



**Proposing a context-sensitive model of family supportive supervision for breastfeeding  
at work from the global South.**

by

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**List of Abbreviations**

<b>APA</b>	American Psychological Association
<b>BCEA</b>	Basic Conditions of Employment Act
<b>COR</b>	Conservation of Resources Theory
<b>EBF</b>	Exclusive breastfeeding
<b>ILO</b>	International Labour Organisation
<b>FSSB</b>	Family Supportive Supervisor Behaviours
<b>HIV</b>	Human Immunodeficiency Virus
<b>JD-R</b>	Job Demands – Resources Theory
<b>LMICs</b>	Low - and Middle - Income Countries
<b>OST</b>	Organisational Support Theory
<b>SDGs</b>	Sustainable Development Goals
<b>UIF</b>	Unemployment Insurance Fund
<b>UN</b>	United Nation
<b>US</b>	United States
<b>WABA</b>	World Alliance for Breastfeeding Action
<b>WFC</b>	Work-Family Conflict
<b>WHO</b>	World Health Organisation

### **Dedication**

This research is dedicated to all women for working hard to be their best against all odds. Thank you to the following women for moulding me to be the best version of myself: my mother (Ntombenhle Nkosi), Collen Kruger, Anita Rushton, Ameeta Jaga and Tanya Doherty.

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### Abstract

Managing breastfeeding and employment remains a major challenge for working mothers and for the advancement of gender equality across the world. Despite global public health organisations' attempts to encourage workplace support for breastfeeding, progress remains slow particularly in countries with limited state resources. The small but growing body of research on combining breastfeeding and employment typically originates from high-income countries in the global North. Findings and theories from this literature cannot be uncritically imposed on low and middle-income countries (LMICs) in the global South which have distinct sociocultural, economic, and historic contexts. This study advances understanding and theorising of context-sensitive workplace support for breastfeeding by focusing on a specific form of informal support, family supportive supervisor behaviours (FSSB), in the public education sector in South Africa, a middle-income country in the global South. A qualitative research approach was adopted and enabled grounding of the research in the lived realities and material circumstances of working women in the local context.

The contribution of the thesis is shown through three papers. The first paper is an exploratory qualitative study to understand practices and challenges related to breastfeeding at work in a public sector context. Thematic analysis of interview data from working mothers ( $n = 8$ ) and senior managers ( $n = 4$ ) in two provincial government departments in the Western Cape provided a context-sensitive understanding of breastfeeding at work. The study findings underscored the key role of supervisors in offering relatively low-cost informal support for mothers to better combine breastfeeding and employment. The second paper builds on the concept of informal support from supervisors as key catalysts to advance support for breastfeeding at work among a specific group of public sector employees, teachers. Interview data from teachers who are mothers ( $n = 13$ ) and principals as their supervisors ( $n = 14$ ) yielded findings that presented a critical understanding of FSSB for breastfeeding at work in a global South context. The findings from this study extend knowledge by emphasising the importance of contextual factors which affect supervisors' demonstration of, and mothers' accessing FSSB, cautioning against universalising the FSSB construct across diverse contexts. The final conceptual paper contributes to theory building by proposing a context-sensitive model of FSSB for breastfeeding at work from the global South. Sociocultural, economic, and historical-political factors are proposed as important antecedents of FSSB, and interpersonal trust with one's supervisor as a potential moderator of the relationship between the contextual factors and FSSB. Implications for management and workplace policies in LMICs in the global South are

presented and recommendations for future research that opens space for diverse ways of knowing are offered.

*Keywords:* Breastfeeding at work, Blended work and family, Family supportive supervisor behaviours, Low and middle-income country context, Global South, Public education sector

## **Chapter 1: Overall Introduction**

Managing breastfeeding and employment remains a major challenge for working mothers globally (Pérez-Escamilla, 2020; Siziba et al., 2015; Spitzmueller et al., 2016; Wainaina et al., 2018) and for the advancement of the gender equality and equity agenda (Thomas et al., 2021). Breastfeeding at work has increasingly become an important topic because of the rapid feminisation of the work force (Chow et al., 2011; Gatrell, 2007; Litwan et al., 2021) and the pressure to achieve optimal infant feeding as recommended by the World Health Organisation (World Health Organisation, 2018b). Breastfeeding at work refers to breast milk expression in the workplace or during work time and/or feeding of the baby from the breast at work or during work time (Ismail et al., 2012). Research on breastfeeding at work is predominantly based on material realities of individuals from high income countries in the global North and may not be relevant to individuals living in resource-constrained contexts of low and middle-income countries (LMICs) in the global South. In this research, a distinct form of informal support, family supportive supervisor behaviours (FSSB), is explored as a critical resource to advance breastfeeding at work within the contextual complexities of the global South. This first chapter introduces the study by discussing background research on breastfeeding and employment to provide a contextual foundation for the study. It outlines the research problem, aims and significance of the study. The chapter concludes with an outline of the entire thesis.

### **Study Background**

Breastfeeding at work is a complex work–family issue at the nexus of the work–family interface because it involves management of a sexualized and tabooed responsibility in a domain where employees are expected to demonstrate ideal worker characteristics (Thomas et al., 2021). Ideal workers single-mindedly devote their efforts to organisational demands 24/7 and avoid distractions from non-work responsibilities such as breastfeeding (Acker, 1990; Gatrell, 2007). Inversely, international agencies such as the World Health Organisation (WHO), World Alliance for Breastfeeding Action (WABA) and International Labour Organisation (ILO) advocate for normalisation of breastfeeding at work because of its value as an effective child survival strategy with inter-generational benefits for mothers, children, and societies. Breastfeeding is also a human right that should be protected so that employees who wish to breastfeed at work are able to do so and not be discriminated against (Grummer-Strawn et al., 2017). The WHO recommends that infants be exclusively breastfed (given breastmilk only) for the first six months of life, and thereafter be given breastmilk with complementary

foods for up to two years of age or beyond (World Health Organisation, 2018b). However, only 37% of infants are exclusively breastfed in LMICs (Victora et al., 2016) and most countries fall short of the Global Nutrition target of 50% by 2025 (World Health Organisation, 2018). Improving exclusive breastfeeding (EBF) rates globally could prevent 823 000 annual deaths of children below five years of age and prevent at least 20 000 deaths of women due to breast cancer annually (Horta et al., 2015; Victora et al., 2016). Workplace support for breastfeeding could also improve staff retention and reduce staff turnover and absenteeism due to caring for ill infants by working mothers (Cardenas & Major, 2005; Waite & Christakis, 2015). Organisations can benefit from increased productivity and garner a positive corporate image when breastfeeding at work is supported (Jantzer et al., 2018; Mills, 2009). Additionally, optimal breastfeeding practices contribute to the attainment of several United Nation's (UN) 2030 Sustainable Development Goals (SDGs). For example, SDG 5 (gender equality), SDG 8 (decent work and economic growth) and SDG 3 concerned with promoting wellbeing and ensuring healthy lives for all at all ages (United Nations, 2021).

In the last decade, significant progress has been made to advance support for breastfeeding at work, specifically through the introduction of formal organisational initiatives such as maternity leave, breastfeeding breaks, and childcare policies (Balkam et al., 2011; Dinour & Szaro, 2017; Heymann et al., 2013; Thomas et al., 2021). However, the availability of formal organisational initiatives has often not been translated into their utilisation, and as a result the workplace has remained the major barrier to continued breastfeeding for most working women (Houkamau & Boxall, 2011; Moore, 2020). Unsupportive masculine organisational cultures (Gatrell, 2007, 2019; Moore, 2020) and lack of knowledge about initiatives to support breastfeeding at work (Rojjanasrirat & Ferrarello, 2013), strongly contribute to employees' reluctance to utilise formal initiatives (Moore, 2020). Barriers to breastfeeding at work are exacerbated in LMICs due to sociocultural complexities and limited state and organisational resources (Rollins et al., 2016; Stumbitz & Jaga, 2020). A growing body of literature suggests that informal support from first line supervisors could be an effective resource to facilitate management of breastfeeding at work for working mothers in resource-constrained contexts in LMICs (Allen et al., 2014; Cardenas & Major, 2005; Dunn et al., 2004; O'Driscoll et al., 2003; Tsai, 2013; Weber et al., 2011). This is because first line supervisors have a close relationship with employees and have a heightened awareness of employee's work-family demands (Burns & Triandafilidis, 2019; Chow et al., 2011). FSSB is a valuable form of supervisor support that has been found to be effective in facilitating management of work and family demands (Hammer et al., 2009). Family supportive supervisors express a keen

interest in the wellness of employees and provide practical support to facilitate integration of family and work demands, as such employees become more open to engage workplace initiatives for breastfeeding at work (Irak et al., 2020). FSSB has been associated with positive individual and organisational benefits. Employees who have engaged FSSB have experienced significant improvement in job satisfaction and job performance (Bagger & Li, 2014; Matthews et al., 2014; Rofcanin et al., 2019) and less psychological strain (Odle-Dusseau et al., 2013; Thompson et al., 2006). Organisations with family supportive supervisors experience improved organisational commitment as well as lower turnover intentions (Odle-Dusseau et al., 2012; Odle-Dusseau et al., 2016).

However, FSSB research has typically been quantitative and largely conducted in the United States (US) (for exceptions, see Bosch et al., 2018; Ezerdi et al., 2023; Las Heras et al., 2015; Wang et al., 2023) where family forms, sociocultural, and economic contexts are dissimilar to those of LMICs particularly in the global South. In this research, the global South is considered not as a geographical category, but rather as an analytical category of societies that have experienced colonial and/or imperial periods in their histories and communities that have been marginalised because of such oppressive structures (de Sousa Santos, 2015; Jolly, 2008). Research rooted in experiences of individuals from high income countries predominantly in the global North may not be sufficiently relevant to contextual complexities relating to work–family concerns in the global South. Theories and frameworks originating in resource-rich settings in the global North should therefore not be uncritically imposed onto global South contexts (Jaga & Ollier-Malaterre, 2022). It is acknowledged, however, that there are populations within high income settings such as low-wage earning African-American or Hispanic women in the USA, whose experiences may be more similar to those of women in LMICs. Workplace support for breastfeeding grounded in material realities of resource-constrained countries is needed to inform context relevant interventions and to contribute to diverse theorisation of breastfeeding at work.

In this research, context sensitive support for breastfeeding at work is explored by focusing on informal supervisor support from a middle-income country context, South Africa. The study's aim is addressed in a series of three papers namely: (1) Experiences of workplace breastfeeding in a provincial government setting: a qualitative exploratory study among managers and mothers in South Africa; (2) Family supportive supervision in context: supporting breastfeeding at work among teachers in South Africa; and (3) Theorising a context-sensitive model of family supportive supervisor behaviours (FSSB) for breastfeeding at work from the

global South. The first two papers have been published and the third paper is under review. The next section elaborates on the research scope.

