar's laws. For that reason, absolute priority is placed on job demands as opposed to the infant's needs, based on the false assumption that the needs and challenges faced by all mothers are similar. Nahed cried during the interview, as she felt pressured by the burden to provide her breast milk to her vulnerable child and the expectation that she held the sole responsibility for her child's health and had to provide sufficient milk, on time. This situation put Nahed in a bind, whereby she had to choose either to stay with her child at the hospital and act like a good Muslim mother, or to obey her employer's instruction and go back to work in order to protect her source of income. Intensive mothering theory argues that mothers feel pressure to live up to the level and standard of a 'good mother', and in this case, a 'good Muslim mother', through breastfeeding, with additional stressors being added by the expectations of simultaneously maintaining a professional worker identity (Hays, 1996; Lamar and Forbes, 2020). This tension has its roots both in cultural perceptions that impose unrealistic obligations and commitments on mothering as sacrificing one's own needs in order to care for children, and in the historically gendered structure of the modern workplace (Acker, 1990; Hays, 1996). The fact that Nahed was required to attend to professional duties, as opposed to taking care of

her sick child, is an indication that contemporary Qatari society is increasingly embracing secular laws at the expense of religious tradition. From this argument, it emerges that, although many researchers are inclined to believe that laws in Muslim countries are guided by Islam, corporate law in Qatar departs from religion by focusing more on economic outcomes than adherence to religious traditions. This focus on economic objectives is reflected in the statement below by Nahed:

“It was as support from him in order not to stop my salary, but he doesn't know that I was ashamed when I told him that, he said to me: no, I can't give you leave. Especially that since I joined, I had studying leave for my Masters, then marriage leave, so you feel as much they support you, as much you get embarrassed and push yourself, and bear the burden, and when I see how many leave days they had provided me, I was embarrassed to insist on the unpaid leave.” (Nahed)

Although Nahed showed an understanding of infant dependency, her lack of agency is clear. She felt ashamed to insist on her leave and stay with her child at the hospital, because she worried that taking the leave would be unfair to the employer, her colleagues and subordinates. This finding confirms the argument by Gatrell, Cooper and Kossek (2017), that senior-level managers who are also mothers tend to compromise their maternity leave for fear of being excluded in career advancement opportunities. Similarly, their role as executive decision-makers at work is faced with a horde of challenges in their absence since their presence is integral to the daily functioning of the department. As a result, while their position implies power and influence in the workplace, entry into motherhood and breastfeeding compromises their position in the workplace. It is therefore clear that, similar to policymakers in Qatar,

breastfeeding mothers in the country are becoming more inclined towards achieving economic goals rather than making choices that are aligned with religious doctrine and an ethics of care.

In a modesty-focused culture like Qatar, women are systematically taught to be shy and reserved in their interactions with males who are not related to them (Koburtay, Syed and Haloub, 2018). Therefore when interacting with unrelated men, they learn to feel shame, guilt and embarrassment. The situation is magnified in a work environment, whereby the power disparity may predispose the woman to act in a subordinate manner. Furthermore, when breastfeeding, her awareness of the perceived repugnance of the maternal body may further compromise her view of herself, thereby limiting the extent to which she may exercise agency. In a competitive workplace, the simple act of seeking concessions to attend to personal issues may be viewed as a justification for the assessment that the individual is not committed to their job role and the success of the organisation. This explains why Nahed mentions being ashamed and embarrassed when she was asking for additional leave days. However, in modern organisations, women must be powerful and assertive in their interactions, which puts Muslim women again in a contradictory situation when working in modern workplaces in an Islamic society. Men, generally, do not face such contradictions owing to the fact that Islam does not specify any requirements for men to be passive or reserved in any situation. Based on this observation, therefore, it emerges that although Islamic doctrine demands mothers be given the right to take care of their infants, the same religion promotes a situation in which women are disempowered in their interactions with men. As a result, the requirement in Islam for women to be modest and shy before men exposes them to a situation in which they cannot openly dispute decisions made by men, even in the professional context.

This explains why few labour and employment policies in Qatar promote the exclusive interests of women, such as their right to sufficient maternity leave and the provision of resources to support lactation. Furthermore, due to poor workplace support and lack of consideration for her infants' needs, Nahed had to wean her child two months after returning to work. She reported:

“At work, sometimes there is work pressure. I mean, you can barely take this half an hour [to pump] ... you must finish your work. So, this could be the most thing stressful, because you have work pressure, you have either to finish work or that you are breastfeeding... you have to choose... and this is the hardest thing.”(Nahed)

In the above excerpt, Nahed highlights the difficulty she experiences in deciding how to balance two apparently incompatible sets of demands effectively. Her statement confirms the argument by Hays (1996), that such attempts to balance mothering and work leads to frustration for most employed mothers. Frustration for Nahed arises from the fact that she is not allowed enough time to express milk. Apart from being denied enough time to express milk as a result of work-related pressure, Nahed goes on to say that, even when she does get time, there is little privacy for pumping:

“I pump before I leave the house and I pump again when I'm at work, I have a private office, but I close and lock the glass door and take a chair and give my back to the door, they know... they feel that someone is inside, but I was pumping... The situation is a bit tense especially when they knock on the door. And then most of them are men, so you are ashamed to say I'm pumping milk...” (Nahed)

From the above excerpt, it is evident that other employees make it very uncomfortable for Nahed to express milk in the workplace. In addition to not providing any support, the excerpt above shows that other employees deliberately interrupt Nahed when she is pumping by knocking on the door of her private room. The form of social support that the mothers need in order to practice intensive mothering includes morale, consensus on providing an environment that enhances the mother's breastfeeding comfort, informational support, and recognition of the social issues affecting breastfeeding mothers in the workplace (Lamar and Forbes, 2019). From these statements by Nahed, we can see that none of these elements of social support is present in her workplace. Intensive mothering relies on having an emotionally healthy mother in a resourceful social environment, but the conditions in Qatari workplaces do not guarantee these elements. This again resonates with Acker's (1990) claim that women's bodies are a constant source of suspicion at work, as the dominant norms require bodies to appear stable and unequivocal. Maternal bodies are interpreted as social pollutants in prestigious settings, and the rejection of the maternal body extends beyond concerns with pregnancy and childbirth (Gatrell, Cooper and Kossek, 2017).

Mona, in the excerpt below, highlights that the amount of time allocated for maternity leave in Qatar is not sufficient for breastfeeding. Mona is a Buyer and has one child, and she had to take an extra month to continue breastfeeding as she had planned:

“I took maternity leave and took a month on top of it because I was very keen to breastfeed him. I saw him very small. I mean, it is not right... I feel like we, as mothers, need a longer leave time, I mean two months for the child and then the mother goes to work, it is not right..... I mean, it is an injustice for the child in terms of breastfeeding. I feel that if they give a longer leave to the mother, it can help a lot to breastfeed.” (Mona)

Mona's account emphasises the unrealistic period of current maternity leave, as she felt the need to apply for an extra month off in order to facilitate her breastfeeding practice, like the mothers in Chapter Five. However, Mona had to wean her child after returning to work due to the absence of a lactation room in the workplace, and she introduced formula milk instead. Mona's and Nahed's accounts indicate that working mothers do not get sufficient leave and infrastructural support to meet their mothering needs and sufficiently prepare them for their return to work. Notably, Islam allows a mother extensive freedom in breastfeeding, and places foundations for seeking support in the context of the Qatari Islamic community. Despite this foundational support in Islam, mothers felt unable to adopt these teachings due to the absence of support in terms of policy, a welcoming environment, and facilities upon returning to work. This is in line with two recent studies in the UAE and Saudi Arabia by Taha et al. (2021) and Yasser Abulreesh et al. (2021), which established that the work environment presents significant barriers to breastfeeding. Specific findings by Taha et al. (2021) indicated that working mothers face more challenges in comparison to non-working mothers regarding breastfeeding practices, and recommended the extension of the maternity leave period, in order to enable mothers to continue breastfeeding for a sufficient length of time.

These findings emphasise the lack of workplace policies and practices to promote and support continued and longer duration breastfeeding, as argued by Weber et al. (2011), who identified that mothers felt significantly unsupported by managers and their organisations to continue breastfeeding at work due to the absence of a lactation room, flexible work options and lactation breaks. Therefore, although working mothers are interested in career progress and promotion in their professional lives, they are challenged by conditions arising from being mothers and the additional obligations they are required to fulfil. In particular, taking leave from official duties in order to take care of their babies, is an aspect that also demonstrates

intensive mothering. These findings point towards the role of the multiple intersecting layers of context, specifically the conflict between organisational goals (some of which are derived from national policies), and the goals of the individual employee. As evidenced from Vilar-Compte et al. (2021), institutions are committed to optimising the returns from employees, who are part of their human resources. This entails having the employees on site at all times, in keeping with the notion of the ‘ideal worker’.

7.4.2 Concerns on the Absence of Childcare after Maternity Leave

This sub-section highlights some Qatari mothers’ concerns about how they will take care of their two-month old infants while they are at work. For instance, Arwa is a mother of five children and works as an IT Specialist in the public sector, and her concerns go beyond breastfeeding to the absence of infant care for her two-month old, who is expecting food and care from their mother. She highlights how short maternity leave affects her breastfeeding practice and makes her worry about who is going to take care of her infant while she is at work:

“Two months is negligible for breastfeeding... As for immunity, the baby doesn't sleep regularly yet... You're going to sleep irregularly... He still gets colic all night... Not to mention staying up all night and not sleeping... You worry about your child and who's staying with him. The delay you're experiencing at work. You want to stay with the baby at this time. These are all obstacles.” (Arwa)

On the same note, Fatima’s account emphasised too how short maternity leave impacts childcare considerations, especially at a younger age:

“The baby is supposed to take his mother's milk, but because of the subject of the state... work and production, and you have to work and produce ... I say six months maternity leave is enough if they do it. But not two months, how can you imagine a two-month old baby at home with a maid?!” (Fatima)

Hana is a mother of three children and works in the public sector as a Communication Specialist. She similarly spoke of the trouble she had encountered regarding childcare:

“I feel like we need support. Before, they [mothers] had six or seven children and left them to their mothers... So far, there is a mother who leaves children to their mothers... But we're not. Our norm is different, our family is different, and our mothers are different. When our mother is at home, we can't force her to take care of our children. They didn't fall short; they raised us. My mother works: for example, is she going to take a vacation to take care of my baby? No.” (Hana)

A review of Arwa, Fatima and Hana's responses clearly shows that the tensions from the short period of maternity leave go beyond breastfeeding practice, to affect Muslim mothers' roles as primary child carer, with fathers mostly absent from their talk. While fathers are mandated to support their wives at such times, the needs and wants of women have changed over time in ways that go beyond the economic supplication that is mandated under tradition. As a result, there is a need to reconceptualise the ways through which fathers should support women in the 21st century in response to changes in socio-cultural norms. This is in line with Nasser et al.'s (2016) study which found that, in Qatar, mothers were responsible for the majority of parenting tasks while fathers and their involvement in parenting are notable in their

absence. Arwa's account represents the ideology of motherhood, that child-dependency goes beyond the need for breastmilk to infant care at this early age. She highlights that, at only two months, mothers may well still be struggling with their infant's gas colic, as she was, and can barely sleep in order to take care of their babies. Nasser et al. (2016) also found in their study that Qatari working mothers were stressed and felt overwhelmed because they were less able to spend time and care for their children. From a matricentric feminist perspective, the mothers felt that children are their responsibility, and developed defensive attitudes towards the denial of maternal entitlements, complaining of the shortcomings of state policies in this regard (O'Reilly, 2016). On the other hand, the increase in intensive mothering, in which mothers are always present in their children's lives, is dramatically correlated with the rise in mothers' work commitments (Hays, 1996). This occurs as mothers seek professional opportunities so they can supplement and complement what the fathers provide. In such a situation, the tension between working and mothering work leads to a no-win situation for mothers during the early stages of childrearing (Damaske, 2013).