### **Research Scope**

Prior to introducing the research problem, it is necessary to explain the scope of this research as it is not feasible to explore context sensitive workplace support for breastfeeding from all LMICs. The study is located in South Africa, a middle-income country in the Southern African region. Until recently, South Africa had the lowest EBF rates in the world at eight percent between 1998 and 2012 (Shisana et al., 2013). The human immunodeficiency virus (HIV) epidemic and provision of free formula milk to mothers living with HIV contributed to this low rate (Doherty et al., 2012). Policy changes related to the distribution of free infant formula through the Prevention of Mother-to-Child Transmission of HIV programme (Jackson et al., 2019) as well as high level government commitment to protect, promote, and support breastfeeding contributed to improvement in the breastfeeding rate to 32% (South African Demographic & Health Survey, 2016). Though progress has been made – it is still too slow – and far from the Global Nutrition target of 50% (World Health Organisation, 2018a). A South African national survey (Shisana et al., 2013) identified that return to work after maternity leave was a major contributor to low breastfeeding rates. The study found that while 93% of mothers initiated EBF within the first hour of birth, the rate dropped to 24% between months four and five, a period when many women returned to employment. In South Africa, pro-feminist legislation has been adopted to promote breastfeeding at work. For example, the Basic Conditions of Employment Act (BCEA), No 75 of (1997), makes provision for employed women to have 17 weeks of unpaid maternity leave that is subsidised by the state's Unemployment Insurance Fund (UIF). Working mothers can claim 66% of their salary for 17 weeks after birth from UIF if 2% of their salary/wages is paid to the UIF during employment (Department of Employment and Labour, 2022; South African Department of Labour, 2018). Additionally, the Code of Good Practice on the Protection of Employees during Pregnancy and after the Birth of a Child entitles women to two 30 minutes breastfeeding breaks per day for the first six months of the child's life to promote breastfeeding at work. However, the small but growing body of research on breastfeeding at work found low levels of awareness and poor implementation of the legislation by South African employers (Daniels et al., 2020; Maponya et al., 2021a; Martin-Wiesner, 2018). Additionally, complex social issues embedded in historical legacies of apartheid and colonialism (including extreme economic inequalities, poor

commuting infrastructure, and entrenched patriarchal norms) have complicated work–family experiences of employees and employers in the South African context (Stumbitz & Jaga, 2020). In 2011, the South African government declared breastfeeding a national priority and adopted the Tshwane Declaration of Support for Breastfeeding (Department of Health, 2011) which called for multi-stakeholder (e.g., civil society, employers, and the public sector) efforts to protect and support breastfeeding including in work settings (Department of Health, 2011).

This research sought to explore workplace support within the public sector, more specifically the provincial government in the Western Cape. The provincial government is the biggest employer of all government sectors in South Africa. The Western Cape provincial government comprises 13 departments (as shown in Table 1) and is representative of the country’s multiracial, multi-ethnic, and multicultural population (Department of Public Service & Administration, 2023). Historically, the public sector prioritised employing members of previously underrepresented groups to remedy the injustices of the South African apartheid era. As a result, Black Africans comprise a sizable share of the workforce at 77%, followed by Coloured<sup>1</sup>, Indian, and White employees (Bhorat et al., 2016). All employees in the sector have at least a secondary education certificate, while the majority have degrees from higher institutions and range in employment categories from general workers (such as cleaners) to highly specialised professionals (such as doctors, engineers, or teachers). The public sector provides comparatively more stable employment conditions and attractive benefits than the private sector. The benefits include, fully compensated four months maternity leave for permanent employees, paid paternity leave (10 consecutive days of leave within the first six months of the child’s birth), and breastfeeding breaks. It is typical for people living on the periphery (e.g., townships or rural communities) - often the black majority - to relocate to or travel to cities for employment away from their families. This reality is a consequence of racialised spatial segregation that confined non-white people to areas on the outskirts of cities during the apartheid era (Jaga & Ollier-Malaterre, 2022). The heterogenous nature of the

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<sup>1</sup> A South African racial categorization that describes people who are "loosely bound together for historical reasons such as slavery, creolization, and a combination of oppressive and selective preferential treatment under apartheid," which is frequently oversimplified as ‘mixed race’ (Erasmus, 2017, p. 112).

provincial government setting could therefore provide valuable insights that could be relevant to other large employers and public sector organisations nationally and internationally.

*Table 1: List of the Western Cape provincial government departments.*

	<b>Western Cape provincial government departments</b>
1.	Agriculture
2.	Community Safety
3.	Cultural Affairs and Sport
4.	Economic Development and Tourism
5.	Education
6.	Environmental Affairs and Development Planning
7.	Health
8.	Human Settlements
9.	Local Government
10.	Provincial Treasury
11.	Social Development
12.	The Premier
13.	Transport and Public Works

This research acknowledges that the decision to breastfeed during maternity leave and after return to employment is influenced by a multitude of factors beyond workplace support. Working women encounter a complex interplay of individual and contextual elements (Santana et al., 2018; Patil et al., 2020). These encompass maternal factors (such as, delivery method, number of children, breastfeeding knowledge and attitude, health conditions like HIV status, and concerns about HIV transmission to the child), social factors (such as, breastfeeding stigma, family social support, societal perceptions of breastfeeding, and access to childcare), and work-related factors (such as, maternity leave duration, paid leave availability, employment and job type, and organisational culture) (Gebrekidan et al., 2020a; Mohammed et al., 2023). The research thus, recognises women's autonomy over their bodies, and advocates for social conditions that empower women to make choices aligned with their preferences (Budgeon 2015; Jaga & Ollier-Malaterre 2022). This research moves beyond viewing breastfeeding at work as a normative expectation and instead offers a context-sensitive supervisor support model to create enabling workplace conditions for women who choose to combine breastfeeding and work.

### **Research Problem**

While the work-family field has seen growth in research to advance support for breastfeeding at workplaces (Gabriel et al., 2020; Grandey et al., 2020; Jones et al., 2016; Kalysh et al., 2016; Spitzmueller et al., 2018), research concerning LMICs particularly in the Global South remains minimal (Rollins et al., 2016). This scarcity creates a hindrance in developing effective support mechanisms specific to these contexts. Present studies on breastfeeding support mostly analyse, quantitatively, the influence of comprehensive programs (e.g., onsite childcare, prenatal classes for pregnant employees, breastfeeding policies, or shipping expressed breast milk for travelling employees) on organisational outcomes and breastfeeding behaviours (Thomas et al., 2021). While insightful, these findings, often from Global North regions or countries offering substantial maternity benefits, may not apply to conditions in LMICs, where maternity provisions are comparatively minimal (e.g., maternity leave and breastfeeding breaks) (Rollins et al., 2016; Stumbitz & Jaga, 2020; Uddin et al., 2021). The relevance of such research findings is further questioned considering the high number of informally employed women in LMICs (Heymann et al., 2013). Moreover, existing research is criticised for leaning heavily on the implementation of formal organisational initiatives, which see minimal utilisation, especially in non-family friendly organisations, warranting a call for more nuanced interventions that meet the actual needs of working mothers.

Current literature primarily highlights women's breastfeeding behaviours (such as breastfeeding intentions, initiation, continuation, and exclusivity) and their coping strategies (Hirani & Karmaliani, 2013; Ismail et al., 2012; Maponya et al., 2021b; Mensah, 2011; Omer-Salim et al., 2014; Scott et al., 2019; Snyder et al., 2018; Spitzmueller et al. 2016; Tsai 2014; Vilar-Compte et al., 2021). The research mostly overlooks other important role-players, such as managers and co-workers, who often strongly influence women's experiences of managing breastfeeding and employment. Focusing on mothers' behaviours may place the responsibility for breastfeeding at work and its complexities on working mothers instead of recognising that it as a collective responsibility requiring multi-level engagement across the organisation. Considering these gaps, this research explores the distinctive forms of support that can facilitate breastfeeding at work in LMIC contexts, emphasising contextual complexities and collective roles and efforts such as that of the first line supervisor.

### **Research Aim**

The overall aim of this research is to develop a context-sensitive model of workplace supportive supervision for breastfeeding at work from the South African context, as an example of a LMIC.

### ***Research objectives***

1. To determine the critical points of intervening to advance workplace support for breastfeeding within the context of a provincial government setting in South Africa.
2. To explore informal supervisor support in facilitating breastfeeding at work among working mothers (specifically teachers) and their supervisors (school principals) within a provincial government setting in South Africa.
3. To develop a context sensitive conceptual model that underlines the necessary pre-conditions for Family-Supportive Supervisor Behaviours (FSSB) aimed at improving support for breastfeeding at work.

The research objectives are addressed in three distinct papers presented in chapters four to six. The first objective is addressed in Paper 1 where a comprehensive approach was employed to gain an understanding of breastfeeding at work, specifically from the perspective of working mothers and senior managers in a provincial government setting in South Africa. Findings from Paper 1 identified first line supervisors as important agents of change to advance breastfeeding at work within a resource-constrained public sector environment. These findings informed a shift in the focus of the research to supervisor support as a potential catalyst to advance breastfeeding at work. In order to explore this focus, a thorough review of family-supportive supervisor literature was conducted. This search elicited Family Supportive Supervisor Behaviours (FSSB) (Hammer et al., 2009) as a potentially robust construct to explore supervisor support for breastfeeding at work. The construct had not been applied to a distinct work-family responsibility such as breastfeeding at work, nor within conditions similar to those prevalent in South Africa. Consequently, the second research objective focused on understanding the nuances of context sensitive informal supervisor support rather than broad workplace support for breastfeeding. Changes in the research questions as the study progressed was anticipated because of the emergent nature of qualitative research (Creswell, 2017).

Building on the study findings of Paper 1, the second objective of the research presented in Paper 2 was to critically explore a specific form of informal support that supervisors

demonstrate to assist employees to integrate work and family responsibilities, FSSB (Allen, 2001; Hammer et al., 2009). The objective of this study was to extend FSSB understanding and theorising to specifically enable breastfeeding at work, a particular work–family challenge, and to ensure that the construct was locally relevant. Theorisation of the FSSB construct has been devoid of contextual adaptation to countries in the global South such as South Africa and rather dominated by experiences of individuals in the global North where family forms and sociocultural, economic, and historical contexts differ. Work–family assumptions rooted in the experiences of white, middle-class, dual earner couples and nuclear families in high-income global North societies may limit relevance and application of FSSB in global South contexts (Las Heras et al., 2015; Ollier-Malaterre et al., 2013). The dominance of global North derived theorisation of FSSB promotes universalism which may threaten the relevance of FSSB in LMICs like South Africa. Findings from paper two emphasised the influence of contextual factors (such as patriarchy, high unemployment, educational sector inequalities from historical legacies, and pervasive gender-based violence) in shaping occurrences of FSSB, mothers' engagement with FSSB, and supervisors' demonstration of FSSB in the South African context. Moreover, interpersonal trust in one's supervisor inductively emerged as playing an important role in enabling and accessing FSSB between employees and supervisors.

Findings from Paper 2 and the dearth of knowledge on FSSB antecedents (Crain & Stevens, 2018; Sargent et al., 2021; Straub, 2012) informed a conceptual model proposed in Paper 3. The aim of Paper 3 was to caution against universalisms in understanding work–family phenomena in diverse contexts, such that work–family models and theoretical frameworks should be sensitive to antecedent factors salient in the local environment that may give rise to distinct experiences. The objective was therefore to develop a context sensitive model of FSSB antecedents for breastfeeding at work. Interpersonal trust in one's supervisor – a key and novel finding in Paper 2 – was conceptualised as a moderator in the relationship between context sensitive antecedents and FSSB. A context-sensitive model to understanding antecedents of FSSB for advancing breastfeeding at work will be beneficial to the advancement of workplace support for breastfeeding at work in LMIC contexts in the global South. The model will also be valuable to countries in the global North as the challenge of combining breastfeeding and work is a global issue, and social vulnerabilities that have been salient in the global South (e.g., poverty and economic inequality), are expanding in the global North too (Comaroff & Comaroff, 2015).

### **Significance of the Research**

The focus of this research was on advancing workplace support for breastfeeding and employment from a LMIC context, South Africa in the global South. Workplace solutions in global South contexts are often constrained by low state resources, strong patriarchal norms, and the effect of colonialism. This research is significant in the following ways.