The majority of the Qatari working mothers who participated in this research value the Islamic intensive mothering ideal and motherhood, but they are still struggling to find the strategies to balance professional work with mothering commitments. The accounts by Fatima and Hana emphasise the absence of childcare provision when they question who will take care of their left-behind infants while they are working full-time. As Hana comments, some mothers have the privilege – from her perspective – to leave their babies with their mothers. However, Hana's mother has a job and is unable to take care of her grandchild. Hana also emphasises that it is not her mother's job to take care of her son, it is primarily Hana's own responsibility, in a way that shows mothering is labour-intensive work. While Fatima does not seem to have this privilege, she is dissatisfied with the idea of leaving her child with the maid. Resonating with

Nasser et al's, (2016) study, although domestic help is common in Qatari society, Qatari mothers use their support in certain areas like preparing food and cleaning, while most of the intimate tasks are carried out by the mothers. Realistically, from an intensive mothering perspective, mothers have complicated and contradictory feelings about who takes care of their children when they are absent, while still arguing that their breadwinning capability is important to provide a comfortable life for their children (Hays, 1996; Peng and Wong, 2015).

Moreover, with the presence of specific institutions in Qatar that assist families by providing childcare, such as nurseries, mothers in a traditional society such as Qatar are still expected to take on all the pressure of organising childcare (Alzaheb, 2017). However, some participants in this study reported to me that these services are costly, and they cannot trust any external support for their young child, and at this age, the infant needs their mother. Furthermore, such services are perceived as a dereliction of the mothering duty to non-mothers. Working mothers who use such facilities are thus viewed as deviating from their responsibility and compromising the health and future of the baby for the economic benefits associated with work. Notably, in this thesis, the mother barely has a voice when faced with work policies that weaken her agency in breastfeeding and motherhood. For example, mothers who decide to stop breastfeeding on return to work still deal with personal mothering challenges that correspond to the same breastfeeding period. To deal with the condition, mothers reassert aspects of their agency based on the Islamic context. The Quran encourages mothers to breastfeed their babies in a practice that reflects intensive mothering. Therefore, the mother has the matricentric religious pre-emptive to bargain against a non-matricentric employment environment. However, when a woman becomes a mother and worker, her job influences her arrangements regarding her baby's growth and the amount of time she can devote to the child. The working

mother cannot operationalise these guarantees for her baby as she operates in an environment of non-religious, corporate interests.

Contrary to the Islamic expectations for intensive mothering, child-centring currently faces challenges due to the impracticality of intensive mothering for working Qatari mothers. Employers and other stakeholders in the labour market embrace or respect Islamic principles differently. Their disregard for the child-centrism supported in Islam introduces inconsistency in the meaningfulness of the corresponding values they could claim in association with paid labour. For example, most participants recognise the presence of prayer rooms, and there are indications that employers recognise religious holidays as stated in the previous chapter (Chapter Six). However, child-centring lags behind, impeding the sanctified value of breastfeeding and child-caring for the health and development of the child. The Quran designates 24 months as the prescriptive length of breastfeeding, providing reasons for this timeline. Complying with this requirement would lead to centring the child in the context of a working mother's life. Employers and policymakers often fail to provide sufficient opportunities for a two-year breastfeeding experience, hence disregarding the value of breastfeeding to the baby and showing that child-centring is dismal in the employment context of the Qatari breastfeeding mother. Therefore, policymakers should transform the workplace to encourage breastfeeding by reforming policies, such as increasing maternity leave and introducing a childcare policy for working mothers.

7.5 Conclusion

The findings herein show that breastfeeding working mothers in Qatar face high stressors and often struggle to manage the demands of their multiple roles as a mother and a

worker. This chapter shows how some working mothers adjust their intensive mothering construction and expectations to reconcile these demands with their employment. There are many ways in which Qatari women express their demands of motherhood while simultaneously working a full-time job. Most of the mothers in this thesis stated that following the Islamic teaching and God's order in the Holy Quran is their primary motivation to breastfeed. However, some Qatari mothers found breastfeeding practice, and the fulfilment of their obligations as outlined in the Quran, very difficult upon returning to work, since they had to simultaneously manage two seemingly incompatible sets of expectations.

The results of this chapter contribute to the existing body of empirical studies, by showing how employment in modern Islamic workplaces shapes and adversely affects breastfeeding practices, as the mothers were under pressure to engage in breastfeeding. Additionally, the insights in this study also address how the cultural perception of good Muslim mothers constructs the mothering role in the workplace in Qatar. The findings also show that the employers are often not considerate of the obligations that the new mothers have in addition to their professional lives, as they only considered equality in the workplace from a narrow perspective. The lack of an understanding on the part of policymakers and employers underscores that they appear not to recognise the mothering role in the workplace. Finally, the findings of this research also make some important contributions to theory. From the findings, it emerges that the feminist theories considered can be linked to both the culture and the general religious orientation of the society being evaluated. In that regard, the findings of this research show that feminist theories, in their application in different contexts, need to consider the socio-cultural and religious beliefs of the specific context in order for the necessary insights to be acquired successfully.

The lack of consideration of the special needs of mothers in workplaces is an indication that present-day Qatari organisations do not have a matricentric feminist focus in their policies. Matricentric feminism requires mothers to be considered differently from other women. In this regard, since mothers have the added responsibility of taking care of infants, matricentric feminism suggests that special considerations need to be made for mothers, to support them in this role. One of the key contributions of this research to theory is that it shows that matricentric feminism can be of practical application in organisations, to make policies that are specifically aimed at supporting mothers, especially when returning to work after maternity leave. Another key contribution of this research to theory is that it shows that the workings of feminist theories, such as intensive mothering theory, should be considered in the context of the social and religious values of the society in which they are applied. With regard to this research, it is found that Islamic doctrine on breastfeeding and mothering, in general, is in agreement with the general arguments presented in the ideologies of dependency and of intensive mothering. For that reason, mothers in Qatar, by striving to adhere to Islamic doctrine, also tend to bear out these two theoretical frameworks in their behaviour. Based on this evidence, a consideration of the social and religious norms of a society is essential in the application of feminist theories in understanding social issues, such as perceptions of breastfeeding.

From the findings evaluated in this chapter, it emerges once again that policy action is required to extend the statutory maternity leave period, and that it is necessary for workplace policy to consider the mother's choice to breastfeed, as recommended in The Holy Quran. This would better enable a mother to fulfil her role as a good Muslim mother and simultaneously a good worker, by recognising the multiple layers of intersecting contexts at the national, institutional and individual levels. If the State of Qatar is keen to increase women's participation in the workforce, such policy change is needed so that women can fulfil their roles as good

Muslim mothers, and contribute to the state's economic and social renaissance. Additionally, this research recognises the various forms of discrimination that Qatari women encounter, which is in line with a finding by Kelly (2009), (2010). This author claimed that women in Qatar face gender-based restrictions in the labour force, cultural and social norms that prevent them from making a full contribution to society. This suggests a need for an anti-discrimination policy that helps to challenge the notion of the maternal body a 'taboo' in the hiring process and in the workplaces, as addressed in this thesis.

8 Chapter Eight: Discussion and Conclusion

8.1 Introduction

This thesis has shared and analysed the experiences of fifty breastfeeding Qatari working mothers upon returning to work, and exposed the tensions they encountered while negotiating work and family responsibilities within this particular Islamic setting. Among the fifty Qatari mothers I interviewed, thirty eight Qatari mothers reported that their experiences of combining breastfeeding and working were difficult and unpleasant, due to the inadequacy of resources and policies to support them in the workplace, as shown in Chapters Five and Six. The remaining twelve mothers felt that they had to wean their infants upon return to work, because the current policy provisions and their employers did not meet the needs of Muslim working mothers who wanted to continue breastfeeding while working. The analysis of the findings is carried out through the six-phase model for thematic analysis as provided by Braun and Clarke, (2014). Three key themes are apparent from the data, including breastfeeding, religion and employment; breastfeeding and working in Qatar; and returning to work and giving up breastfeeding, with accompanying subthemes to accommodate the diversity of experiences of the mothers.

Additionally, this study highlights the harsh treatment mothers encountered in the workplace, and how difficult they found these decisions, in particular due to the importance of breastfeeding as a prescription set out in the Holy Quran (Chapter Seven). Therefore, despite the State of Qatar's efforts and calls for women's participation in education and work in the public sphere, and the government's attempts to achieve gender equality in society, discrimination against and oppression of mothers is evident in the Qatari labour market.

In Chapter Three, I introduced my theoretical framework, which is subsequently applied in Chapter Five, Six and Seven in explaining the findings. The theoretical framework is presented from an Islamic perspective, drawing from feminist theories of intensive mothering and matricentric feminism. The theoretical framework also includes the maternal body at work, whereby the maternal body is conceptualised as repugnant and a social pollutant in the workplace. Within this context, the findings are presented in a manner that highlights how breastfeeding mothers face challenges in getting support. Furthermore, through the looking-glass self-concept, breastfeeding mothers may perceive themselves as being outside the ideal worker image while in the workplace. This limits their agency and ability/willingness to bargain for better terms. The theory of the gendered organisation is also applied in highlighting the extent to which the structural and functional designs of workplaces are based on the male perspective. In such settings, breastfeeding mothers experience exclusion since they do not fit into prevalent expectations, which compromises their ability to settle back into work and achieve their mothering and work-related goals. Within this framework, the research findings highlight the ways in which breastfeeding mothers fail to meet the criteria for the ideal worker, thereby laying the foundation for tensions with peers, subordinates and superiors. Rationales for why women do not fit these criteria are identified, as well as the effects of such perspectives on the experiences of breastfeeding mothers. Additionally, the multiple layers of intersecting contexts are reviewed. The layers of interest in this analysis include the global, national/regional and institutional levels to identify how one factor's effects on breastfeeding mothers' experiences can be accelerated or magnified by another/others.

In my conceptualisation of Hay's (1996) intensive mothering theory, I introduced arguments drawn from Islamic religious doctrine to show that breastfeeding, as recommended by the Quran, meets a cultural contradiction when mothers return to paid work and contributes

to high levels of stress for Muslim working mothers. These tensions arose from the fact that mothers are expected to follow The Holy Quran's advice to breastfeed and be a 'good mother', or in this case, a 'good Muslim', and simultaneously compete in the workforce and be committed to work as if they had no other responsibilities outside of work. From the study findings my contribution to the literature on intensive mothering is the inclusion of religious considerations in the realities that breastfeeding mothers face in the workplace, which show that employed mothers might be in a constant state of tension after returning to work. On one hand, mothers might have a strong desire to adhere to the teachings of the Quran so that they can be seen as good mothers by their societies, while on the other hand they strive to perform their jobs to the best of their abilities so that they can be viewed as good employees in the professional context. Therefore, the inclusion of the religious dimension in the proposed framework highlights the kind of tension breastfeeding mothers have to contend with after returning to work following maternity leave in this particular Islamic context.

On the other hand, in my approach to O'Reilly's (2016) matricentric feminism, I argue that, although Islam has valued motherhood and mothering work, it centres childcare as sacred work for Muslim mothers, including breastfeeding, which brings with it a specific vulnerability and associated derivative dependencies that exacerbate tensions for working mothers, due to the contradiction with maternity leave entitlement. From the findings chapters (Five, Six and Seven) formal employment requires that mothers enter into a completely new contract that, under capitalism, creates a new dilemma and necessitates making decisions and allocating time between different spheres. As a result, Muslim mothers are torn between their careers and motherhood, struggling to strike a balance in an Islamic context. Moreover, the empirical research on which this thesis rests examines motherhood and mothering in an under-researched part of the world. In the Qatari context, the Quran's teaching on the values of the child and

family define the Muslim mother role and the responsibilities that mothers need to fulfil. From a matricentric feminist perspective which aims to empower mothering work, Muslim working mothers' needs and concerns should be addressed and accommodated in the labour force, so they can mother the way they wish to. However, this study has demonstrated the lack of matricentric laws that meet breastfeeding Muslim mothers' concerns and needs, which exacerbates the challenges mothers face in trying to live up to those expectations and responsibilities.

This thesis also represents a call for Islamic feminists to work together with employers, and with religious and political leaders to find lasting solutions for these women, applying a matricentric approach. Islamic feminists need to empower mothers, drawing from the Quran, which teaches that motherhood and mothering work are to be highly regarded and that mothers should be treated with respect, making such treatment a social duty rather than a personal preference, so that mothers can make the best possible decisions regarding their motherhood and mothering lives, while working.

This chapter will bring all these insights together to address the research questions presented in Chapter Three. The discussion will therefore be structured around these three research questions. The first section will show how the breastfeeding working mothers I interviewed feel about breastfeeding and working as Muslim mothers. The second section will highlight the challenges which these mothers faced in continuing breastfeeding after returning to work, and the third section will discuss to what extent current policy provisions and employer practices meet the needs of Muslim working women who want to continue breastfeeding upon return to work.

8.2 Response to the First Research Question

1. How do working mothers in Qatar who breastfed/eed their children feel about breastfeeding and working as Muslim mothers?

The first research question sought to establish the importance of breastfeeding for working mothers in Qatar. The evaluation in this section shows that many mothers interviewed in the country seek to be good mothers in line with the demands of The Holy Quran. Chapter Five set out how breastfeeding, as an act of mothering, was seen by the mothers as an order given by God and a natural thing to do. From their perspective, the failure to breastfeed a child would be disobeying this order and denying the child's right, that is explicitly stated in the Quran. More specifically, some of the mothers interviewed for this thesis mentioned that breastfeeding shows their commitment to the word of God. However, this adherence is undermined by the fact that the statutory maternity leave provided in Qatar is very short, which led mothers to adopt different strategies to circumnavigate the fundamental flaw in the law. Employment demands, and the insufficiency of maternity leave provision, make it difficult for mothers to adequately breastfeed their infants, undermining their ability to adhere to Islamic doctrine, hence leading mothers to experience high levels of stress and anxiety. In this thesis, I showed how the mothers I interviewed value breastfeeding as an order from God in the Holy Quran, which gave them confidence in the importance of breastfeeding and their persistence with it. However, when they had to return to work after only a short period of maternity leave, challenges emerged due to the conflict between work demands and their beliefs.

The originality of the findings in this thesis derives from the matricentric perspective, which suggests that these difficult experiences are due the fact that the current maternity policies failed to protect the interests of breastfeeding mothers in the workplace, and ignored the Islamic doctrine of breastfeeding. It is evident that 50 or 60 days of maternity leave for

private and public sector respectively are inadequate, especially considering how poorly this aligns with the Quran's advice. What worsens the situation further is that, upon their return to work after such a short maternity leave, mothers meet with work conditions and environments are not supportive. In fact, the evidence provided in this thesis shows that there is a major contradiction between the teachings of Islam to breastfeed, and national policies on maternity leave. The contradiction between Islamic teachings and national policy makes it difficult for Qatari mothers who choose to breastfeed in order to achieve the standard of a 'good Muslim mother' as defined in Islam, while also participating in the labour market and thus striving to approximate the outdated model of the 'ideal worker'. As a result, some mothers extended their leave beyond the two months (Chapter Five, section 5.2.2).

Notably, most literature suggests that employment is negatively associated with breastfeeding duration, and mothers who took longer maternity leave breastfed for significantly longer periods of time (Bai, Fong and Tarrant, 2015; Rollins et al., 2016; Steurer, 2017). It also indicates that mothers who took up to two months of maternity leave were more likely to cease breastfeeding than those who took more than two months of leave in Scotland (Skafida, 2011), while in Iran a study showed that mothers who had less than six months of maternity leave breastfed for significantly less time (Ahmadi and Moosavi, 2013). Adding to this literature, the findings in this study show that Qatari mothers hold strong beliefs in breastfeeding as an order of God, which led them to take extra leave to reach the status of good Muslim mothers. It also shows that two months maternity leave is not compatible with Islamic teaching in a Muslim society such as Qatar.

This thesis also adds to the current literature in Islamic studies in relation to women's employment and motherhood and more specifically with reference to breastfeeding. Previous research studies, including, Kamoun and Spatz (2018), Oladejo et al. (2019) and Daud et al.

(2020), have highlighted that indeed the Quran provides specific guidelines on how mothers should breastfeed and for how long. In another research study by Burdette and Pilkauskas (2012), mothers who are dedicated to any given religion were found to be much more likely to breastfeed their infants for longer periods compared to their secular counterparts. This shows that there is a relationship between religious commitment or religiosity and perceptions towards breastfeeding in general. In this thesis, I have shown how the mothers I interviewed valued breastfeeding as an order from God in the Holy Quran, which gave them confidence in the importance of breastfeeding and their persistence with it. The original findings of this study, corroborating this positive association between religiosity and breastfeeding, showed that the Qatari mothers I interviewed have a strong desire to engage in breastfeeding that is in line with the guidelines of the Quran, as they strive to achieve the status of a ‘good mother’ in the context of Qatar. Since the Quran lays emphasis on uninterrupted care of children in the first two years, this is interesting from both a matricentric feminist and an Islamic perspective. Hay’s (1996) critiques of ‘intensive mothering’ ideology described the tensions mothers experienced between being a good mother and being an ideal worker, and how these ideals can come into conflict in any context. My thesis showed how, within the Islamic context found in Qatar, these tensions are exacerbated as the mothers sought to fulfil their perceptions of what a ‘good Muslim mother’ looks like according to the Quran, and, at the same time, felt that their qualifications and years of study should not be wasted, as expressed by Farah: “*I didn't waste these years in vain*” (see section 5.2.1). From a matricentric feminist perspective, the participants’ responses showed that the Quran centres children, but that it advocates a specific vision of mothering that is not easily combined with work, as the analytical chapters portrayed.

In Chapter Five, I showed how Qatari mothers felt pressured to participate in the workforce, either to be a role model to their children or to be dual earner in the family.

Moreover, some mothers' accounts highlight the contradiction in social perceptions, that mothers must be caring and selfless while raising young children, yet competitive and ambitious at their jobs (Hays, 1996). I also found that working mothers are concerned about being negatively judged if they are working for personal fulfilment, rather than solely upholding the standards of motherhood. This unrealistic expectation and perception of an ideal good Muslim mother led mothers to feeling stressed and guilty, due to an inability to meet the expectations of motherhood. It is evident that the old social perception that being a good Muslim mother is by staying at home and caring for the children have changed, and today being a good mother means to take care of the children *and* engage in the work force to improve one's family's life and wealth.

While previous research studies have made attempts to highlight some of the benefits of breastfeeding in a wide range of contexts, barely any have explored the issue in relation to feminism, religion, and the unique requirements of employment. This thesis, therefore, makes a major contribution through its framing of these issues, drawing from theories such as matricentric feminism and intensive mothering, and Islamic religious doctrine, in a way that foregrounds the sharp contradiction between ideals of Islamic motherhood and modern workplaces in this Islamic country. Modern workplaces, and capitalist society on the whole, do not consider mothering and their derivative dependence as of central importance or concern. As a result, despite the fact that mothers want to achieve both the statuses of 'ideal worker' and 'good Muslim mother', they find it impossible to achieve both effectively as a result of the conflicting objectives of work and mothering, particularly in the Islamic context. This research goes beyond the current literature, by combining multiple feminist theories in identifying the expectations of breastfeeding of the Qatari working mothers interviewed, the failure of organisations in promoting the achievement of these wishes, and the subsequent contradictory

stressors for working mothers. A key takeaway from this evaluation is that organisations need to consider the choice and wishes of mothers and the dependency of the infants, as highlighted in the Quran, and develop strategies to ensure that both are respected and protected.

8.2.1 Thesis Contribution to the Literature

As highlighted in the above section, the first major contribution of this thesis to empirical research is that it combines feminist theories with religious doctrine in understanding the breastfeeding experiences of Muslim mothers in Qatar. Breastfeeding promotion as it features in sacred Islamic texts was useful in understanding the influence of religion and employment on specific aspects of Muslim mothers' lives in Qatar. Limited research has explored the experience of working mothers in relation to their breastfeeding and beliefs (Jessri, Farmer and Olson, 2013; Lundberg, 2018; Anggraeni, Punthmatharith and Petpichetchian, 2020), however, very few studies addressed the gap between this religious practice, and employment laws and conditions from Muslim mothers' perspectives.

Furthermore, the inclusion of religious texts in this thesis sought to recognise the voices of Muslim mothers, mothers that are centred within a matricentric feminist perspective. The voices of mothers who hold religious beliefs are voices from non-Western contexts that are less-heard within feminist thought, and tend to be caught in a feminist 'blind-spot'. There is a need to foreground such voices, as women's belief is an important aspect of their identity and their lives. This thesis presents a narrative that is grounded in the voices and experiences of Muslim mothers, which aims to capture the complexities and nuances of their lived experiences as mothers and workers. It also represents a call for Islamic feminists to seek justice for these Muslim mothers, empower them and add their concerns to their agendas within Islamic

contexts. In order to empower mothers in their choices, roles and desires, there is a need to address their unique needs in the workplace through proper maternity leave provision, provision of facilities for expressing breastmilk, and to create an environment that is conducive for breastfeeding mothers. That is why most interviewed mothers showed dissatisfaction with their experiences with breastfeeding after returning to work, because of the contradictions between their beliefs and the current policies in their workplaces. This thesis shows that consideration for religious and social norms is necessary for the application of feminist theories in research, because issues related to gender are a strong component of cultural norms and religious doctrine in most societies, and context matters.

8.3 Response to the Second Research Question

2. How do the mothers I interviewed experience employment and breastfeeding as Muslim mothers, and what challenges do breastfeeding working mothers in Qatar face when they return to work?

The second research question sought to identify the ways in which breastfeeding mothers in Qatar experience employment and breastfeeding, and the challenges they encountered when returning to work. In many cases, breastfeeding becomes extremely difficult when returning to work, hence Qatari working mothers face unnecessary challenges which reflect the lack of understanding they face in a patriarchal labour market. While some mothers cease to breastfeed completely sometime after returning to work, the information presented by the study participants shows that most strive to continue breastfeeding as recommended in the Quran after they return to work.

From the responses by the participants, many mothers, in their efforts to be ‘good Muslim mothers’ in line with the requirements of Islam, have been compelled to do what they can to engage in breast pumping even in the face of a lack of supporting facilities. Based on the interviewees’ experiences, it is clear that some mothers, for example, reported locking themselves in offices or using bathrooms for breast pumping (see Chapter Six, section 6.2.1). Despite the fact that breastfeeding and all related activities are sufficiently supported in the Quran, it emerges that these breastfeeding mothers interviewed in Qatar are still considered social pollutants in line with the argument on the maternal body presented by Gatrell, Cooper and Kossek (2017). In many cases, for example, working mothers in Qatar are not supported by their colleagues and managers (Section 6.1). Furthermore, the lack of a matricentric feminist focus in organisations means that internal organisational stakeholders, such as managers, fail to consider the special needs of mothers, hence the lack of necessary facilities such as lactation rooms (see section 6.2.1).

The mothers interviewed in this study showed a strong desire to give their undivided attention to breastfeeding and caring for their infants, as the Quran and Islamic doctrine recommended. However, their simultaneous desire to work makes it difficult to adhere to the teachings of the Quran. As a result, the findings in this thesis show that empowering and centring the mothers’ choices and desires in the public sphere could make it possible for mothers to achieve their breastfeeding and mothering objectives. In line with the maternal body argument presented by Gatrell, Cooper and Kossek (2017), it emerges that workplaces in Qatar have not considered women’s needs once they become mothers, despite the religious and cultural context within which they return to work. This has led to negative perceptions against working mothers who engage in activities related to breastfeeding, such as pumping. Such perceptions make mothers feel ashamed, especially when they are engaged in breastfeeding-

related activities in the workplace. Generally, this evaluation shows that the short duration of maternity leave has increasingly made mothers feel self-conscious and sometimes ashamed when engaging in any activity related to breastfeeding. If the mothers were granted more extended maternity leave, it would spare them from these tensions and unpleasant experiences.

Adherence to breastfeeding guidelines is undermined by the unsupportive work environment in Qatar, which does not prioritise the interests of breastfeeding mothers, who are subject to a derivative dependence, that of the child as highlighted by Islamic teaching. One of the challenges found in this research, the stigma associated with the breastfeeding in the public sphere, exposes breastfeeding mothers to further tensions despite the Quran's and Islam's teachings which encourage breastfeeding in this Islamic country. For example, some mothers avoided pumping in the workplace, while others concealed their practice to avoid being stigmatised. For some other mothers, the stigma of breastfeeding in the workplace, modesty, and the sexuality of breast in the public sphere informed their decisions to avoid pumping breast milk in the workplace. Moreover, due to the modesty of Muslim mothers, some of mothers interviewed were embarrassed to communicate their concerns to their male managers, which exposed them to further tensions and struggle. All these issues suggest that two months maternity leave, which is not consistent with Islamic teachings, only causes more anxiety and tensions to the Muslim working mothers I interviewed. All these fundamental flaws in the legal provision suggest that their experiences are at odds with their entitlements and exacerbate the challenges working mothers encountered.