First, by beginning the research with an exploratory qualitative approach (see Paper 1), the study surfaces nuanced insights into local practices and experiences of blending breastfeeding and employment from the perspective of senior managers and working mothers in the provincial government sector in South Africa. Research using emergent approaches helps to ensure that the research questions remain contextually grounded and relevant, contributing to the identification of more appropriate and sustainable solutions that address a range of SDGs including, SDG 5 on gender equality, SDG 8 on decent work and economic growth and SDG 3 on promotion of wellbeing and healthy lives for all at all ages (United Nations, 2021).

Second, while FSSB is known to be an effective resource to integrate work and family responsibilities, little is known about its applicability within global South contexts, such as South Africa. Global South contexts because of their histories of colonialism, tend to face distinct complexities for advancing a gendered responsibility like breastfeeding. This research broadens our understanding and extends theorising of FSSB for creating plural ways of knowing which can foster inclusive workplaces for mothers who wish to breastfeed at work in diverse contexts, thereby advancing gender equity at work.

Third, the research offers a conceptual model grounded in local contextual factors giving rise to new knowledge on antecedents of FSSB from a global South perspective for epistemic enrichment of the FSSB construct. A conceptual model of FSSB antecedents for breastfeeding at work and testable propositions responds to calls for advancing knowledge on FSSB antecedents particularly from LMIC perspectives (Crain & Stevens, 2018; Straub, 2012). The research helps shift geopolitics in knowledge production by grounding theory in Southern specificities, that helps to better understand a global challenge for mothers on combining breastfeeding and employment. By better understanding how contextual factors affect manifestations of and access to FSSB, workplaces can improve their offerings to retain a diverse workforce.

### **Organisation of the Research**

The research is a monograph consisting of eight chapters. Chapter one presented a broad introduction on the topic of the study, the research problem, research aims, and significance of the study. Chapter two offers an in-depth account of literature on theories underpinning workplace support for breastfeeding with a particular focus on a form of supervisor support, FSSB, and factors that influence family supportive supervision for specific employee needs. Further, global South contextual factors that influence the management of breastfeeding and employment are described, followed by an outline of the study's conceptual framework. In the third chapter, an account of the research methodology, study design, and data collection procedures are presented. The next three chapters include research papers in the following order: Chapter four presents Paper 1, "Experiences of workplace breastfeeding in a provincial government setting: a qualitative exploratory study among managers and mothers in South Africa" [published, see Appendix A for the PDF version and feedback from the editor]. Chapter five presents Paper 2, "Family supportive supervision in context: supporting breastfeeding at work among teachers in South Africa" [published, see Appendix B for the PDF version and feedback from the editor]. Chapter six presents Paper 3 "Theorising a context-sensitive model of family supportive supervisor behaviours for breastfeeding at work from the global South" [submitted for review]. Chapter seven offers the overall discussion of the research including the research's theoretical, methodological, and practical contributions. Finally chapter eight offers an overall conclusion, study limitations, and recommendations for future research.

## Chapter 2: Literature Review

The purpose of this research was to contribute to management scholarship on supporting breastfeeding at work by focusing on the implementation of supervisor support in resource-constrained contexts typically in the global South. An in-depth review of literature on workplace maternity management including complexities of maternal body work and family supportive supervision is presented in this chapter with a particular focus on FSSB as a form of informal supervisor support. Means of conceptualising context in workplace maternity management research are also discussed, followed by factors that influence FSSB. Next, global South salient contextual factors that may influence supervisors' demonstration of, and mothers' access to FSSB for breastfeeding, are presented.

### Role Theory

The complexity of managing breastfeeding and employment is partially explained by role theory (Greenhaus & Beutell, 1985; Kahn, 1964). Role theory distinguishes between work and family role expectations and posits that a work-family conflict occurs when attempting to blend demands from the distinct domains. Work-family conflict manifests in time-, strain-, and behaviour-based conflicts.

Time-based conflict occurs when performing one role (e.g., family role or breastfeeding) limits time to meet the expectations of the other (e.g., work demands). Work hours and type of employment serve as the strongest indicators of time-based conflict among working women. For example, full-time employees demonstrated a lower likelihood of maintaining breastfeeding over an extended period compared to their part-time counterparts because of their differing time flexibility (Scott et al., 2019; Smith, 2013; Spitzmueller et al., 2016). Factors such as inadequate breastfeeding breaks (in terms of both length and frequency) and limited social support at the workplace further exacerbated time-based conflict (Cardenas & Major, 2005; Smith, 2013). However, professionals with higher autonomy levels and private office spaces were found to be most likely to successfully negotiate time-flexibility and utilise private spaces for breastfeeding needs (Dinour & Szaro, 2017; Snyder et al., 2018; Tsai, 2013). Other working mothers incorporate strategies such as simultaneously expressing breastmilk and working, or breastfeeding during their lunch breaks (Burns & Triandafilidis, 2019; Froh & Spatz, 2016; Weber et al., 2011).

The strain-based conflict arises when physical and psychological tensions generated by fulfilling one role (e.g., job duties) supersedes another (breastfeeding at work). The strain

manifests as, anxiety, fatigue, depression, apathy, and irritability due to the overemphasis on job duties at the expense of breastfeeding for working women (Van Sell et al., 1981). In a mixed-methods study conducted in Australia, Burns and Triandafilidis (2019) found that despite having access to breastfeeding breaks, mothers felt guilt for utilising these breaks as it reduced their work hours. Such feelings can lead to physiological implications for breastfeeding, such as inhibiting the secretion of prolactin, the hormone crucial for breastmilk production (Lee, 2018). This physiological disruption, alongside mothers' frustration over limited breastmilk production, could potentially lead to premature breastfeeding cessation.

Behaviour-based conflict emerges when the behaviours required to perform one role is incompatible with those of another role. This arises primarily from the perceptions of what is deemed professional vs unprofessional behaviour in the workplace (Greenhaus & Beutell, 1985). For instance, employees are expected to embody the ideals of the 'good worker', which includes maintaining a professional demeanour and undertaking long hours of work. However, these expectations may conflict with the requirements of breastfeeding at work - such as taking breaks for breastmilk expression or experiencing leaking or engorged breasts. Such circumstances can induce feelings of shame, thereby creating behaviour-based conflict, especially in organisations where breastfeeding is perceived as unprofessional (Gatrell, 2007, 2019).

Role theory deepens our understanding of the work-based, cultural, and physical challenges working mothers are faced with in their management of breastfeeding and employment demands. Further, this theory emphasises the need for specialised and contextualised support to mitigate strain among working mothers. In the next section, the experiences associated with workplace maternity management are presented.

### ***Workplace maternity management***

Balancing professional obligations and breastfeeding presents a unique maternal body work challenge for working women. On the one hand, they are expected to fulfil the role of being nurturing mothers, aligning with public health discourses that promote the care of their own bodies and those of their babies. On the other hand, the women must conform to "good" employee bodily norms (Gatrell, 2019). Gatrell (2014) argued that professional women engage in complex forms of bodywork, involving practices that mould their bodies to fit into dominant masculine organisational cultures, such as breastmilk expression and storing milk (Höpfl & Atkinson, 2000; Varma & Sivarajan, 2020). Beyond that, mothers are actively involved in

regulating their breasts and navigating the emotional labour of shifting between motherhood and their career. This bodywork encompasses aspects such as fatigue, heightened anxiety, body transformations, and the bodily fluids (i.e., breastmilk) associated with motherhood, which may evoke discomfort among employers, marginalising or 'othering' mothers as they comply with masculine organisational norms (Gatrell, 2013; Young, 2005). Working women's place in the workplace is thus unstable, potentially being subject to negative adjustments during pregnancy and early motherhood.

Socio-cultural feminist theories have characterised the maternal body as leaky and disruptive due to the abundance of hormones associated with motherhood, which may lead to unpredictable emotional outbursts (Höpfl & Atkinson, 2000; Warren & Brewis, 2004). The perceived 'leakiness' of breastfeeding bodies tends to spur fear and disgust among co-workers and mothers alike (Gatrell, 2019; Turner & Norwood, 2014). This perception is partly rooted in sexualisation of the breasts, which generates aversion toward breastfeeding in public spaces including the workplace. Consequently, mothers may feel compelled to shield others from the sight or discussions about breastfeeding in public, often concealing the act. This concealment of leakage is often seen as necessary to avoid negative judgments and marginalisation at work (Young, 2005) because breaching masculine organisational norms can lead to adverse consequences such as dismissal, delayed career advancement, or hostility from co-workers (O'Driscoll et al., 2003).

Working mothers employ various coping strategies to manage the challenges posed by maternal body work and adhere to workplace norms. These strategies include maternal stoicism, secrecy, silence, and supra-performance (Gatrell, 2011, 2017). Maternal stoicism involves "working through" ill health and the discomfort associated with breastfeeding to avoid being side-lined at work (Gatrell, 2011). Mothers strive to appear immutable, social, and intellectual, fearing that a focus on the corporeal aspects of their bodies may diminish their intellectual capital (Varma & Sivarajan, 2020). Another strategy is avoiding announcing or discussing pregnancy and breastfeeding activities to comply with workplace expectations (Gatrell, 2007). If mothers continue breastfeeding, they may resort to secretive methods, concealing breastfeeding from colleagues and adjusting their bodies to produce milk predominantly at night, to avoid public mockery or sarcastic comments from employers or co-workers (Gatrell, 2007, 2011; Turner & Norwood, 2014). Such coping mechanisms demand significant effort and time from mothers, and they often go unrecognised and unrewarded by employers.

The maternal management literature provides a rich conceptualisation of the maternal body work, providing a nuanced understanding of contextual factors that drive or limit breastfeeding at work. It further elucidates the need for workplaces to develop and implement relevant supportive initiatives to protect working women from the work-family conflict inherent in maternal body work. Formal workplace initiatives may fall short in addressing the nuanced and complex needs encompassed in maternal body work. Social support from supervisors emerges as a critical resource to bridge work and family demands and create a conducive environment for working mothers to breastfeed at work (Cardenas & Major, 2005). In the subsequent section, the role of social support in maternity protection will be explored.

### **Social Support Theory**

Supervisor support is an important form of social support in managing work–family demands. Social support is defined as interpersonal interactions that foster adaptive behaviours when individuals experience strain from juggling work and family responsibilities to protect individuals' well-being (Cobb, 1982; Cohen & Wills, 1985; House, 1981; House et al., 1988). Work-based social support can be provided by supervisors, co-workers, and the organisation, either through behavioural expressions or perceived support (French & Shockley, 2020). Behavioural support involves showing concern for emotional well-being and providing informational and physical assistance (House, 1981). Perceived support, depends on individuals' perception of whether their support needs are met by others (Procidano & Heller, 1983). The Conservation of Resources Theory (COR) (Hobfoll, 1989) explains the resource-inducing mechanisms of social support, in that social support widens individuals' pool of available resources, reinforces or even replaces other resources, and serves as a buffer to mitigate strain from juggling work and family demands (Cohen & Wills, 1985; Hobfoll, 1989). Social support is particularly instrumental in resource deprived contexts as a mechanism to maximise limited resources. It aligns with cultural values of mutuality, community solidarity, and reciprocity often embraced in global South societies such as South Africa (Keikelame & Swartz, 2018; Mohanty, 2011; Mupedziswa & Ntseane, 2013; Wright et al., 2015). Among different types of social support, supervisor support has been recognised as a crucial factor influencing various employee and organisational outcomes, including work-family conflict, stress, turnover intention, work-family positive spillover, and job satisfaction (Allen, 2001; Kossek et al., 2011).