The increased participation of Qatari women in employment has increased the need for working mothers to express breast milk in the workplace, especially given the short maternity leave allowance. Expressing milk is necessary, especially in the early post-natal period, since it enables the mothers to achieve the necessary hygiene levels in the workplace by avoiding

leakage. It also enables the mothers to store the milk for use by the infant when the mother is not available to breastfeed. However, the research findings show that Qatari workplaces have not made sufficient investment in providing private rooms for breastfeeding mothers to pump. Organisational policies that and facilities to take care of the interests of breastfeeding mothers are missing in the context of Qatar. The findings show that the challenge originates from the lack of changes to design principles for workplaces to accommodate the interests of breastfeeding mothers. Rather than a lack of resources, this problem is evident from the reality that some workplaces have established smoking zones for men, but have failed to set aside facilities for women to breastfeed or express milk. It is evident that even if breastfeeding mothers choose to return to work after maternity leave, the workplace is not equipped to welcome them. Qatari mothers I interviewed were pumping in unclean and unhygienic places such as the bathroom. Additionally, even though some mothers communicated their needs to have a proper place to their employers, their needs were neglected and ignored. In some cases where such facilities were provided from repurposed space, the locations lacked privacy, which is necessary for the comfort of the mothers. Since most organisations in Qatar are, to some extent, governed by Islamic principles, then it would be reasonable to assume that they would put in place all requirements to ensure employees can comfortably meet all the requirements of Islam.

This study shows that Qatari workplaces are male dominated, and male religious duty in terms of prayers is accommodated. However, the mothers and mothering duties in Islam are not accommodated. This highlights the discriminatory practice towards Muslim mothers in Islamic workplace contexts, which reflects the tenets of the theory of the gendered organisation, which generates an inequities regime, specifically under the gender domain. Due to this inequities regime, the needs and concerns of breastfeeding mothers are either overlooked

completely, or are not addressed properly, increasing the gender gap in the context of Qatar. Therefore, providing sufficient maternity leave can help mothers who choose to breastfeed and follow the Islamic doctrine, sparing them such difficulties, discrimination and unpleasant experiences. Previous research studies such as Al-Katufi et al. (2020) has confirmed that indeed breast pumping is a practice that has been necessitated by the increased participation of mothers in the workplace. The identification of this practice in different contexts is an indication that pumping, as one of the main practices related to breastfeeding, is not limited to Qatar but occurs everywhere, as long as women are involved in the workforce. An important consideration at this point is how breast pumping in Qatar differs from that in other countries.

Qatar has actively sought to increase the number of women participating in the workforce, however, most organisations do not have the necessary facilities to support women's maternity-related needs upon their return to work. It is evident that this situation exacerbates the challenges for Muslim breastfeeding mothers, given the short duration of maternity leave and the Islamic teaching to breastfeed. This thesis makes a significant contribution to the previous studies by proving that, indeed, there are no rooms with sufficient privacy in most organisations in this Islamic country to allow mothers to engage in breast pumping while at work. In addition, this thesis shows that the short period of maternity leave has promoted the adoption of new practices such as breast pumping by some Qatari mothers in different work contexts, in contrast to the social and religion expectations to stay close to the children to breastfeed. However, the country's historically patriarchal tradition explains why most workplaces do not, yet, have the necessary provisions to support activities related to breastfeeding, such as breast pumping.

The other issue that contributes to unpleasant experiences is the lack of consideration and support for breastfeeding mothers who are entitled to nursing hours. The lack of support arises from the perspective that the mothers do not fit the 'ideal worker' image, for whom the organisation is willing to make the right sacrifices. Since they do not fit this image, breastfeeding mothers have found it challenging to get accommodations in the workplace to facilitate breastfeeding. In contrast, male employees get accommodated in terms of their need to take smoking breaks. For example, being entitled to one or two nursing hour(s) exposes breastfeeding mothers to unnecessary tensions and challenges, since it appears more like a symbolic gesture than a measure to accommodate the needs of the breastfeeding mothers. In most organisations, there are no sufficient guidelines on how the work of breastfeeding mothers should be handled or reallocated when they make use of this provision. These practices have been found in this thesis to highlight discriminations towards mothers in the workplace. The challenge of taking the nursing hours to which breastfeeding mothers are entitled, exposes them to levels of discrimination which include unequal treatment, and lack of support from managers and colleagues in organisations (see Chapter Six, section 6.2 and 6.3 and Chapter Seven, section 7.2.1 and 7.2.2). For example, although breastfeeding mothers are allowed to leave work early, there are mostly no provisions for how their work will be handled, and harsh treatment by managers may prevent them from benefiting from this provision. Mothers are compelled to do the same amount of work they used to do in seven hours in a very short time, thus exposing them to burnout. Moreover, some mothers interviewed expressed their concerns that these nursing hours are not fully dedicated to breastfeeding, as they had to spend so much time commuting to get to work on time. From these accounts, it is evident that the nursing hours are not adequate to support working breastfeeding mothers after such a short maternity leave, and

increasing the duration of maternity leave instead, would spare them from these challenges which they face in a patriarchal labour market.

Finally, the findings show the unique scenario facing breastfeeding mothers working in large firms in the private sector. Based on the findings from past literature, large firms tend to have sufficient resources to accommodate the needs of breastfeeding employees, while firms in the private sector are more inclined than those in the public sector to accommodate the needs of women as a way of shoring up their reputation. The findings highlight that the multiplicity of challenges facing women indicates the extent to which the organisational environment in Qatar differs from other locations.

8.3.1 Thesis Contribution to the Literature

Resonating with intensive mothering theory, when a working mother is expected to provide care to the infant as if she does not work, the employers expect her to be economically productive as if she did not have caring responsibilities (Hays, 1996). Contemporary Qatari workplace settings and policies do not recognise working mothers' concerns and needs, thereby denying the dependency of their children, as emphasised in the Quran. As the Islamic teachings and the Quran centre the child's need to breastfeed and be cared for, this serves to increase the tensions Muslim mothers encounter while working. Therefore it is evident that the modern workplace has subjected working mothers to job requirements and policies which affect the mothering work they wish to do, and which contradict with their traditions and religious duties as Muslim mothers. The combined demands of childcare and employment subjected Muslim Qatari working mothers to various stresses and tensions, and created unnecessary pressures. The changes are indicative of the transformations in Qatari society, which have led to the

emergence of novel challenges, hence the need for new solutions. The most viable explanation is that most Qatari mothers are committed to being the ones to provide nutrition to their infants, despite their professional commitments. While the option of milk banks is widely used elsewhere, these women do not perceive it as viable. This indicates the extent to which the conception of breastfeeding and mothering has changed in the country.

Moreover, the Islamic religion highly regards motherhood and considers it divine and sacred, therefore, Muslim women enter into motherhood to fulfil their holy calling. According to O'Reilly (2016, 2021), mothering is just a societal responsibility bestowed on women for religion, culture, and political fulfilment to be considered part and parcel of the wider society. Further, despite strict social and religious norms around motherhood, mothers are also encouraged to participate in the labour force. However, Islamic teaching advocates that mothers remain the key players in fulfilling important parenting responsibilities. Therefore, Qatari working mothers are primary infant caregivers and are expected to breastfeed them for a period not less than two years. It is evident that these expectations add more pressures on working mothers in Islamic countries. As such, mothers' concerns and needs should be integrated into workplace policies, to help ease the mothering load on Qatari working mothers.

The findings show that apart from flaws in the national laws, respondents stated that some of the challenges they have to deal with are related to the internal policies of the organisations in which they work. These policies emerge from improper application of the laws, as well as from patriarchal perspectives in the decision-making processes. Generally, it is evident that most of the respondents felt that their organisations over-burdened them with excessive workloads, and they had to complete as much work and perform to the same standard as they did before having a child, in spite of the need to take nursing hours. This arises from the reality that while the law provides for nursing hours, there must be measures to account for their

lack of availability in the workplace. As a result, the implication is that while the need for nursing hours is recognised, there is no provision for how that time is translated into reduced workloads. The most probable explanation for this situation is that the nursing break is modelled around other types of regular breaks in the workplace, such as lunch breaks or smoking breaks, that predate the entry of women into the workplace. However, breastfeeding breaks are different since they entail a completely different set of actions, and the goal also differs. More specifically, it is clear that many HR policies in organisations are general, and do not take a matricentric view of the treatment of breastfeeding mothers. In addition to their failure to provide organisational resources to assist mothers in activities such as breast pumping, the lack of a matricentric feminist approach is seen in the fact that existing laws do not make any other special provisions for breastfeeding mothers. For example, the workload supposed to be borne by these mothers is still as high as that borne by other employees. For that reason, human resource policies expose mothers to challenges associated with job-related stress and burnout, which further make it difficult to breastfeed their children while working.

8.4 Response to the Third Research Question

3. To what extent do current policy provisions and employer practices meet the needs of Muslim working women who want to continue breastfeeding upon return to work?

The findings show that the current policy provisions and employer practices are not primed to meet the needs of Muslim working women from Qatar who plan to continue breastfeeding after returning to work. A number of rationales explain this position. First, evidence is apparent from the duration of maternity leave, which is limited to two months. The duration does not take into account the diversity of outcomes that can necessitate longer stays,

such as medical challenges facing mothers and infants. The policy is based on the assumption that in two months, mothers will be ready to return to work and fit into the shoes of a model employee. Responses from Qatari working mothers involved in this study show that, indeed, the short duration of maternity leave which is inconsistent with Islamic teaching has a profound adverse impact on their breastfeeding practices, and they felt that they had to wean their infants upon return to work. First, it emerges that breastfeeding for two years becomes challenging, if not impossible for working mothers. In the general context, for example, the evidence presented in research studies such as Mandal, Roe and Fein (2010), and Al-Katufi et al. (2020), shows that cessation of breastfeeding is one of the immediate outcomes of going back to employment following a short period of maternity leave. In the specific context of Qatar, and adding to the current literature, details presented by the interviewed mothers show that indeed, the short duration of maternity leave did not meet the needs of mothers who wanted to follow the Quran's teaching to breastfeed and as a result they were subjected to various stresses and tensions (Chapter Seven). Notably, mothers who stopped breastfeeding were not able to take an extra leave beyond the maternity leave to which they were entitled, compared to their counterpart breastfeeding mothers who managed to take additional leave. Current maternity policy therefore failed, and ignored the interests of, breastfeeding mothers, which made breastfeeding very difficult for them. As a result of such failure to meet the needs of breastfeeding working mothers, in line with Islamic teaching, breastfeeding rates among Qatari mothers is likely to remain low while their participation in the workforce is increasing (Chapter One, section 1.1.3 and Chapter Two, section 2.5).

Second, the working mothers interviewed for this study are compelled to leave their children only two months after birth due to the short period of statutory maternity leave. The challenge of this situation is exacerbated when mothers' belief systems and the Islamic

teachings require them to centre their children and provide them with breast milk and caring. This separation is found to contribute to stress and tension for mothers, which in turn translates to a number of problems. On the one hand, it contributes to job dissatisfaction that manifests in different ways. On the other hand, it limits the ability of the mothers to provide the additional care that is delivered within the context of nursing the baby. With the conception of breastfeeding in contemporary Islam as involving wet nursing by the mother, many mothers were able to bond with the infants and manage their growth in a personalised manner. The inability to provide such care leaves most women feeling that their infants are missing out on certain aspects of childcare at a time when they need it most. Consequently, most of the mothers I interviewed resented their employers and hated their jobs, and some suffered horrific circumstances because of this separation and mismatch between Quran doctrine and organisational policy, such as in Nahed's case, who had to return to work while her child was in NICU, as described in section 7.3.1. The current law in Qatar that requires working mothers to leave their infants after only two months, therefore, increases the chances of mothers developing stress and depression, which affects their ability to perform as well as other employees at work. The findings emphasise that early separation from their infants has been associated with adverse psychological outcomes for mothers, such as stress and anxiety, which increase the likelihood of them suffering from anger and depression as shown in Chapter Two, section 2.2.2.

An important question is what happens when other commitments undermine the ability of mothers to be close to their children and provide them with the necessary nutrition through breastfeeding, as instructed by God. From the interview responses, many mothers reported feeling sad, tense, angry, anxious, and stressed when job demands compelled them to leave their children for work, and as a result led them to wean their children. One key feature of

intensive mothering ideology, as pointed out by Hays (1996), is the contradiction between cultural commitments and employment, which is here exacerbated through the religious context in which these women work and mother. Similarly, the work policies offer only short maternity leave and demand that mothers return to work and perform like they have not just given birth. Second, they subject to religious expectations to breastfeed and care for their children as if they do not have other work commitments.

Third, the mothers interviewed in this study show the ways in which professionalism and productivity are juxtaposed with motherhood in the workplace. Their accounts show how Qatari workplaces do not appreciate the entirety of the needs of mothers with infants. Evidence provided by the respondents shows that working mothers in Qatar are, in many cases, viewed as less valuable employees. This is in line with Acker (2006), and Gatrell, Cooper and Kossek, (2017), who argue that ‘maternal’ bodies and their ability to procreate, breastfeed and care for children lead to their exclusion from the public sphere. By taking part in employment, it is evident that mothers have a strong desire to fulfil their religious duty as hardworking individuals, however, this desire is found in this research to undermine their ability to fulfil their other religious requirement, which is to breastfeed and nurture their children as they wish. Discrimination against mothers with infants or pregnant women is also another important issue highlighted by the respondents. Mothers reported that they have witnessed their employers deny employment opportunities to mothers with children in interview, regardless of their skills and competencies. Therefore, from a matricentric feminist perspective, current modern workplace settings do not recognise appropriately the other role of women, and more specifically the embodied ways in which becoming a mother brings with it a specific vulnerability and associated derivative dependencies, to which mothers are bound (see e.g., Kittay, 1999 on derivative dependency). The Quran, as well, is fully centred on the child, and identifies the

mother as the sole and central caregiver. However, employers in Qatar do not consider the needs of mothers, given the central role bestowed to motherhood in the Quran and the central role of the Holy Quran in organising society and cultural life in Qatar. Moreover, despite the fact that Qatari human resource law insists that priority in employment should be given to individuals who satisfy the qualifications and conditions required for the position, regardless of their gender or marital status, evidence provided by the Qatari mothers involved in this study shows that mothers with young children are discriminated against in the hiring process.

Fourth, the findings in this research also show that, similar to national policies, the formal and informal practices within organisations can lead to discrimination against mothers with infants. Mothers in this study disclosed that, although the State of Qatar granted mothers two nursing hours to breastfeed their children or look after them at home, they were not always able to benefit from this provision as a result of the lack of understanding and support from colleagues and managers. The findings of this thesis show that most other employees and managers are unwilling to support their lactating colleagues in the workplace. The results show that breastfeeding mothers hardly receive any professional or moral support from their colleagues and superiors at work. Even more disturbing is the fact that these mothers are treated as social pollutants, which further undermines their ability to receive support from their colleagues (Gatrell, Cooper and Kossek, 2017). As a result, many breastfeeding mothers reported experiencing social and professional isolation in the workplace. In contrast, the teaching in the Quran, as pointed out by Firoozabadi and Sheikhi (2015), states that Muslims, specifically men and fathers, are required to support mothers with infants throughout the breastfeeding period. However, research evidence drawn from the interviews shows that most managers and employees in contemporary Qatari organisations are more focused on achieving the status of the 'ideal worker' (Acker, 2006), as opposed to satisfying religious demands.

Working mothers interviewed in Qatar faced varying levels of isolation in the workplace as a result of their unique needs, that do not fit the characteristics of the outdated notion of an ‘ideal worker’. The requirements such as shorter working hours and maternity leave mean that breastfeeding mothers are often viewed as a burden in the workplace, both by their colleagues and their superiors, which further exacerbates the level of stress they experience at work. This is in line with Gatrell, Cooper and Kossek (2017), who argued that women are most likely to be undervalued by employers and co-workers due to the negative perception of mothers at work, and due to maternal bodies being seen as unstable and taboo.

From this finding, it emerges that, in addition to organisations in the country departing from the teachings of the Quran when it comes to supporting breastfeeding mothers, employees, employers and policymakers are increasingly focusing on economic outcomes rather than religious mothers’ needs and concerns, hence their apparent unwillingness to support breastfeeding mothers as prescribed in the Quran. In the process, they further overlook some aspects of the economic benefits that are found to emerge from the commitment of female employees in the workplace (based on the presumption that they will be supported and accommodated as and when they most need support, such as during breastfeeding), as well as the benefits from increased job satisfaction for women who are accommodated in the workplace, as predicted by Wallenborn, et al. (2019) and Whitley, Ro and Choi (2019). Therefore, lengthening statutory maternity leave provision beyond the current two months, and enhancing the two hours nursing per day with considerable provision including but not limited to working from home, will ensure that mothers can return to work without experiencing this kind of conflict between work and breastfeeding demands.

8.4.1 Thesis Contribution to the Literature

Intensive mothering theory, as described by Hays (1996), and Hallstein (2006), argues that culturally, mothers are expected to be the central figures in the provision of care to infants, but at the same time they have to disavow this status at work. Evidence provided by the interviewees shows that the centrality of Qatari mothers in the provision of care to infants is elevated by the Quran and religious doctrine in Qatar, and yet undermined by the need to return to work after two months. From this finding, it is plausible to argue that returning to work makes it impossible for working mothers in Qatar to play the central role in the development of their children as they wish and believe is right. Cessation of breastfeeding is one of the most evident negative outcomes of this departure from Islamic mothering in the Qatari workplace, as shown in Chapter Seven. The situation in Qatar, wherein mothers are expected to return to work only two months after giving birth, shows the fact that the responsibility for breastfeeding a child, as prescribed in the Quran, is nevertheless not socially valued in the modern workplace in this particular context. This research, therefore, shows that the departure from Islamic doctrine which inspires Muslim working mothers to breastfeed in the current workplace policies can cause dire consequences for mothers in this Muslim context.

From the multiple intersecting layers of context, while there is widespread recognition of the effects of the global layer of contexts, it is necessary for changes at the national and institutional levels to be effected to accommodate the needs of breastfeeding mothers. The global context relates to the prominence of the views regarding the mandates for mothers to breastfeed infants for two years, which is integral for their physical, physiological and psychological development. The role of religion and culture in guiding the actions of breastfeeding mothers is supported by science (WHO, 2015; ‘WHO | World Breastfeeding Week’, 2016; Victora et al., 2016; Hay and Bærug, 2019; Khasawneh et al., 2020; Wiciński et

al., 2020; Verduci et al., 2021). At the national level, the existing laws are designed in a manner that limits the ability of women to fulfil the Quran's mandate. These laws, specifically the guidelines on maternity leave as well as the rights of women in the workplace, should be adjusted in a manner that reflects the interests of the mothers. While this proposition is necessary, it is provided with the recognition that at the institutional level, managers' concerns have some merit. However, from the WLB perspective, the accommodations provided to mothers are found to enhance their level of job satisfaction, which can translate to improved performance in the workplace. As a result, the country must identify ways to adjust the laws in a manner that accounts for the interests of the organisation, as well as the needs of the mothers.

8.5 Conclusion

The overall aim of this thesis is to recognise the breastfeeding experiences of working mothers in Qatar when they return to work from maternity leave, from an Islamic perspective. In traditional Muslim culture, men focus on providing for families while women give birth and take care of children. Patriarchy in Qatar has, therefore, resulted in a situation in which women have been underrepresented and discriminated against in employment for a very long time. Recent reforms in education and employment in line with the Human Development in strategy in Qatar Vision 2030 and the Qatarisation strategy have led to a significant increase in the number of women participating in employment. For that reason, contemporary Qatari workplaces have a much larger number of women employees than in the past. Mothers have a number of unique needs that need to be considered in workplaces. In addition to giving birth, mothers are still tasked with the responsibility of nurturing and taking care of their children, despite their increasing participation in the workforce. For that reason, provisions for maternity

leave and breastfeeding in the workplace context are increasingly becoming important in Qatar. Policymakers and organisational leaders are increasingly required to create maternity policies that promote the specific interests of mothers with children, such as breastfeeding, that is in line with the Islamic doctrine.

Previous research studies evaluated in the literature review in Chapter Two show that breastfeeding is important for infants, mothers, organisations, and entire communities. Breastfeeding is also very important for Qatari mothers in the context of Islam, because it is an order from God. A wide range of research studies shows that breastmilk contains numerous nutrients that are essential in the development of an effective immune system in infants. As a result of breastfeeding, therefore, mothers are able to ensure their infants are protected from a wide range of infectious diseases. For mothers, research evidence shows that breastfeeding significantly reduces the likelihood of breast cancer and of postpartum depression. For organisations, mothers that are allowed sufficient time to breastfeed are generally more productive than the ones that are not allowed sufficient time to breastfeed their infants. Evidence presented in this thesis shows that, indeed, stress and other adverse emotions such as anger are observed among mothers who are forced by work demands to be away from their infants. Such emotions undermine their ability to carry out their duties as effectively as other employees. Overall, the literature review shows that breastfeeding has a wide range of benefits, but importantly in this context, it has a religious role, and so working mothers should be supported in breastfeeding, alongside the demands of their jobs, in their workplaces. However, there are hardly any research studies that have investigated the experiences of Qatari mothers with breastfeeding after returning to work from a maternity leave so short that it contravenes Islamic teaching.

Since this thesis focuses on the needs of women exclusively, it was argued that feminist theories would be the best suited theoretical framework to apply to the analysis of the data. Overall, therefore, feminist theories enabled me to combine theory and Islamic doctrine, which plays a very important role in the social life of Qatari mothers, and in explaining their experiences with breastfeeding in the workplace. The participation of mothers in professions that ignored their needs and concerns seems to threaten their core values of mothering and motherhood as underscored in Islam. These elements tend to have more intense impacts on Muslim mothers than any other mothers. This framework provides a unique opportunity to explain the different perceptions of mothers, employers and colleagues towards breastfeeding mothers, and the associated experiences in the Qatari workplace context.

A qualitative research methodology was found to be the most appropriate for addressing the overall aim of this study, since this research evaluates a social phenomenon that is best addressed through the subjective interpretations of people that have lived through the issue being researched. As such, only Qatari working mothers who initiate breastfeeding and have taken maternity leave in the past were involved in this study. All of the responses were stored, and later the excerpts were translated into English, and used in the analytical chapters.

The data analysis first shows that religion has a very strong influence on the breastfeeding practices of the Qatari mothers interviewed. The Quran demands that any good mother should breastfeed her infant. Most of the respondents involved in this research study showed that they are aware of the existence of such guidelines in the Quran and had a strong desire to follow them. It is established from the interviews that most working mothers have a strong desire to be good Muslim mothers in line with teachings in the Quran. If it was up to them, therefore, they would breastfeed their infants for up to two years. However, the reality of employment conditions in Qatar does not allow such a long period of breastfeeding, as only

two months of maternity leave is provided in the country. With their desire to be good Muslim mothers, employment policies in the country put mothers in a difficult position, whereby they have to choose between staying with their infants to be ‘good Muslim mothers’, or returning to work with the aim of being viewed as reliable and ideal workers. Some of the interviewed mothers had to apply for extra leave to stay with their infants and to achieve their breastfeeding goals which align with their beliefs. Other mothers stated that work demands compelled them to leave their children after only two months, creating a conflict with the requirements of their religion.