Supervisors are an important source of workplace social support (Hammer et al., 2013; Kossek et al., 2011) because of their close involvement in employees' day-to-day operations and their influence on employees' adaptation to work–family demands (Valcour et al., 2011). For example, working as 'gatekeepers', supervisors can determine whether employees access work–family initiatives such as breastfeeding breaks and maternity leave (Bond & Wise, 2003; Dinour & Szaro, 2017; Spitzmueller et al., 2016). Further, they may influence the extent to which employees blend work and family by giving employees autonomy to make arrangements such as leaving work early to attend to family needs (Tsai, 2013). Supervisors also create a perception of family friendly organisations, influence employee's utilisation of organisational resources (Kossek et al., 2011), and protect employees against negative consequences for using work–family resources (Allen, 2001; Michel et al., 2011). Supervisor support can be specific for the management of work–family responsibilities or it can take the form of more general support, however, Kossek et al. (2011) argued that specific work–family supervisor support is more effective. FSSB is an example of specific supervisor support and prioritises employees' integration of family and work responsibilities, compared to general support that focuses on employees' global wellbeing and work performance (Allen, 2001; Hammer et al., 2009; Hammer et al., 2007; Kossek et al., 2011; Russo et al., 2018). Research has shown a negative association between FSSB and both work-family conflict and turnover intentions, as well as a positive relationship with work-family positive spillover and job satisfaction (Hammer et al., 2009; Russo et al., 2015). Employees receiving FSSB also experience fewer psychological strains and emotional exhaustion, and report higher levels of work-family enrichment, job satisfaction, and thriving at work (Behson, 2005; Odle-Dusseau et al., 2013; O'Driscoll et al., 2003). Although FSSB has been mainly evaluated for the management of traditional non-work responsibilities, its descriptive nature and effectiveness suggest its potential as a valuable resource for navigating maternal body work and promoting breastfeeding at work. Further exploration of FSSB as a potential breastfeeding resource is discussed next.

### ***Family supportive supervisor behaviour for breastfeeding at work***

Hammer and colleagues (2007, 2009) conceptualised FSSB and validated four dimensions of FSSB: emotional support, instrumental support, role modelling, and creative work–family management (Hammer et al., 2009). The COR theory (Hobfoll, 1989) and Job Demands–Resources Theory (JD-R) (Demerouti et al., 2001) are two significant theoretical foundations that explain the relationship between FSSB and positive organisational outcomes. The COR theory (Hobfoll, 1989) posits that individuals strive to retain, invest, and protect those resources

that are valuable to them, and those that are threatened by resource loss or the possibility of loss. A further argument of the theory is that individuals accumulate resources to cope with stress from multiple demands, such as breastfeeding and related stressors, and use these resources when they are dealing with stress (Hobfoll, 1989; Hobfoll & Vaux, 1993). The time, energy, and effort it takes to breastfeed or express breastmilk at work are examples of family-related demands that when combined with work-related demands may drain employee resources and subsequently result in strain.

FSSB, through its four dimensions, may mitigate the resource drain experienced by working mothers. For example, *emotional support* shown through concern and interest in mothers' challenges with expressing breast milk at work (e.g., by offering a kind word), should reduce mothers' feelings of guilt, anxiety, and stress associated with work time pressures from breastfeeding demands (Burns & Triandafilidis, 2019; Froh & Spatz, 2016). *Instrumental support*, which involves providing of physical assistance and informing working mothers about breastfeeding policies and private space, can address a significant barrier to accessing and utilising work-family programs (Behson, 2005; French et al., 2018). Lack of information about available benefits often leaves breastfeeding employees feeling unsupported, while proactive instrumental support can create a perception of understanding and reduce maternal stress about breastfeeding at work (Froh & Spatz, 2016; Kosmala-Anderson & Wallace, 2006). Additionally, *creative work-family management* contributes to resource accumulation. Supervisors display creative work-family management when they proactively devise innovative measures to maintain productivity, team performance, and cohesion while ensuring that employee family demands are met, which preserve resources for both the mother and the organisation (Hammer et al., 2009). For example, rescheduling shifts to fit the needs of the mother, lending a hand in task completion, and allowing a mother to bring their child to work are some of the many strategies supervisors may employ to prevent disruption of work-flow and mitigate organisational resource loss (Hernández-Cordero et al., 2022). The fourth dimension, *role modelling* is explained using the Social Learning theory (Bandura, 1977). Supervisors who demonstrate an in-depth understanding of the complexities of breastfeeding at work through personal experience either themselves, with their partner, or a close personal contact are likely to encourage mothers to utilise breastfeeding breaks and other maternity benefits at work (Basuil et al., 2016).

Moreover, family supportive supervision fosters the perception of the organisation as family-friendly, leading to increased use of family programs. According to the Organisational Support theory, employees interpret supervisors' actions as expressions of the organisation's

values (Greenhaus & Powell, 2017). Positive actions related to work-family support by supervisors are seen as the organisation's support for employees' needs (Eisenberger et al., 1986; Levinson, 1965). Employees who perceive their organisation as family supportive are more likely to approach supervisors for help, which extends to the utilisation of family benefits (Kimberly et al., 2019; Kossek, 2011).

Prior research provides compelling evidence on the effectiveness of FSSB in mitigating work-family conflict, however its conceptualisation assumes access to available resources and thus in resource scarce contexts such as South Africa, there may be limitations to its manifestation and applicability. Research has predominantly been quantitative and focused on organisations in high-income countries, potentially overlooking the unique challenges faced by individuals in resource-poor contexts. Additionally, research has primarily centred on managing traditional non-work responsibilities that are not as stigmatised as breastfeeding at work, this might also add complexities to the use of FSSB in managing breastfeeding at work. A review of the literature on factors that influence FSSB is presented next.

### **Factors that Influence Family Supportive Supervisor Behaviours**

The nature of FSSB that supervisors may provide is informed by several factors at the individual (Russo, 2015), organisational (Rofcanin et al., 2017; Bagger & Li, 2014; Epstein et al., 2015), and national levels. At the individual level, shared personal characteristics in the supervisor-employee dyad such as gender (Basuil et al., 2016; Foley et al., 2006), race (Foley et al., 2006), and parental status (Basuil et al., 2016), have been found to have a positive effect on FSSB engagements (Huffman & Olson, 2017). For example, researchers suggest that female supervisors are perceived to be most likely to be family supportive and are approached by women for support compared to their male counterparts (Basuil et al., 2016; Huffman & Olson, 2017). This is due to gender role socialisation about women being perceived to be better caregivers because of their greater involvement in caregiving responsibilities compared to men (Cárcamo et al., 2021). Employees who need supervisor support thus perceive higher relatability with female supervisors (Basuil et al., 2016; Irak et al., 2020; Reis, 1998). Some studies suggested that beyond shared characteristics, exposure to maternal needs – whether through personal experience with breastfeeding or close personal contact with breastfeeding – influenced the likelihood of supervisor support for breastfeeding (Basrowi et al., 2018; Chow et al., 2011; Seijts, 2004). Cahusac and Kanji (2014) found that managers who did not have family responsibilities were often blind to maternal needs and/or lacked empathy for employees

with maternal needs compared to managers who had experienced family demands. Additionally, supervisors' beliefs about breastfeeding at work informed their level of family supportive supervision (Chow et al., 2011; Dunn et al., 2004; Soomro et al., 2016). Those who perceived breastfeeding at work as a threat to productivity based on their limited knowledge of the benefits of breastfeeding support, were less likely to support mothers (Basrowi et al., 2018; Cahusac & Kanji, 2014; Ross & Woszidlo, 2022). Recent studies have found that situational conditions (e.g., employee family-to-work conflict and leader-subordinate behaviours), managerial characteristics (e.g., being empathetic) (Epstein et al., 2015), and resource capacity (e.g., supervisors' family-work conflict (FWC) and organisational work-family culture) (Pan et al. 2021) significantly influenced FSSB among white collar employees in organisations in the United States.

At the organisational level, family supportive benefits (e.g., child and elder care policies) (Bagger & Li, 2014; Hammer et al., 2011; Matthews et al., 2014) and a family friendly culture (e.g., family-supportive organisation perceptions) (Mills et al., 2014) have been associated with a high perception of FSSB among employees from organisations in the United States. Literature on the theorisation of FSSB and factors that influence the construct have predominantly been studied in the global North and therefore this knowledge must be used with caution in other contexts, as contextual factors inform resource availability and subsequent provision of FSSB (Las Heras et al., 2015; Talukder et al., 2018). A growing body of literature shows the influence of cultural and structural factors on work-family issues (Bosch et al., 2018; Ollier-Malaterre et al., 2013; Trefalt et al., 2013), particularly on social support, as it is rooted in societal norms and values (French et al., 2018). Using contextual social exchange theories, Las Heras et al. (2015) and Bosch et al. (2018) investigated the effect of different features of national contexts on the relationship between FSSB and organisational outcomes. In particular, Las Heras et al. (2015) investigated the effect of social welfare in a society (e.g., high social expenditure and low unemployment rate) on the relationship between FSSB and job performance and turnover intentions. They found that social welfare moderated the relationship between FSSB and two organisational outcomes such that, employees positively perceived FSSB and were significantly motivated to improve job performance in societies that invested more in social welfare and had low unemployment rates compared to unsupportive societies (e.g., those with high unemployment and low social expenditure). Bosch et al. (2018) examined the moderating effect of gender inequality on the relationship between FSSB and individuals' motivation to work. They found that FSSB had a positive effect on motivation when the gender inequality index of the country was low. While these studies have demonstrated the moderating

effect of national context on FSSB and organisational outcomes, no studies have theorised the role of contextual factors as antecedents of FSSB, particularly from a global South perspective (Straub, 2012).

To acknowledge the influence of contextual factors on FSSB for breastfeeding at work in the global South, this research adopted a Southern lens (Jaga, 2020; Jaga & Ollier-Malaterre, 2022) together with the contextual employment relationship theory (Coyle-Shapiro et al., 2004; Coyle-Shapiro & Shore, 2007; Schalk, 2004). The contextual employment relationship theory holds that national level contextual factors shape the nature of social exchanges between supervisors and employees as they are embedded in institutional and cultural conditions (Coyle-Shapiro et al., 2004; Coyle-Shapiro & Shore, 2007; Cropanzano & Mitchell, 2005; Hannah & Iverson, 2004; Kim & Wright, 2011; Schalk, 2004). Coyle-Shapiro and Shore (2007) postulated that socio-cultural values and norms permeate social exchanges in the organisation such that reciprocal relationships between supervisors and employees will mirror norms from hosting societies and influence the relational dynamics between the organisation and employees (Valverde-Moreno et al., 2021). Therefore, the belief systems and socio-cultural norms underlying the global South will distinctly influence the supervisor-employee exchange on breastfeeding at work compared to such interactions under different contextual conditions in the global North (Coyle-Shapiro et al., 2004; Kim & Wright 2011).

The Southern lens acknowledges that individuals from historically colonised regions present with distinct social experiences compared to those of colonising societies and emphasise adoption of new ways of learning that embrace marginalised contexts (Banerjee & Connell, 2018; Connell, 2014). The Southern lens is a decolonial tool consisting of multiple perspectives that include theories from the South (Comaroff & Comaroff, 2012), epistemologies of the South (de Sousa Santos, 2015) and Southern theory (Connell, 2007). Southern theories allow the exploration of a phenomenon in its historical context by considering the influence of oppressive histories such as colonialism, global hunger, apartheid and land disposition to capture the contextual richness of the global South and relating insights from the South to those of the global North, thus democratising knowledge production (Milani & Lazar, 2017).