This thesis also shows, due to their inability to be with their infants after returning to work, employed mothers I interviewed in Qatar are increasingly being compelled to pump breastmilk for their infants while at work. One of the main challenges found in this regard is that there are hardly any provisions for breastfeeding mothers who need to pump, such as a clean, private room. Furthermore, the workplace culture in many organisations is not supportive of breastfeeding. Many workers and employers have negative perceptions towards the maternal body and hence on many occasions refused to support breastfeeding mothers. The lack of privacy thus makes it very uncomfortable for mothers to pump in the workplace. The findings of this thesis show that mothers have also faced discriminatory treatment as a result of expressing breast milk for their infants in the workplace. These findings indicate that the maternal body is viewed by others to be a social pollutant, hence the lack of support for breastfeeding mothers in the workplace. The findings additionally show that when special provisions such as shorter working hours are made for breastfeeding mothers, other employees view these as a form of favouritism, which further increases their marginalisation in the workplace. Generally, it is established that, despite the fact that Qatar has made significant progress in including women in the country’s workforce, there are no special provisions to deal

with the unique needs of mothers, such as breastfeeding. This causes mothers to be in constant tension as they strive to address their maternal obligations in line with Islamic doctrine, while at the same time achieving their employment objectives.

8.6 Limitations

There may be some possible limitations in this study. This thesis focuses on data acquired from fifty Qatari breastfeeding mothers. It is a qualitative work and so does not allow for generalisations or for me to extrapolate about the experiences of women more broadly. Nonetheless, it provides in-depth insights into the kinds of challenges working women who breastfeed their children encounter and in this way can inform policy and practice. The data analysis shows that breastfeeding in the workplace is influenced by a wide range of factors that involve other stakeholders. First, the Quran specifically states that mothers should be given sufficient time to breastfeed and supported by other members of society. On the other hand, the contemporary secular world expects the full participation of women in the workforce so that they can contribute to household incomes and as 'success' now is measured as an accomplishment only in the labour market rather than the private sphere. In that regard, although the mothers in Qatar I interviewed wanted to raise their children according to Islamic guidelines, they also wanted to participate in employment. Despite being an Islamic country, national policy on maternity leave does not appear to be guided by Islamic doctrine. Although the specific focus of this research is to establish the experiences of mothers after returning to work from maternity leave, it does not provide a broader picture of why policy reforms or the legal framework of Qatar have not considered the optimal amount of time for breastfeeding. This is an opportunity for further research to survey or interview policymakers in Qatar and to

ask why they have not focused on providing sufficient time for working mothers to return to work while breastfeeding, in line with the requirements of the Quran.

In addition, interviewing others at work as well as employers and their views on breastfeeding was also beyond the scope of this thesis. Similarly there was no scope to interview human resources (HR) professionals or professional bodies in Qatar such as the HR Forum or Qatar Society of HR professionals to canvas their perspective on women's maternity rights in the workplace.

Third, the use of the insider-researcher approach in data collection is associated with several bias-oriented drawbacks. Possible biases may develop in the use of the snowballing approach to recruiting study subjects, in the collection of data and finally, in the analysis. While the researcher took measures to ameliorate those weaknesses, the possibility of some such effects creeping in must be considered.

Finally, it is impossible to establish whether all the breastfeeding experiences shared by working mothers in this thesis are caused solely by employment. For example, the findings of this research show that working mothers experience high levels of stress as a result of the inadequate support they receive from their colleagues and managers at work. A question that might be asked in relation to this finding is, 'Is this perceived lack of support exclusive to the workplace context?'. The most probable answer to this question would be no. However, to provide details on the differences in experience between employed and unemployed mothers in Qatar was also beyond the scope of the thesis. Going forward it would be important to work with policy makers and employers to consider ways forward.

8.7 Recommendations for Policy, Practice and Future Research

8.7.1 Recommendations for Policy

One of the main highlights of Qatar in recent years is that it has been able to establish and implement laws that have increased the participation of women in the workforce. For that reason, Mitchell et al. (2015) reported that the number of employed women in Qatar has increased significantly over the past decade. Despite achieving inclusivity in overall employment policy, most of the interviewed Qatari mothers emphasised that the current laws in Qatar only allow mothers at most 60 days of maternity leave in the public sector and 50 days in the private sector. This provision is inadequate and not aligned with the Quran's advice. Being a Muslim state, therefore, it follows that laws in Qatar should, to some extent, be guided by Islamic guidelines. However, the fact that breastfeeding mothers are allowed only two months of maternity leave, which is much less than two years of breastfeeding recommended in the Quran, makes it extremely difficult for them to achieve the 'good Muslim mother' status described in the Quran. The inadequacy of the Qatari laws is evident from the fact that they consider neither scientific facts nor the Quranic doctrine of breastfeeding.

This thesis highlights the misalignment between national policy on maternity leave, and the amount of time women are instructed to breastfeed by the Quran. Despite breastfeeding for two years of a child's life being supported in Islamic doctrine, by the WHO and in a wide range of research studies, as detailed in Chapter Two, maternity leave is woefully inadequate. Although the Qatarisation strategy is meant to encourage more women to participate in the private sector, the shorter maternity leave in the private sector could potentially make the sector less attractive to women in the country. Denying mothers a sufficient period of maternity leave, in addition to making it impossible to meet the requirements of the Quran, denies both mothers

and their infants the numerous benefits of breastfeeding identified in Chapter Two. Policymakers in Qatar, therefore, need to reconsider maternity leave laws in the country so as to align them with the Holy Quran's recommendations. The abundance of theoretical and empirical research evidence offers a viable basis for this proposition. Leaders in the country, in collaboration with religious scholars, key corporate leaders, and human resource managers of big organisations, should develop new policies on maternity leave that are more aligned with religious doctrine. More specifically, the length of paid maternity leave should be extended to at least to six months to allow more time for breastfeeding, and in the following six months mothers should be allowed flexible working such as from home. As the part-time option is still underway, it is too early to examine its effectiveness. However, it is still seen as an appealing option. These stakeholders should also develop general guidelines on the special provisions that organisations need to put in place in order to support breastfeeding mothers after they return to work.

Qatar can also introduce novel HR policies to enable employees to perform their responsibilities. First, for job sharing, arrangements are made for full-time jobs handled by women to be split between two or more individuals, and each is assigned a responsibility to ensure success. Job sharing has been applied in many organisations to enable employees to fulfil their work responsibilities while also handling other mandates, mostly in the short run (Dizaho, Salleh and Abdullah, 2017; Arunashantha, 2019; Marques and Berry, 2021). Job sharing presents a number of advantages to both the employee and employer. To the employer, it ensures that employees are available at all times and that work responsibilities are fulfilled. Similarly, since the employee is compensated on a part-time basis, it does not lead to unnecessary costs for the employer in terms of maintaining two employees for a single position.

To the employee, it offers them flexible working hours while enabling them to retain employment even when their availability drops.

Second, allow the female employees to work remotely to complete in-office working hours. Remote working has proven to be a viable complement and supplement to in-office working during the recent pandemic. In addition, the option to utilise remote working can offer breastfeeding mothers additional options for fulfilling their mothering duties and performing their professional commitments. These options are provided based on their utility in ensuring that the employees' productivity is not compromised while allowing breastfeeding mothers to fulfil their mothering duties.

8.7.2 Recommendations for Practice

It was established that there are numerous organisational failures when it comes to the treatment and support of breastfeeding mothers. The accounts of the participants show that many employees do not understand the extra responsibility that breastfeeding mothers have. This is why complaints of favouritism arise when breastfeeding mothers are allowed to leave work early to take their nursing hours. Employees and employers also marginalise and discriminate against breastfeeding mothers as a result resistance to the maternal body in the workplace. All these factors significantly undermine the likelihood of breastfeeding mothers being given professional support by their colleagues and managers. In order to overcome this challenge, longer maternity leave is necessary to enable breastfeeding mothers to avoid the negative situations such as being marginalised by other employees and employers, and suffering from burnout as a result of handling heavy workloads within a very short time. Employers should also recognise that policy-based guidelines are a minimum standard for application in

the industry or sector. As a result, it is incumbent upon them to customise the internal policies and practices to the needs and wants of the specific categories of employees, including breastfeeding women. For example, one way to customise the working hours for breastfeeding mothers is to recognise that their needs differ from those of women in the workplace. It is also necessary for employers to provide facilities for breastfeeding and expressing milk in the workplace, in line with the requirements for privacy and comfort. The challenge observed in this study is that in instances where such facilities are provided, they lack one or more key features, which limits their overall utility. As a result, it is necessary to establish design specifications that can enhance the utility of the facilities for mothers. Since such facilities may not always be in use at all times, arrangements for temporary use can be established. This will enable the organisation to avoid unnecessary opportunity costs from the idle space, while also providing accommodations for the needs of any breastfeeding women in the workplace.

The abundance of evidence on the adverse nature of experiences by breastfeeding mothers in the country highlights how dire the situation faced by breastfeeding women in the workplace is and why it is necessary for a multi-sector and multi-stakeholder approach to finding and implementing the solutions. The findings from the study, as well as evidence from literature in other locations, show the materialisation of a scenario whereby, while the problem is evident and widely acknowledged, there is a lack of political goodwill for implementing suitable interventions. This lack of impetus and political goodwill to adopt and implement the necessary solutions implies the need for the involvement of outsider stakeholders, such as through activism or the creation of novel alliances under the private and public sectors to ensure that solutions to the challenge are established. Such alliances can challenge longstanding socio-cultural norms since they highlight the persistent injustices facing a particular segment of the community, specifically those firmly embedded in the socio-cultural fabric. The involvement

of multiple stakeholders from the multiple layers of contexts (the global, national, and organisational levels) provides the basis for inclusivity in framing a solution to this persistent problem.

8.7.3 Recommendations for Future Research

The discussion of limitations, above, shows that this research has a number of shortcomings related to the scope of data collection. First of all, the evidence provided in this thesis shows that there is no alignment between the Quran's requirements for breastfeeding and the national policy on maternity leave or discrimination laws more widely. The policy dimension is indeed a very important part of research on breastfeeding practices in the Qatari workplace context. In addition to exploring the experiences of Qatari working mothers upon returning to work after maternity leave, future researchers should consider involving policymakers and Islamic leaders to establish why there is a discrepancy between national policy on maternity leave and religious doctrine. The involvement of Islamic leaders will enable an exploration of whether it is possible for Muslim women to adhere to the teachings of the Quran on breastfeeding with the current law on maternity leave in the country. Such a study will form the basis of making better recommendations on the kind of policy changes required in Qatar to allow mothers successfully engage in breastfeeding. The legal framework to support breastfeeding mothers at work should also be reflected in HR policy organisations. A useful study would be to involve organisations like the Society of HR professionals in Qatar in research into HR professionals views on policy and training in maternity leave and return to work arrangements which benefit Qatari women's welfare as mothers.

Additionally, a study of the perceptions of employees and employers towards breastfeeding mothers could provide some important insights not captured in this thesis. For that reason, instead of focusing exclusively on breastfeeding mothers, future researchers should consider involving employers and other employees, including leaders, to capture their experiences while working with breastfeeding mothers. Data from such participants would provide more accurate information on why some employers and employees appear to marginalise breastfeeding mothers. The data provided exclusively by breastfeeding mothers in this thesis shows that breastfeeding mothers are marginalised, since the maternal body is viewed as a social pollutant. Data from other employees could provide more insight into why this is the case. Alternatively, data from other employees might show that there are other intervening factors, such as religious teachings that discourage certain people from interacting closely with breastfeeding mothers. The findings of such a study would provide information that could make it possible to make much better recommendations on how to develop employee training programs in organisations to promote interpersonal support for breastfeeding mothers.

Finally, it is evident that, breastfeeding mothers do indeed face a wide range of challenges in their work environments. The data collected, however, does not consider the experiences of mothers who do not work outside the home in Qatar and so it is difficult to pinpoint which experiences are a result of employment, and which can also be observed even outside the employment context. In this regard, future researchers need to consider carrying out a comparative study in which they involve a group of unemployed breastfeeding mothers and a group of employed breastfeeding mothers. From such a study, it will be possible to identify the unique experiences of both groups with breastfeeding. The findings of such a study could show whether employment makes it more difficult for mothers to adhere to best practices around breastfeeding. The findings of such research would also be better positioned to identify

the specific ways in which employment influences the breastfeeding practices of mothers in Qatar.

Appendix A: University of Reading Ethical Approval Form



Henley Business School

Research Ethics Committee

Application for Research Project Approval

Introduction

The University Research Ethics Committee allows Schools to operate their own ethical procedures within guidelines laid down by the Committee. The University Research Ethics Committee policies are explained in their Notes for Guidance

(<http://www.reading.ac.uk/internal/res/ResearchEthics/reas-REethicshomepage.aspx>) .

Henley Business School (HBS) has its own Research Ethics Committee and can approve project proposals under the exceptions procedure outlined in the Notes for Guidance. Also note that various professional codes of conduct offer guidance even where investigations do

not fall within the definition of research (eg Chartered Institute of Marketing, Market Research Society etc). A diagram of the Research Ethics process is appended to this form.

Guidelines for Completion

- If you believe that your project is suitable for approval by the Research Ethics Committee you should complete this form and return it to the Chair of the Committee. Note that ethical issues may arise even if the data is in the public domain and/or it refers to deceased persons.
- Committee approval must be obtained before the research project commences.
- There is an obligation on all students and academic staff to observe ethical procedures and practice and actively bring to the attention of the Research Ethics Committee any concerns or questions of clarification they may have.
- Records will be maintained and progress monitored as required by the University Research Ethics Committee, overseen by the School Ethics Committee
- This form should be completed by the student/member of academic staff as appropriate. **All forms must be signed by a member of the academic staff before submission.**

- This form is designed to conform to the University's requirements with respect to research ethics. Approval under this procedure does not necessarily confirm the academic validity of the proposed project.
- All **five** parts of the form and **all** questions must be completed. Incomplete forms will be returned. Students should submit forms to their supervisor, who together with staff should pass these to the REC.
- **Student research projects** - initial approval may be given by the academic supervisor. **At the completion of the project students should submit a further copy of the form** to confirm that the research was conducted in the approved manner. **The project will not be marked until this form is received.** If in the course of work the nature of the project changes advice should be sought from the academic supervisor.

1. Project details

Date of submission: 24/06/2019

Student No.25824331

Title of Proposed Project:- **The Breastfeeding Practices of Qatari Working Mothers**

Responsible Persons

Sara Rashid Masoud S.R.S.A.Masoud@pgr.reading.ac.uk

Dr Evelyn Fenton

e.m.fenton@henley.ac.uk

Nature of Project (mark with a 'x' as appropriate)

Staff research

Masters

Undergraduate

Doctoral

MBA

Other

(Student research projects should be signed off in **section 2. 3** below by the supervisor)

(Staff research projects should be signed off in **section 2. 4** below by the Research Ethics Committee)

Brief Summary of Proposed Project and Research Methods

The present research study seeks to assess the breastfeeding practices and experiences of Qatari working mothers. A paramount concern of the study is to understand Qatari women's perspectives on the experience of breastfeeding in the workplace, with a particular focus on perceived levels of support for and/or challenges in exclusive breastfeeding during the first two years of a child's life. Despite the known physical, emotional, and psychosocial benefits of exclusive, long-duration breastfeeding for both the mother and child, breastfeeding rates among Qatari working women remain quite low, particularly relative to other parts of the world. The present study theorises that low rates of exclusive breastfeeding, as well as early termination of the practice, stem from a systemic lack of support for breastfeeding among both employers and the state government. The present study seeks to fill a gap in the existing literature, which principally centres upon the practices and perspectives of Western working women. Third World feminist theories, as well as the theoretical constructs of abjection, intersectionality, and standpoint, will be used to guide the present study and ground the analysis of the data. By conducting an in-depth semi-structured interview with approximately 50 mothers (RITCHIE et. al, 2003, P84) or the sample size will depend on data saturation of knowledge (Guest, Bunce and Johnson, 2006; Mason, 2010), I hope to garner insight into the most important themes mothers address when describing their breastfeeding choices and experiences.

I confirm that where appropriate a consent form has been prepared and will be made available to all participants. This contains details of the project, contact details for the principal researcher and advises subjects that their privacy will be protected and that their participation is voluntary and that they may withdraw at any time without reason.

I confirm that research instruments (questionnaires, interview guides, etc) have been reviewed against the policies and criteria noted in The University Research Ethics Committee Notes for Guidance. Information obtained will be safeguarded and personal privacy and commercial confidentiality will be strictly observed.

I confirm that where appropriate a copy of the **Consent Form** and details of the **Research Instruments/Protocols** are attached and submitted with this application.

2. Research Ethics Committee Decision (*delete as appropriate*)

2.1 I have reviewed this application as **APPROVED** and confirm that it is consistent with the requirements of the University Research Ethics Committee procedures

2.2 This proposal is **NOT APPROVED** and is returned to the applicant for further consideration and/or submission to the University Research Ethics Committee

2. 3. For student and programme member projects

***SUPERVISOR – AT START OF PROJECT
OF PROJECT***

STUDENT – ON COMPLETION

Signed (Supervisor)	Signed (programme member or student)
& Print Name	& Print Name
<i>(before start of project)</i>	<i>(on completion of project)</i>

2. 4. For staff research projects

Signed:

(Research Ethics Committee Chair or member)

COMMENTS (where application has been refused)

3. Please reply to all of the following questions concerning your proposed research project and whether it involves:-

		Yes	No
1.	Are the participants and subjects of the study patients and clients of the NHS or social services to the best of your knowledge?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Are the participants and subjects of the study subject to the Mental Capacity Act 2005 to the best of your knowledge (and therefore unable to give free and informed consent)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Are you asking questions that are likely to be considered impertinent or to cause distress to any of the participants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Are any of the subjects in a special relationship with the researcher?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Is your project funded by a Research Council or other external source (excluding research conducted by postgraduate students)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered **YES** to **any** of these questions, refer to the University's Research Ethics Committee. If you are unsure about whether any of these conditions apply, please contact the secretary of the University Research Ethics Committee, Nathan Helsby (n.e.helsby@reading.ac.uk) for further advice.

4. Please respond to all the following questions concerning your proposed research project

		Yes	No
1.	The research involves archival research, access of company documents/records, access of publicly available data, questionnaires, surveys, focus groups and/or other interview techniques.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Arrangements for expenses and other payments to participants, if any, have been considered.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Participants will be/have been advised that they may withdraw at any stage if they so wish.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Issues of confidentiality and arrangements for the storage and security of material during and after the project and for the disposal of material have been considered.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Arrangements for providing subjects with research results if they wish to have them have been considered.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	The arrangements for publishing the research results and, if confidentiality might be affected, for obtaining written consent of this have been considered.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7.	Information Sheets and Consent Forms had been prepared in line with University guidelines for distribution to participants.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Arrangements for the completed consent forms to be retained upon completion of the project have been made.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you have answered **NO** to **any** of these questions, contact your supervisor if applicable, staff members should refer to the Research Ethics Committee.

If the research is to be conducted outside of an office environment or normal place of work and/or outside normal working hours please note the details below and comment on how the personal safety and security of the researcher(s) has been safeguarded.

If these questions cannot be confirmed please contact your supervisor.

Please confirm that at the conclusion of the project primary data will be :-

Destroyed Submitted to the Research Ethics Committee

Comments

Interviews will be conducted in a location convenient to the participants and researcher. Interviewees will be encouraged to select a quiet but public location for the meeting but will ultimately be allowed to choose a location where they will feel most comfortable in speaking freely. This is due to the nature of the conservative culture of Qatar. The interview could take place in different locations. One of the primary locations to ensure the safety and security of researcher and participant is Qatar University venue. The other option might be a rented hall in a commonplace. When applicable, seeking for the participant and her children convenience, the interview might take place in the participant's house. For researcher safety, a student from Qatar university might be hired and accompanied the researcher. This option can be arranged with an agreement with Qatar University, College of Business and Economics. Otherwise, my husband could drop me and picked me up from the participant's house.

Appendix B: Research Questions

1. How is breastfeeding perceived by Qatari working mothers and what differences prevail among diverse workplace, social, and regional context?
- What do you think about breastfeeding?
- Can you tell us from your opinion why breastfeeding is important? (for child/mother/society)
- If you ever breastfed or breastfeeding, can you tell us about your experience and feelings?
- Can you tell us what kind of support you receive from your husband or family regarding breastfeeding?
- Can you describe the training or information you received from Healthcare providers?
- Can you tell us about your career/job?
- Why do you think employers or workplace has to support breastfeeding?

2. How do working mothers experience breastfeeding upon their return to work (employment)?
- Can you talk about your experience of breastfeeding upon your return to work?

- Can you tell us how you believe employment shape your breastfeeding practice?
- What do you think or feel about breastfeeding in public? Especially workplace?
- Can you tell us about the breastfeeding support you receive in your workplace?

- 3. What challenges do breastfeeding mother face when they try to balance work and breastfeeding?**
- How would you describe your work environment breastfeeding support system?
 - Can you tell us about your experience and how you feel about breastfeeding or express milk in the workplace?
 - Can you describe how your co-workers react/respond or their opinion about your breastfeeding?
 - Can you tell us if you have had or experience any instance of approbation/rowdiness in the workplace?
 - Can you tell us what was the most difficult aspect of breastfeeding while working?
 - What worked well in supporting your efforts to breastfeed while working?
 - What policy and facility, from your opinion and experience, should be in place to support breastfeeding?

Appendix C: Research Participant Information Sheet

Research Participant Information Sheet

Study Title: Mother's Milk: The Breastfeeding Practices of Qatari Working Mothers

Author/Researcher: Sara Rashid Masoud, PhD Candidate, Henley Business School

Dear Madam: I would like to invite you to participate in a research study on the experiences and perspectives of Qatari working mothers regarding breastfeeding while employed. Before you decide whether to participate, it is important to understand more about the study, how it will be conducted, why the research is being done, and what this would mean for you if you choose to participate. Please take the time to read the below information carefully. Please ask any questions you may have regarding the study or the information provided below. Please also discuss any concerns you may have regarding your potential participation in this study. Remember that participation is entirely voluntary, and you retain the right not to participate or to withdraw at any time. Please take the time you need to decide if you would like to participate and, again, do not hesitate to reach out to me with any questions or concerns you may have.

Study Overview

Breastfeeding is widely recognised as providing optimal nutrition for infants and toddlers. However, several studies found that employment appear to be one of the most significant factors in working women's decision to either not initiate breastfeeding or to wean their children early. This study will examine the breastfeeding practices of Qatari working mothers. The goal of this research is to analyse Qatari mothers' experiences with breastfeeding while working, as well as their perspectives on this practice. The ultimate objective of this study is to determine what obstacles, if any, exist for women who attempt to breastfeed while employed and to identify opportunities to support working mothers in their efforts to prolong breastfeeding.

Purpose of the Study

The purpose of this study is to identify the challenges faced by Qatari working women who wish to breastfeed and to assess the impact of these obstacles on mothers' breastfeeding practices.

The present study is intended to gather data which will be used to develop public policy recommendations that could better support mothers in their efforts to breastfeed while employed full or part-time.

Who Is Invited to Participate?

Qatari women who are employed full or part-time who are currently breastfeeding, or who have breastfed while employed within the last two years are invited to participate.

Is Participation Mandatory?

No. Participation in this study is entirely voluntary. If you think you may be interested, we will read through and discuss this information sheet together. You will have the opportunity to ask questions., seek clarification, or express your concerns at any time. You will also be given time to consider your decision before you agree to participate.

Once I Begin, Am I Required to Remain in the Study?

No. You have the right to drop out of the study and withdraw your consent at any time. If you choose not to participate, your data will be destroyed and will not be included in the study.

You will not have to provide a reason, should you choose to withdraw from the study. You will need only to contact me to inform me of your wish not to participate and to withdraw consent.

How Do I Participate?

1. If you choose to participate, you will first be asked to sign a Consent Form stating that you have read this information sheet in full and that all of your questions and concerns have been addressed.

You will also agree in the Consent Form that the information you provide during the study will be used for this research unless you formally choose to drop out of the study and withdraw consent.

Please rest assured that all aspects of the present study, including the topic, research design, and consent materials have been evaluated and approved by the University Research Ethics Committee.

2. Once all of your concerns have been addressed, and the Consent Form signed, I will ask you to select a time and place for our first interview. This should be a location that is public but private and quite.

Please choose a convenient time and a location that is comfortable for you. You will want to select a venue where you will feel free to discuss the topic of breastfeeding.