Global South contexts present complex challenges that are rooted in shared histories of colonialism and imperialism, which give rise to distinct expressions of economic and social structures (Fadaee, 2017). These challenges may complicate the nature of FSSB for breastfeeding at work. Researchers suggest that the legacy of oppressive histories encountered

by the global South continues to influence resource distribution and availability (Nkomo 2011; Jaga, 2020), and should be critically considered in the analysis of FSSB for breastfeeding at work within the global South. A review of the literature on global South salient factors that may influence the supervisor-mother exchange on breastfeeding at work follows.

### **Global South Salient Contextual Factors and FSSB**

Literature on breastfeeding at work in the global South, has mainly been from the public health perspective with a particular focus on the influence of maternal attributes and employment conditions on breastfeeding continuation (Hirani & Karmaliani, 2013; Ismail et al., 2012; Maponya et al., 2021b; Mensah, 2011). Less is known about breastfeeding at work from an organisational and management perspective. In the absence of such literature, the review below draws on the topic across diverse disciplines.

#### ***Working Conditions and Breastfeeding at Work***

Several countries in the global South have legislated the protection of breastfeeding at work through the provision of unpaid maternity leave and breastfeeding breaks (Hirani & Karmaliani, 2013; Ismail et al., 2012). However a low level of awareness of maternity protection legislations has been found in these countries, including in South Africa (Daniels et al., 2020), Malaysia (Ismail et al., 2012), and Pakistan (Hirani & Karmaliani, 2013). As such, the level of knowledge about maternity benefits among mothers and employers tends to be limited both in the public sector (Bradford et al., 2017; Gbagbo & Nkrumah, 2022; Hirani & Karmaliani, 2013; Kosmala-Anderson & Wallace, 2006; Omer-Salim et al., 2014; Riaz & Condon, 2019) and the private sector (Gbagbo & Nkrumah, 2022). Contrary to high-resourced contexts in the global North where more comprehensive support is available for working mothers (e.g., day-care centres, professional lactation consultants and provision of breastmilk pumps), equivalent resources are scant in low-resourced contexts in the global South. The low awareness about maternity benefits and limited instrumental resource availability complicates breastfeeding at work and its support and builds on to the perception of breastfeeding as a personal issue far removed from the workplace, rather than recognising it as a workplace issue (Ismail et al., 2012; Mensah, 2011). For example, working mothers are likely to experience shame and embarrassment when having to manage leaking breasts in organisations that have low awareness of maternity needs (Mlay et al., 2004). Recent studies conducted in Mexico and Kenya found that normalisation of maternity needs and benefits through the legislation of

breastfeeding rooms improved awareness of breastfeeding at work and its support among human resource personnel, supervisors, and mothers (Hernández-Cordero et al., 2022; Ickes et al., 2021).

Staffing challenges such as chronic staff shortage and long inflexible shift schedules are some of the challenges that have been identified for working mothers who wish to breastfeed at work in some resource-constrained contexts, including in India (Omer-Salim et al., 2015), Pakistan (Hirani and Karmaliani 2013), and Tanzania (Omer-Salim & Olsson, 2008; Tsai, 2022). A Taiwanese study found that challenges with shifts have a significantly negative impact on breastfeeding rates among blue collar employees compared to non-shift employees who had fewer challenges with their schedules and utilised the legislated breastfeeding breaks and lactation rooms more (Tsai, 2022).

Several studies found that working mothers relied heavily on family and spousal support to maintain continued breastfeeding upon return to employment. This was especially the case for employees who worked in organisations where breastfeeding was perceived more as a family issue than an organisational issue (Omer-Salim et al., 2015; Riaz & Condon, 2019; Tsai, 2022). In a qualitative study conducted in India, working mothers expressed that extended family members (mother/father, mother-in-law, father-in-law, siblings and other in-laws) helped them cope with their non-conducive workplace conditions. These included complicated bureaucratic procedures or negative attitudes toward ‘family responsibilities’ that limited these women’s access to an extension of their maternity leave (Hirani and Karmaliani 2013; Omer-Salim et al., 2015). Similarly in a hospital setting in Pakistan, working mothers reported a great reliance on family members for support when they encountered rigid workplace policies, for example, short and non-negotiable maternity leave, inflexible shift schedules, and lack of childcare resources (Riaz & Condon, 2019). Spousal support included encouragement to use breast-pumping breaks or bringing the baby to work to be breastfed by the working mother (Tsai, 2022). However, some mothers lived long distances from their workplaces and used unreliable public transportation to commute to work, which discouraged those from breastfeeding at work due to the difficulty of travelling with expressed breast milk in such conditions, or the inability to have their children brought to them to breastfeed at work (Ickes et al., 2021; Omer-Salim & Olsson, 2008).

### ***Maternal Attributes Related to Breastfeeding at Work***

At an individual level, research has focused on mothers’ agency to breastfeed at work (Omer-Salim et al., 2014), breastfeeding at work intentions (Tsai, 2022), and return to work

anticipatory strategies (Sulaiman et al., 2018). Some anticipatory strategies women adopted to manage breastfeeding and employment involved excessive breast milk expression during maternity leave to save up milk for the infant upon return to employment or having their babies brought to work by their family members to breastfeed [see Table 2] (Omer-Salim & Olsson, 2008).

**Table 2:** *Anticipatory Strategies Adopted by Mothers to Manage Breastfeeding and Employment in Global South Contexts*

Authors	Method, sample	Location	Anticipatory strategies
Omer-Salim & Olsson (2008)	Qualitative study, health care employees	Dar es Salaam, Tanzania.	<ul style="list-style-type: none"> <li>• Preparing during pregnancy and maternity leave.</li> <li>• Maximizing breastfeeding during time off work or creating time to breastfeed during the working day.</li> <li>• Finding someone else to manage infant feeding during the mother's absence at work.</li> </ul>
Omer-Salim et al., (2015)	Qualitative study, public education and health employees	New Delhi, India	<ul style="list-style-type: none"> <li>• Working until the very end of pregnancy.</li> <li>• Breastfeeding exclusively and on demand during maternity leave.</li> <li>• Adjusting the baby's feeding schedule a few weeks before return to work, or moving the home closer to the workplace.</li> <li>• Finding out what regulations exist regarding leave and maternity benefits from the employer.</li> <li>• Negotiating for longer childcare leave and suitable shifts, or by planning to reduce the time spent away from the baby in innovative ways.</li> </ul>
Hirani & Karmaliani (2013)	Qualitative study, professionally employed women	Karachi, Pakistan	<ul style="list-style-type: none"> <li>• Prior knowledge about breastfeeding.</li> <li>• Self-commitment to continued breastfeeding.</li> <li>• Ability to communicate maternal needs openly.</li> <li>• Prior planning, and boldness to sustain breastfeeding during working hours.</li> </ul>

In summary, the limited research on managing breastfeeding and employment conducted in the global South has been mainly from the public health field with a major focus on maternal attributes related to breastfeeding at work (Ismail et al., 2012; Omer-Salim et al., 2014; Omer-Salim et al., 2015; Sulaiman et al., 2018). As a result, the breastfeeding at work phenomenon remains perceived as a woman's problem with employers inadequately holding a responsibility toward gender equity at work and employee wellbeing. This perspective ignores complex organisational cultures (e.g., presenteeism and professionalism), norms (e.g., ideal worker norms) and processes that inform access to resources such as, the critical role supervisors play in controlling behaviours and practices at work.

### **Conceptualising *context* in this study**

In this thesis, three papers build on each other to show the novel contributions to knowledge. Key to these contributions is cautioning against universal assumptions because of socio-cultural and material complexities in diverse contexts. This research has used multiple references to elucidate the multifaceted notion of context, for example, referring to the provincial government setting, South Africa, LMICs, and the broader global South. This section presents how context is conceptualised in this research.

Johns (2006, p 386) defined context as 'the combination of situational opportunities and constraints that influence the occurrence and interpretation of organisational behaviour(s), as well as the functional interdependencies among variables'. This comprehensive view of context includes diverse elements, ranging from organisational and national to international, supranational institutional, and cultural factors. Consequently, the impact of context extends to various aspects of the employment relationship, encompassing elements such as workforce demographics, management principles, the labour market, legislative frameworks, and societal values (Farndale et al., 2022).

The conceptualisation of context can be approached from two main perspectives: variable-oriented or context-dependent. Variable-oriented theorising is rooted in positivism (Bonache et al., 2021; Farndale et al., 2022), and operates on three assumptions. First, it posits the existence of an objective reality independent of the researcher, encompassing organisational practices, activities, and outcomes. Second, theories serve the purpose of explaining or mirroring this reality through conceptual models. Finally, these theoretical models outline relationships between variables, often visually depicted, where context can function as a control, main effect, moderator, or mediator. This approach has traditionally

dominated conceptualisation of FSSB, linking contextual factors at one level of analysis, such as the cultural context, to variables at other levels, such as individual or organisational-level. In contrast, context-dependant conceptualisation, adopted in this research, aligns more closely with interpretivism (Bonache et al., 2021). This perspective considers context as a source of innovative theorising, prioritising understanding by embracing ambiguity rather than seeking causality, emphasising patterns and connections rather than linear reasoning about the phenomena of interest (Farndale et al., 2022). Consequently, in this research, the argument is made that local particularities play a pivotal role in shaping experiences, practices, and perceptions about breastfeeding at work and its support in the study setting, the provincial government sector in South Africa. By using a Southern lens (Jaga, 2020; Jaga & Ollier-Malaterre, 2022), the study acknowledges the geopolitics of knowledge production, thus prioritising historical, spatial, and temporal contexts that inform the understanding of breastfeeding at work and FSSB from the global South. The research commenced by examining the context of the provincial government sector within an LMIC, South Africa, to gain an in-depth understanding of workplace breastfeeding experiences and potential means of support. Subsequently, the research expanded its scope to encompass broader socio-political, historical, and spatial factors pertinent to the global South largely because of histories of colonialism, in the applicability of FSSB, thus contributing to the advancement of theory globally.

### **Chapter 3: Methodology**

The focus of this research is to understand breastfeeding at work support from the global South by focusing on FSSB as an effective resource to integrate breastfeeding and employment in a middle-income country context. In this chapter I begin with a consideration of the assumptions about the philosophical worldview, how these contribute to the study, and the research design pertaining to the worldview. This is followed by an explanation of the research procedures and data analysis techniques (Creswell, 2007; Creswell & Poth, 2016).

#### **Research Paradigm**

Researchers' worldviews or specific set of beliefs inform, and guide actions taken to conduct specific research (Creswell, 2014). The researcher's point of view differs based on philosophical assumptions, namely, ontology, epistemology, axiology and methodology (Creswell, 2007; Levers, 2013). Of the four widely used research paradigms (e.g., positivism, constructivism, transformativism, and pragmatism), constructivism, a paradigm within an interpretivist framework, informed this research (Creswell, 2007). The interpretivist framework is concerned with subjective interpretation of individuals' understanding(s) and experiences of reality. This framework presents that participants' interpretation of their reality affects their interpretation of the social world (Creswell, 2007). Constructivists seek to understand human behaviour or the research phenomena in its context in terms of the historical, political, social, and cultural influences on individual's experiences, and to explain how individuals make sense of their experiences (Creswell, 2007; Creswell & Poth, 2016). Constructivists contend that the human experience and the world individuals inhabit are not inherently predetermined or natural, but rather the result of historical arrangements of relationships. Individuals' desires, preferences, beliefs and values are moulded by the unique interplay of personal and institutional social connections that form personal and collective identities. These contextual frames play a key role in generating meaning, and meaning is how the impression of "reality" is created. Breastfeeding at work is a complex work–family issue with perceptions and experiences rooted in historical, social, and cultural factors. A moderate social constructionist approach was adopted to make sense of individual's experience of breastfeeding at work and generate meaning around this phenomenon. A Southern theoretical lens helped emphasise local contextual issues, such as the influence of colonialism and

apartheid, and their effects on maternal experiences in the South African context (e.g., Collyer et al., 2019; Comaroff & Comaroff, 2012; Jaga, 2020). In order to advance breastfeeding support at work from an understudied context in the global South, it was critical that individuals that are primarily affected by the phenomenon were engaged about their experiences with breastfeeding at work and how they believed it could be supported in a meaningful way.