Our interviews will be structured more like a conversation than a formal interview. I will ask a few questions about your experiences with breastfeeding while working and how these experiences affected your feeding choices for your child. I will also ask for your perspectives on breastfeeding while employed.

In general, however, you will simply be free to talk about any topic-related issue you want during our interview. My goal is to get your viewpoints on this subject, whatever that may be.

3. After our initial interview, I will contact you again with follow up questions if needed. This may require follow-up interviews at your convenience and with your consent. Follow-ups by phone or email may also be an option if you choose.

How Will My Information Be Collected and Will It Be Protected?

The study aims to interview at least 15 Qatari working mothers, though ideally, 50-60 women will participate.

The process will be the same for each participant: Participants will be interviewed once, with follow-up as needed.

Initial interviews will be recorded and follow-ups will be documented either via recording or notes. Recordings will be transcribed to ensure that your responses are recorded accurately and completely.

You should expect the initial interview to take approximately 30-60 minutes, though this can be divided into two sessions if you choose. Follow-up research will be conducted in subsequent months, with a target completion date of April 2020.

To protect your privacy, your name will be removed from any information I collect from you and will not be included in the study or any related materials that will be available to the public or other researchers.

Instead, your information will be assigned a randomised number to use in documenting and analysing your responses.

How Will My Information Be Used?

After I have collected your responses in our initial interview and any subsequent follow-ups, I will analyse your information and compare your responses to those of the other participants.

My goal will be to find important commonalities and differences that can help us to understand how employment affects the breastfeeding choices of Qatari working mothers.

These findings will be used to identify challenges working Qatari mothers face regarding breastfeeding and to develop public policy recommendations to better support breastfeeding in the workplace.

We will be able to provide you with a summary report of the key findings of this research that includes your participation.

The text of the study will be presented to the Faculty of the Henley Business School, the University of Reading, by Sara Rashid Masoud, researcher and author, in candidacy for the degree of Doctor of Philosophy.

In addition to internal publication by the University, the study may also be published in whole or in part in academic or general publications or at professional conferences.

Excerpts from your responses will likely be included in the study but, as previously stated, will be anonymous. Your information will be identified only by a randomly assigned number, but your name or other personally identifiable information will be excluded.

Expenses and Payments

You will not be compensated for your time or any costs related to your participation in this study. However, all interviews will be conducted locally, at a location of your choosing.

Therefore, you can anticipate that the only expense you will incur for participating is the cost of transportation to the interview site.

What Are the Possible Disadvantages and Risks of Taking Part?

You may find scheduling time and travel for interviews or follow-ups inconvenient. Some participants may feel uncomfortable discussing the topic of breastfeeding with a non-relative. You may also have concerns about discussing your experiences and perspectives honestly and any possible problems this may create either at work or in your family.

Please be assured that every effort has been and will be made to protect your privacy. The information you provide is entirely confidential and will not be shared with your employer, colleagues, or family members.

Therefore, other than the potential discomfort, you may feel in discussing the topic of breastfeeding with the interviewing, potential disadvantages and risks associated with participating in this study are minimal.

What Are the Possible Advantages or Benefits of Taking Part?

We cannot guarantee that this study will result in changes to public policy, or that you will personally benefit (i.e. through positive changes at your workplace).

However, your participation will contribute to an essential area of research, providing much-needed data to help resolve a significant challenge facing Qatari working mothers and their children.

What If There Is a Problem?

If a problem arises during the study, you should contact me, Sara Masoud, immediately to ensure that your concerns are sufficiently addressed.

If I am unable to resolve your concerns or if you prefer to speak to another party regarding your issue, you may contact the University Research Ethics Committee.

Who Is Organising or Sponsoring the Research?

This study is organised and sponsored by the Henley School of Business, University of Reading, and by Sara Rashid Masoud, researcher and author, in candidacy for the degree of Doctor of Philosophy.

Contact Details

Should you have questions or concerns, or if you would like additional information, please contact:

Sara Rashid Masoud: S.R.S.A.MASOUD@PGR.READING.AC.UK

Henley School of Business: whiteknights-reception@henley.ac.uk

Research Ethics Committee: urec@reading.ac.uk

Appendix D: Research Participant Consent Form



The Breastfeeding Practices of Qatari Working Mothers

Research Participant Consent Form

1. I have read and had explained to me by the accompanying Information Sheet relating to the project on:.....
2. I have had explained to me the purposes of the project and what will be required of me, and any questions I have had have been answered to my satisfaction. I agree to the arrangements described in the Information Sheet in so far as they relate to my participation.
3. I understand that participation is entirely voluntary and that I have the right to withdraw from the project any time, and that this will be without detriment.
4. This project has been reviewed by the University Research Ethics Committee and has been given a favourable ethical opinion for conduct.

5. I understand that this interview and any necessary follow-up interviews will be recorded and that my responses may be paraphrased, summarised, or quoted directly in the forthcoming study.

6. I understand that the forthcoming study will be disseminated among the University community and will be placed in the University library archives. I further understand that the study will be used for academic research purposes and may be published in academic or general publications or presented at professional conferences.

7. I have received a copy of this Consent Form and the accompanying Information Sheet.

Name:

Date of birth:

Signed:

Date:

Appendix E: Participant Demographic and General Information



1. Age

Which category below includes your age?

- 17 or younger
- 18-22
- 23-27
- 28-33
- 34-37
- Or year

2. Marital status

Are you now married, widowed, divorced, separated, or never married?

- Married
- Widowed
- Divorced
- Separated

3. How many child(ren) do you have?

- 1
- 2
- 3
- More than 3

4. Education

What is the highest level of school you have completed or the highest degree you have received?

- No Education received
- Less than a high school degree
- High school degree
- Bachelor degree
- Graduate degree

5. Employment

Which of the following categories best describes your employment status?

- Employed, Full-time, Public sector
- Employed, Full-time, Private sector
- Employed, Part-time, Public sector
- Employed, Part-time, Private sector
- Self-employed
- Retired

6. Salary range

- 10,000 – 20,000
- 20,001 – 30,000
- 30,001 – 40,000
- 40,001 – 50,000
- Above 50,000

7. Religious

- Muslim
- Non- Muslim (please specify)

Appendix F: Researcher Table Sheet

Breastfeeding and employment

الرضاعة الطبيعية وتحديات العمل

Main Characteristics and information	Purpose الغرض Background/demographics	<ul style="list-style-type: none"> ➤ Please fill the demography information sheet ➤ من فضلك أملئ ورقة المعلومات العامة.. 	Notes الملاحظات
Introduction المقدمة		<ul style="list-style-type: none"> - Consent form has been signed. - Read the Research information sheet. 	<p>من المعترف به على نطاق واسع أن الرضاعة الطبيعية توفر التغذية المثالية للأطفال الرضع والأطفال الصغار. وعلى الرغم من ذلك، أثبتت العديد من الدراسات أن عمل المرأة يشكل واحد من أهم العوامل في قرار المرأة العاملة إما بعدم البدء في الرضاعة الطبيعية أو فطام أطفالها في وقت مبكر.</p> <p>تتطرق هذه الدراسة في البحث عن ممارسات الرضاعة الطبيعية للأمهات العاملات القطريات. حيث يهدف هذا البحث إلى تحليل تجارب الأمهات العاملات القطريات أثناء مرحلة الرضاعة الطبيعية وكذلك وجهات نظرن في هذه الممارسة. يكمن الهدف الأساسي من هذه الدراسة في تحديد العقبات،</p>

			<p>إن وجدت، التي تواجه النساء اللواتي يحاولن تقديم الرضاعة الطبيعية لأطفالهن أثناء العمل والبحث عن فرص لدعم الأمهات العاملات في سعيهن لإطالة فترة الرضاعة الطبيعية.</p>
		<p>١. كيف تنظر الأمهات العاملات القطريات إلى الرضاعة الطبيعية وما هي الاختلافات السائدة بين مختلف أماكن العمل التي تتسم بالتنوع والسياسات الاجتماعي والإقليمي؟</p>	
		<p>1. How is breastfeeding perceived by Qatari working mothers and what differences prevail among diverse workplace, social, and regional context?</p>	

	<p>Opinion s/values</p>	<p>➤ ما رأيك في الرضاعة الطبيعية بصورة عامة وبصورة خاصة؟</p> <p>➤ What do you think about breastfeeding?</p>	
	<p>Behavior/Feelings</p>	<p>➤ هل يمكن أن نخبرينا عن رأيك حول أهمية الرضاعة الطبيعية؟ (للطفل / الأم / المجتمع)</p> <p>➤ Can you tell us from your opinion why breastfeeding is important? (for child/mother/society)</p> <p>➤ إذا سبق لك أن أرضعتِ رضاعة طبيعية أو مازلتِ تُرضعين، هي يمكنكِ إخبارنا بتجربتك ومشاعرك؟</p>	

		<p>➤ If you ever breastfed or breastfeeding, can you tell us about your experience and feelings?</p> <p>➤ هل يمكن أن نخبرينا بنوع الدعم الذي تلقينه من زوجك أو عائلتك فيما يتعلق بالرضاعة الطبيعية؟</p> <p>➤ Can you tell us what kind of support you receive from your husband or family regarding breastfeeding?</p> <p>➤ هل يمكنك وصف التدريب أو المعلومات التي حصلت عليها أو تحصلين عليها من مقدمي الرعاية الصحية؟</p> <p>➤ Can you describe the training or information you received from Healthcare providers?</p>	
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	<p>Opinion s/values</p>	<p>➤ هل يمكن أن نخبرينا عن مهنتك/ وظيفتك؟</p> <p>➤ Can you tell us about your career/job?</p> <p>➤ لماذا تعتقدون أنه على أرباب العمل أو مكان العمل دعم الرضاعة الطبيعية؟</p> <p>➤ Why do you think employers or workplace has to support breastfeeding?</p>	
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		<p>٢. كيف تمارس الأمهات العاملات الرضاعة الطبيعية عند عودتهن إلى العمل (الشغل)</p> <p>2. How do working mothers experience breastfeeding</p>	
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	<p>Behaviour/ Feelings</p>	<p>➤ ما رأيك أو شعورك حول الرضاعة الطبيعية في الأماكن العامة؟ خاصة في مكان العمل؟</p> <p>➤ What do you think or feel about breastfeeding in public? Especially workplace?</p> <p>➤ هل يمكنك أن تخبرينا عن الدعم الذي حصلت عليه حول الرضاعة الطبيعية في مكان عملك؟</p> <p>➤ Can you tell us about the breastfeeding support you receive in your workplace?</p>	
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		<p>٣. ما هي التحديات التي تواجهها الأم المرضعة عندما تحاول الموازنة بين العمل والرضاعة الطبيعية؟</p>	
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	<p>Sensory/Feelings</p>	<p>➤ هل يمكن وصف طريقة تفاعل / استجابة زملائك في العمل للرضاعة الطبيعية أو رأيهم فيها؟</p> <p>➤ Can you describe how your co-workers react/respond or their opinion about your breastfeeding?</p> <p>➤ هل يمكنك إخبارنا عما إذا مررت أو واجهت أي حالة من الاستحسان / عدم الرضا في مكان العمل؟</p> <p>➤ Can you tell us if you have had or experience any instance of approbation/rowdiness in the workplace?</p> <p>➤ هل يمكن إخبارنا عن جوانب الرضاعة الطبيعية الأكثر صعوبة أثناء العمل؟</p>	
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<p>Behaviour/ Feelings</p>	<p>➤ Can you tell us what was the most difficult aspect of breastfeeding while working?</p> <p>➤ ما الذي نجح في دعم جهودك المبذولة للرضاعة الطبيعية أثناء العمل؟</p> <p>➤ What worked well in supporting your efforts to breastfeed while working?</p>	
<p>Behaviour/ Feelings</p>	<p>➤ ما هي السياسات والتسهيلات التي يجب تطبيقها لدعم الرضاعة الطبيعية من وجهة نظرك وتجربتك؟</p> <p>➤ What policy and facility, from your opinion and experience, should be in place to support breastfeeding?</p> <p>➤ هل تودين إضافة أي شيء آخر؟</p>	

	Knowledge	<p>➤ Would you like to add anything else?</p> <p>➤ هل تعتقد أن هناك أسئلة مهمة لم يتم طرحها؟</p> <p>➤ Do you think that we did not ask another important question?</p>	
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