### ***Ontology***

Ontology entails the state of reality and its characteristics (Creswell, 2018). My assumption as the researcher is that multiple realities exist and therefore, I have adopted qualitative research approaches to surface different realities between individuals. Participants' words were captured as quotes or themes to express their different perspectives to get as close as possible to the reality that exists beyond the participants' experiences (Creswell, 2018). Additionally, a multi-perspective approach was sought in that managers/supervisors and mothers voices were captured in understanding breastfeeding at work from each of their perspectives.

### ***Epistemology***

An epistemological assumption refers to what researchers know and how they have come to know what they know, and the nature of the relationship between the researcher and study participants (Creswell, 2018). Prior to conducting this research, I worked closely with breastfeeding women as a registered nutritionist in the public sector in a rural part of South Africa and gained insight into some of the local challenges women encountered in juggling breastfeeding and employment in this context. This insight enriched my understanding of the study participants. The subjectivist epistemology adopted in this research entailed making meaning of participants' descriptions of their lived experiences with breastfeeding at work (Creswell, 2007, 2018). Constructivists also recognise that knowledge is not objective but reflects individuals' internalised biases and values (axiology) (Creswell, 2018; du Plooy-Cilliers et al., 2014; Levers, 2013). Accordingly, interpretation of data is inclusive of both the researcher and participants' values. In this research I accounted for these biases by exercising reflexivity, where personal views and experiences related to the research subject were diarised and sometimes shared with my supervisors.

The fourth philosophical assumption is the methodology or research procedures followed to address the research question (Creswell, 2018). According to Creswell (2018) qualitative research can be inductive, emergent, and influenced by the researcher's level of

knowledge and experience in collecting and analysing qualitative data. The qualitative approach is dynamic and open to change of research questions at any point in the study to better understand and address the research problem (Creswell, 2018). In this research, by first exploring practices and experiences of breastfeeding at work from senior managers and mothers, the research questions were then refined to focus on first line supervisors as key catalysts for supporting breastfeeding at work. I was trained in qualitative data collection and analyses and applied those skills in conducting this research.

I employed both inductive and deductive research approaches to address the research problem. The inductive approach entails generating a theory from the findings rather than starting with a theory to inform the findings (Creswell, 2018). The aim of this research was to understand breastfeeding at work support needs from the perspective of both managers/supervisors and mothers in a context that had not been well explored. An inductive approach was employed to refine the research questions so that the research responded to material needs of individuals within the provincial government context in South Africa. Supervisors emerged as important agents to advance breastfeeding at work in the public sector. To shed light on effective supervisor support for breastfeeding, a comprehensive review of management literature was conducted, revealing significant dimensions that constituted such support. These dimensions, namely emotional support, instrumental support, creative work-family management, and role modelling, had been observed during the preliminary study. Subsequently, a deductive approach was employed to expound on supervisor support for breastfeeding by incorporating a validated supervisory support construct, FSSB, while considering the unique complexities of the public sector in the Western Cape.

Overall, this doctoral research emerged from a larger multistakeholder project on advancing support for breastfeeding at work within the Western Cape Government. This larger project comprised diverse partners, including the Western Cape Government [the Department of the Premier (Policy, Strategy and Research Unit), Department of Health, and Department of Social Development], the Hasso Plattner Institute of Design Thinking at the University of Cape Town and academics at the University of Cape Town (School of Management Studies). In this larger project, using principles of design thinking, interviews were conducted with individuals from different departments in the Western Cape Government to gain an in-depth understanding of the breastfeeding at work phenomenon and the local issues that shaped breastfeeding at work. These insights helped to develop relevant and practical interventions that could be implemented with relative ease, cost, and efficiency within the context, such as website resources, shared stories, and quick guides for supervisors. Findings from the larger project

were useful to conceptualise this doctoral study and develop a more context-sensitive research problem and research questions.

The first paper in this research draws on qualitative data from the larger study but with distinct aims. For example, while the larger study aimed to understand the challenge of breastfeeding and employment in the provincial government to co-create innovative and practical solutions, Paper 1 in this thesis uses the data to focus on connecting patterns and developing key themes to gain a better understanding of the complexity of this challenge. From the analysis in Paper 1, emerged the critical role supervisors may play in advancing breastfeeding support at work. These findings informed the next study in this research, presented in Paper 2, which focused on the applicability of the FSSB construct in understanding supervisor support for advancing breastfeeding at work. Paper 2 narrowed the context to one particular government department, namely public education, because the nature of the teaching profession adds further complexities to the challenge of breastfeeding at work. The study used an exploratory approach to elicit context sensitive insights into how teachers (as mothers) and principals (as supervisors) understood and experienced breastfeeding support at work. These findings highlighted material conditions and contextual factors that influenced FSSB among teachers and supervisors in the Western Cape, which then informed a conceptual model on the antecedents of FSSB, presented in Paper 3. The next section outlines the specific research design and research strategies employed in each of the three papers.

### **Research Design**

An exploratory qualitative design was employed in the first two papers and a conceptual research approach was used in the third paper (see Table 3).

In Paper 1, an exploratory qualitative design helped gain an in-depth understanding of perceptions and practices of breastfeeding at work in the provincial government setting in South Africa. Multi-perspective semi-structured interviews were conducted face-to-face with senior managers and mothers who worked in provincial government. Semi-structured interviews were employed in Paper 1 and Paper 2 to provide room for participants to offer further insights on the subject and for the researcher to explore unexpected ideas from participants (Cassell et al., 2009). The use of a multi-perspective approach was effective to develop a comprehensive understanding of breastfeeding at work from senior managers because they create the workplace culture which influences resource availability and uptake of workplace initiatives (Kendall et al., 2009; Lincoln & Guba, 1986).

**Table 3:** *Research Methods Employed in Each Paper*

Papers	Research question	Method of inquiry	Methodology
Paper 1	What are the perceptions and practices of breastfeeding at work within the provincial government sector in South Africa?	Qualitative	Empirical, interviews
Paper 2	What are working mothers' needs to breastfeed at work and supervisors' needs to advance support for breastfeeding at work in the public education setting in South Africa?	Qualitative	Empirical, interviews
Paper 3 [under review]	What are global South context-sensitive factors that affect FSSB for breastfeeding at work?	Conceptual	Conceptual model and propositions

Building on findings from Paper 2, Paper 3 proposed a conceptual model from the global South, to emphasise context-sensitive antecedents of FSSB and the moderating effect of trust in supervisor on the relationship between these contextual factors and FSSB. The purpose of conceptual research is to identify and address gaps in existing conceptualisation of theory and to contribute to theory by adding missing antecedents, mediating or moderating processes, and/or new constructs (see Table 4) (Jaakkola, 2020; Yadav, 2010). Drawing from established frameworks on conceptual research development (McGregor, 2018; Watts, 2011; Whetten, 1989; Yadav, 2010), existing literature on the contextual influences on breastfeeding for working mothers in the global South, and relevant theories, were reviewed in Paper 3. A conceptual model was developed with research propositions offered.

**Table 4:** Structural Elements of a Conceptual Paper

Structural element of a conceptual paper	Description of elements of conceptual papers
Introduction	Using a directive purpose statement, succinctly specify the issues being conceptualised and the new contribution being made by the paper.
Literature review	Must provide evidence that the new conceptualisation has merit by drawing from existing literature. It must also, "integrate previous research and data into the new concept, problem, theory, or phenomenon not previously examined in literature" (Balkin, 2009, p. 1).

Presentation of new contribution	The largest part of a conceptual paper details the proposed model, its concepts/constructs, and their definitions and how they inform the phenomenon being studied. More effort is made to maintain conceptual integration (how disparate building blocks from literature were woven together) and conceptual robustness (Yadaz, 2010).
Discussion and implications	Describe how the new conceptual model helps explain the phenomenon and its contribution to the field. Provide recommendations for future research and implications for theory and practice (Balkin, 2009; Watts, 2011).
Conclusions	Briefly summarize the content of the paper and reemphasize the foundational and conceptual premises of the proposed model (Watts, 2011). Additionally, remind the reader of the line of reasoning behind the development of the conceptual framework and justify its soundness and robustness (Salomone, 1993).

### Research Setting

The study was conducted in Cape Town, a metropolitan city in the Western Cape province with a population of 4 232 276 (64% of the total provincial population). The Western Cape province is the third largest (by population) of nine provinces in South Africa. Cape Town was selected as the study site for its status as the legislative capital in which government head offices, key policymakers, and several public departments are located (Western Cape Government, 2017). The provincial government setting was purposely selected because it serves as a model employer in that it provides fully paid maternity leave for the legislated four months rather than the minimum legislated 66% of one's salary. In addition, provincial government is the largest employer of all government sectors nationally and has a workforce of 88 412 in the Western Cape, of which 52% are women (Department of Public Service & Administration, 2023). Two of the 13 departments in this provincial government participated in the initial design thinking study and were the context for Paper 1 in this research. Participants were diverse in terms of race, ethnicity, and background and comprised workers with a range of educational backgrounds, from postgraduate degree holders to those with secondary education certificates. While the majority of participants held senior roles, others held administrative positions.

For Paper 2, the study focused on one specific government department, the Department of Education. The Department of Education has experienced rapid feminisation in democratic South Africa, at 20-25 % more than other public sectors (Taole & Wolhuter, 2019). This sector provides distinct insights for breastfeeding at work research because it has a highly controlled

work programme guided by scheduled class times and breaks, with intense job demands and almost no schedule flexibility. In South Africa, the public education sector is also exposed to extreme inequalities rooted in the apartheid and colonial past which continues to influence operations and have implications for supervisor support for breastfeeding at work in post-apartheid South Africa. For example, the apartheid government through the Bantu Education Act of 1953 (Mujal-León, 1988) created a racially segregated and unequal education system such that access to educational resources was determined by individuals' race e.g., White, Black, Indian and Coloured). To maintain white supremacy, high quality infrastructure (e.g., sanitation and recreational facilities, and qualified teachers) were invested in white learners' education which formed "whites only schools" while people of colour occupied under-resourced schools in the peripheries of cities to develop an unskilled, subjugated black labour force (Amnesty International, 2021; Taole & Wolhuter, 2019). To redress apartheid inequalities, post democracy in 1994, the government implemented an equitable funding plan where public schools were stratified into five quintiles ranging from poorest schools (quintile 1) to most affluent schools (quintile 5). Schools in quintile one to three are allocated higher government subsidy to offset poverty levels within their neighbouring communities, and quintile four to five schools receive less subsidy and rely more on school fees and fundraising (White & Van Dyk, 2019). Despite the redress imperative, South Africa's persistent social and economic inequality that disproportionately affects the black majority undermines these efforts. Consequently, the education sector remains unequal as evident in quintile one to three schools which remain under-resourced. For instance, quintile one to three schools may lack recreational infrastructure such as playgrounds, laboratories, staff rooms, toilets, and libraries. They also face increased risk of violence and vandalising due to high poverty and crime in their neighbouring communities, compared to schools in quintiles four and five (Thobejane, 2013). Such socio-economic and cultural conditions have distinct implications for breastfeeding at work and its support (Stumbitz & Jaga, 2020).

### **Sampling Strategy**

The overall research purpose, resource availability, research questions and research constraints informed sampling techniques employed in this research (Patton, 2002).

For Paper 1, upon receiving ethical clearance to conduct the study, snowball sampling was used to recruit participants from provincial government departments to gain an in-depth understanding of perceptions and practices of breastfeeding at work within the provincial

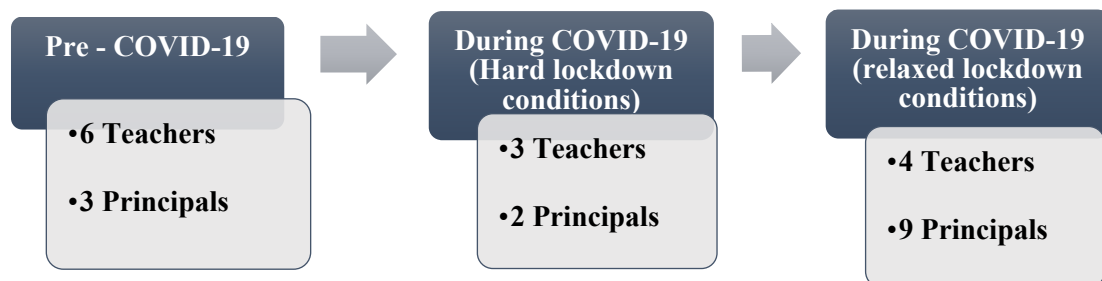
government in its Cape Town region. Of the 13-government departments that make up the provincial government, two were responsive to the research and provided approval. These departments were dominated by women nationally (at least 52% in Cape Town) and could provide rich insight into the understanding of breastfeeding at work.

A multi-perspective approach was sought to gain insights from mothers ( $n = 8$ ) and senior managers ( $n = 4$ ). The inclusion criterion for managers was that they had supervised pregnant employees who returned to the same workplace after maternity leave. For mothers to participate in the study, they had to have had a baby(ies) and returned to the same workplace and were breastfeeding or had breastfed their infants within the previous 24 months. Participants were invited by email which was sent to heads of departments. In response to no replies to the invitation, the first few participants were then found through contacts of provincial government employees who were part of a larger research project (Gelderman et al., 2019).

In Paper 2, multi-perspective semi-structured interviews were conducted to seek triangulation with a sample diverse in gender, job level, race, and school quintile (Kendall et al., 2009). A combination of purposive and snowball sampling techniques were employed to recruit teachers and principals (Patton, 2002). First, invitations were e-mailed to public-school principals ( $n = 110$ ) within the province's main metropolitan region for participation in the study. Poor response to the email invitation (only 3 %) prompted snowball sampling via word of mouth, social media (Facebook and WhatsApp), and personal networks, together with purposive sampling to diversify the sample (Creswell, 2018). For principals to participate, they had to have supervised a pregnant teacher who returned to the same school after their maternity leave. For teachers to participate, they had to have been pregnant or had a baby and breastfed within two years prior to the interview date. The onset of the COVID-19 pandemic and lockdowns initiated in March 2020 interfered with recruitment. Consequently, interviews were conducted under different conditions including: (1) before the start of COVID-19, (2) during hard lockdown conditions when schools were non-operational and employees strictly worked from home, and (3) during eased lockdown conditions when schools were operated under strict conditions (such as, vaccinated teachers, reduced class sizes, observing a safe distance between teachers and learners, and wearing of masks at all times). Figure 1 shows the breakdown of all participants by conditions during data collection. In total 27 semi-structured interviews with 14 principals (seven female and seven males) and 13 teachers across 18 schools were conducted. Sampling was terminated when a representative group (by location and school

types) was reached, and no new information emerged from study participants (Lincoln & Guba, 1985).

**Figure 1:** *Conditions under which interviews were conducted with different participants.*



### Procedure

For Paper 1, semi-structured interviews were conducted between April and August 2018 by a small team of interviewers, including my primary supervisor (as the Principal Investigator of the larger project) and I, a scribe, and an observer. Each interview lasted between 30 to 77 minutes depending on the level of detail each participant offered. All interviews were conducted in English and interview arrangements were made with participants directly (Priporas et al., 2012). In a conversational manner, participants were asked to share their breastfeeding experiences or experiences of supporting breastfeeding employee(s) upon return to work post maternity leave, as well as how they thought that support for breastfeeding at work could be improved. For example, mothers were asked “can you tell me about how you fed your child when you returned to work after maternity leave?” while managers were asked “tell me about your experiences of being a manager to women returning from maternity leave?”. An interview guide was used by the interviewer to maintain consistency across interviews [see Appendices C and D]. The interview guide was developed collaboratively by the multi-stakeholder team that formed part of the larger research project to advance breastfeeding at work in the Western Cape Government. An interview guide also helped the researcher to draw differences from various participants’ responses rather than from how questions were asked (Flick, 2018).

To enhance trustworthiness, after each interview a de-briefing meeting was held with the interviewing team to discuss emerging ideas and to assess if follow up questions with

participants were necessary. As a result, and as part of member checking, three senior managers and three mothers were interviewed a second time to gain further clarity on their understanding of breastfeeding at work and its support and to ensure that the study findings reflected their views (Creswell, 2018).

Ahead of participating in the study (Paper 1), participants were informed that participation was (i) voluntary, (ii), assured of anonymity and confidentiality of their responses and (iii), that they could opt out of the study at any time. All interviews were conducted at participants' workplaces, as indicated by each to be the most convenient (Priporas et al., 2012). Each participant was given an information sheet about the study and a consent form to sign before being interviewed. Basic demographic data such as race, level of education, and age were collected to describe the sample (see Paper 1).

For the study presented in Paper 2, data collection took place before and during the global COVID - 19 pandemic at various schools within the Western Cape Government. Ethics clearance was sought from the University of Cape Town's Commerce Faculty Ethics in Research Committee in August 2019 [REC 2019/008/068; Appendix E] and renewed in February 2021 [REF: 2021/02/002; Appendix F] due to COVID-19 pandemic restrictions on data collection in 2020. Approval was also obtained from the Department of Education in the participating province to conduct research within schools [see Appendix G].

Data collection started in February 2020 with semi-structured face-to-face interviews with principals and teachers at their respective schools. The onset of national lockdowns due to the pandemic in March 2020 interrupted data collection and as a result some interviews ( $n = 6$ ) were conducted remotely via the virtual Microsoft Teams platform or telephonically. The pandemic also threatened the sampling process as public schools stopped operating or operated intermittently. Consequently, reaching participants through school contact details was difficult and data collection became increasingly challenging during the pandemic as teachers and principals were under severe stress from the uncertainty about teaching in the lockdown (Hamman, 2021).

Prior to data collection, participants were informed that their participation was voluntary, and that they could stop participating at any point without consequence. Each participant was given a take-home information sheet about the study and they each signed an informed consent form before participation in the study [see Appendices H and I]. Basic demographic data such as race, level of education, and age were collected to describe the sample [see Appendices J and K, and Paper 2]. Participants recruited during the pandemic signed their consent forms electronically or verbally before the interview. All interviews were

recorded with each participant's permission and confidentiality was assured by not using any names in the reporting of the study findings.

Interviews were conducted in English and isiXhosa based on each participant's preference and lasted between 35 and 120 minutes depending on the level of details shared by participants. I conducted all the interviews and used an interview guide approved by experts in the field to maintain consistency across interviews [see Appendices L and M] (Flick, 2018). Upon establishing rapport, teachers were asked questions such as, "Can you tell me about your experience with breastfeeding and working after maternity leave?". Principals were asked, "In what way(s) did you provide support for breastfeeding at work to a teacher who returned from maternity leave?". To strengthen data quality and rigour, prolonged engagement with participants and observations of the schools' facilities were employed. Investigator triangulation through routine discussion of data between me and my supervisors was conducted to ensure reflexivity and refine interview questions (Lincoln & Guba, 1985; Tai & Ajjawi, 2016). Data collection ceased in May 2021 upon reaching data saturation.

### **Data analysis**

Five fundamental steps guide qualitative data analysis, e.g., data preparation, organising, arrangement of themes, coding, and discussing the data (Creswell, 2018). Different data analysis methods were employed for Paper 1 and Paper 2.

In Paper 1, preliminary data analysis occurred simultaneously with data collection (Creswell, 2018; Miles & Huberman, 1994). Each interview was initially analysed by the interviewers by discussing it soon after the interview had been conducted so that the team could develop further research questions depending on the ideas expressed by participants in the interviews. For example, when interviewers discovered that maternity benefits, particularly breastfeeding breaks were unknown to most participants, questions related to breastfeeding benefits were reframed to be more hypothetical. For instance, for mothers, the question became "how would having access to breastfeeding breaks have changed your breastfeeding experience, if in any way?". Once all interviews were conducted, all audio recordings were transcribed verbatim by a professional transcription company and pseudonyms were used for participants' names and departments. Raw data were imported into NVIVO 12 Pro, a computer software program used to manage qualitative data (Jackson & Bazeley, 2019).

Inductive thematic analysis was employed in which as the first author, I read and re-read the transcripts and generated codes and themes from participant's responses rather than

relying on an existing theory (Nowell et al., 2017). To ensure rich analysis of the data and control for individual biases the second and third authors of Paper 1 (my supervisors) independently read and coded the interview transcripts. Each of the authors had the opportunity to express their unique interpretations of the data (Pemer & Skjølsvik, 2019). My supervisors established patterns in the data and together we critically discussed our findings, merged or renamed subthemes, and refined the themes until we reached consensus (Braun & Clarke, 2006). A final set of four themes that enhanced understanding of breastfeeding at work for mothers and workplace support for breastfeeding among managers in a provincial government setting were agreed upon. Moreover, consensus was reached by all the authors to organise the findings into distinct, yet inter-related themes and subthemes in a novel way across three critical time phases: pregnancy, maternity leave, and the return to work. This framing emphasised that breastfeeding support from managers should begin before the mother takes maternity leave.

In Paper 2, a Southern theoretical lens informed data analysis (e.g., Collyer et al., 2019; Comaroff & Comaroff, 2012). This lens allowed for a critical interpretation of participants' understanding of FSSB, as a form of informal support, with a sensitivity to contextual specificities rooted in histories of colonialism and apartheid. This lens expanded plural ways of understanding FSSB beyond the global North assertions. Template analysis (King, 2004) was used to analyse the data. Template analysis is an appropriate method to thematically organise and analyse qualitative data from multiple perspectives within a given context in Social Sciences (King & Brooks, 2018). I transcribed the first four interviews verbatim to make meaning of the data and identify preliminary themes. The remainder of the interviews were transcribed verbatim and translated by a professional transcription company. Transcription accuracy was established by reading the transcripts while listening to the audio recordings (MacLean et al., 2004) and interview transcripts were then imported into NVIVO 12 Pro (Jackson & Bazeley, 2019). I conducted the initial coding, thereafter, discussed codes, preliminary themes, and main themes with my supervisors regularly, until consensus was achieved.

First, each transcript was read and reread, and the initial template was developed from the first four interviews of teachers and principals. Three initial themes emerged in response to the research questions: (1) General perceptions and experiences of breastfeeding at work, (2) Breastfeeding supportive behaviours, and (3) Factors influencing supervisor support for breastfeeding. Multiple higher order (e.g., factors influencing supervisor support for breastfeeding) and lower order (e.g., socio-economic factors, management style, and personal

characteristics) codes were created (clustering) from the remaining interviews. Broad themes (e.g., practical changes and challenges to breastfeeding at work support) and sub-themes (e.g., infrastructural inequalities, job specific conflict, and supportive changes made by supervisors) were later formed (King, 2004; King & Brooks, 2018). A thorough in-depth analysis of the initial template was conducted yielding themes that centred context sensitive FSSB to advance breastfeeding at work support within the public educational setting in South Africa. Data interpretations were based on the final framework developed.

The methodological processes adopted in this research were valuable in addressing the research question and contributed to the development of the final paper, Paper 3, the proposal of a conceptual model from the realities of the global South. In the next chapter, the three research papers are presented in their published (Paper 1 and 2) and submitted (Paper 3) states.

## Chapter 4: Paper 1

### **Experiences of workplace breastfeeding in a provincial government setting: A qualitative exploratory study among managers and mothers in South Africa**

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#### **Abstract**

**Background:** Return to employment is a major barrier to breastfeeding continuation, globally and in the Southern African context. The Lancet breastfeeding series revealed an explicit need for research exploring breastfeeding as a workplace issue in low- and middle-income countries. A dearth of research on workplace breastfeeding in South Africa calls for attention to this topic. This study sought to explore breastfeeding at work experiences from the perspective of employed mothers and senior managers in a provincial government setting in South Africa.

**Methods:** The study adopted an exploratory qualitative design with multi-perspective semi-structured interviews. Snowball sampling was employed to recruit twelve participants, senior managers ( $n = 4$ ) and employed mothers ( $n = 8$ ), from two provincial government departments in Cape Town, South Africa. Interviews were conducted between April and August 2018 to capture participants' experiences with breastfeeding in the workplace. Thematic analysis was used to analyse data.

**Results:** Four key themes that described experiences of workplace breastfeeding emerged which further traversed three critical maternity periods: pregnancy, maternity leave, and return to work. The prevalent themes were: 1) Knowledge about the legislation and breastfeeding support benefits. Most participants only knew about the legislated four months maternity leave and time off for prenatal visits but lacked knowledge about comprehensive maternity benefits; 2) Perceptions and experiences of breastfeeding in the workplace. Breastfeeding was perceived to be a mother's responsibility and a private issue. As a result, most participants stopped breastfeeding prior to or immediately upon return to work after maternity leave; 3) Barriers to breastfeeding continuation, such as the absence of a conversation about infant feeding plans between managers and mothers; and 4) Recommendations to improve breastfeeding support at work from an individual, organisational and national level.

**Conclusion:** Our study contributions emphasise that breastfeeding support from managers should begin prior to the mother taking maternity leave, and that in addition to providing supportive facilities (such as private space and breastmilk storage), immediate supervisor

support may be critical in fostering breastfeeding-friendly workplaces for mothers. Management implications for advancing workplace breastfeeding support in the public sector are presented.

**Keywords:** Breastfeeding at work, Workplace support, South Africa, Qualitative exploratory, Work–family, Provincial government

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## Background

Breastfeeding is a key child survival strategy to prevent childhood illnesses and deaths. Positive economic and environmental changes and improved maternal health have also been associated with breastfeeding [1]. Current data on breastfeeding practices in South Africa shows that 93% of mothers initiate breastfeeding within the first hour of birth, but that only 24% of infants are breastfed exclusively by age four-five months [2, 3]. South Africa has had a history of the lowest exclusive breastfeeding rates in the world at eight percent between 1998 and 2012 [2]. While improvements have been made [4], the progress is still too slow and far from the Global Nutrition target of 50% by 2025 [5].

Return to employment is a major reason breastfeeding is compromised both globally [6-9] and in the Southern African context [10, 11]. Not surprising, breastfeeding at work is a complex work–family issue because in order to maintain the World Health Organisation’s (WHO) recommendation to breastfeed exclusively for the first six months of the infant’s life [12], most mothers must engage in this responsibility in the time and space of paid work. Employed mothers tend to stop breastfeeding in preparation to return to workplaces that are not conducive to maternal needs [13, 14] and breastfeeding mothers often fall short of the ideal worker ideology around which organisations are built. Ideal workers single-mindedly devote their efforts to organisational goals [15], not allowing distractions such as reproductive needs which are experienced by pregnant and breastfeeding mothers [14]. Workplace breastfeeding support could make positive organisational contributions by decreasing absenteeism, job dissatisfaction, staff turnover and improve staff retention [16-18].

In South Africa, since the first democratic elections in 1994, there has been an increase in the number of females in the labour force because of feminist supportive legislative policies that promoted access to education and employment for women. According to the 2019 Quarterly Labour Force Survey (April – June 2019) 44.6% of the employed labour force were female, of which most (30.7%) were in the formal sector [19]. This increased female representation [20] has focused the government’s attention on laws that promote gender equality, such as 17 weeks unpaid maternity leave with a subsidy of 66% of the mother’s salary that can be claimed from the Unemployment Insurance Fund [21]. With the optimal infant feeding recommendation being six months exclusive breastfeeding [12], mothers returning to work at four months or earlier would need to breastfeed or express breast milk whilst in the workplace. Thus, the state also provides for legislated breastfeeding breaks at work, for 30 minutes twice per working day

for the first six months of the child's life [22]. Unfortunately, the limited available literature has shown great ignorance and poor enforcement of the legislated maternity protection by South African employers, particularly regarding breastfeeding breaks [23].

Current workplace breastfeeding literature is mostly from high income countries [24-27]. Research from low and middle-income countries in the Global South are lacking in providing a contextually rich understanding of employed mothers' breastfeeding practices and salient forms of support to advance breastfeeding at work. Such nuanced insights are needed to inform context relevant interventions [28-30]. The aim of this study is to explore experiences of workplace breastfeeding among employees and managers in a provincial government setting in South Africa to gain an understanding of the local specificities that shape this phenomenon. This in turn could inform appropriate interventions for creating breastfeeding supportive workplaces that meet these mothers' needs and advance the international body of literature.

## **Methods**

### **Study design**

The study adopted an exploratory qualitative design. Multi-perspective semi-structured interviews were conducted face-to-face with senior managers and mothers who worked in a provincial government setting in South Africa. The use of a multi-perspective approach was effective for triangulation and ensuring a richer understanding of the subject as senior managers create the workplace culture which influences the availability and uptake of workplace practices and mothers' behaviours [31, 32].

### **Study setting and participants**

The study was conducted in Cape Town, a metropolitan city in the Western Cape province with a population of 4 232 276 (64% of the total provincial population). The Western Cape province is the third largest (by population) of nine provinces in South Africa. Cape Town was selected as the study site for its status as the legislative capital in which government head offices, key policymakers, and several public departments are located [33]. The provincial government setting was purposely selected because it serves as a model employer in that it provides fully paid maternity leave for the legislated four months. In addition, provincial government is the largest employer of all government sectors nationally and has a workforce of 81 000 in the Western Cape, of which 52% are women. Two of the 13 departments in this provincial government participated in the study. The inclusion criterion for managers was that

they had supervised pregnant employees who returned to the same workplace after maternity leave. For mothers, those who had babies and returned to the same workplace and were breastfeeding or had breastfed their infants in the past two years were eligible to participate in the study. Emails were sent to heads of departments inviting eligible employees to participate. With no replies to the invitation, the first few participants were then found through contacts of provincial government employees who were part of a larger research project in this area. Thereafter we relied on snowball sampling and concluded sampling upon reaching data saturation [34].

### **Data collection**

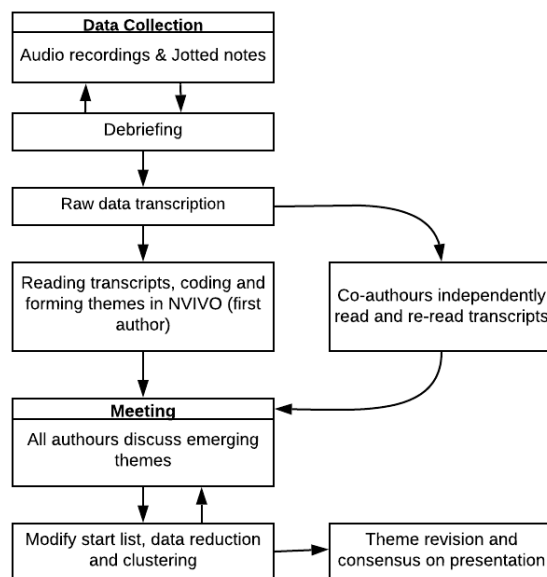
Semi-structured interviews were conducted between April and August 2018 by a small team of interviewers, PBM or AJ, a scribe and an observer. In a conversational manner, participants were asked to share personal breastfeeding experiences or experiences of supporting breastfeeding employee(s) upon return to work post maternity leave, as well as how they thought that support for breastfeeding at work could be improved. For example, mothers were asked “can you tell me about how you fed your child when you returned to work after maternity leave?” while managers were asked “tell me about your experiences of being a manager to women returning from maternity leave?”. All interviews were conducted in English and interview arrangements were made with participants directly. Each interview lasted between 30 to 77 minutes. Scheduling interviews was challenging given the nature of the participants’ work roles, especially those in senior management, and their last-minute cancellations often required rescheduling of interviews. The nature of their work roles cannot be detailed to protect the identification of the departments that participated in the study. All interviews were conducted at the participants’ workplaces, as indicated by each to be the most convenient. Basic demographic data, that is, race, level of education, and age were collected to describe the sample.

To enhance trustworthiness, after each interview a de-briefing meeting was held with the interviewing team to discuss emerging ideas and to assess if follow up questions with participants where necessary. As a result, and as part of member checking, three senior managers and mothers were interviewed a second time to gain further clarity and to ensure that the study findings reflected their views [34].

## Data analysis

Preliminary data analysis occurred concurrently with data collection (Figure 2). All audio recordings were transcribed verbatim by a professional transcription company and pseudonyms were used for participants' names and departments. Raw data were imported into NVIVO 12 Pro, a computer software program used to manage qualitative data [35]. Inductive thematic analysis was used where through multiple readings of the transcripts the first author generated codes and then themes which emerged from the participants' responses, rather than from a priori themes from theory [36].

**Figure 2:** *The data collection and analysis process*



The second and third author independently read and coded the interview transcripts to establish patterns in the data and together all the authors critically discussed their findings, merging or renaming subthemes, and refining the themes until they reached consensus [37]. A final set of four themes that enhanced our understanding of workplace breastfeeding were agreed upon: 1) Knowledge about the legislation and breastfeeding support benefits; 2) Perceptions and experiences of breastfeeding in the workplace; 3) Barriers to breastfeeding continuation; and 4) Recommendations to improve workplace breastfeeding support. Moreover, consensus was reached by all the authors to organise the findings into distinct, yet inter-related themes and subthemes, in a novel way across three critical time phases: pregnancy, maternity leave, and

the return to work (Table 5), emphasising that breastfeeding support from managers should begin prior to the mother taking maternity leave.

### **Ethics**

Ethics approval was obtained from the University of Cape Town Commerce Faculty Ethics in Research Committee in April 2018 [REC 2018/004/013] and from the two government departments. Participation in the study was voluntary and responses were kept anonymous and confidential. Written informed consent was obtained and interviews were audio recorded with permission from all the respondents.

### **Results**

Participants were diverse in race, level of education, and age. All except one participant had post graduate qualifications and held professional positions. Three of the four managers were male, and all the managers had children (Table 6).

#### **Pregnancy phase**

##### **Pregnancy perceived as a mother's issue**

Senior managers and mothers generally perceived pregnancy as private and a mother's issue, that needed to be concealed from work processes. None of the mothers had any infant feeding related conversation with their managers prior to going on maternity leave. Most mothers did not even consider combining breastfeeding and work, while managers distanced themselves and felt that only if mothers made enough of a demand, would there be a need to address pregnancy and breastfeeding issues at work. Some participant's views are expressed in the following quotes

1 **Table 5:** Emerging themes and sub-themes on breastfeeding at work experiences across maternity phases in the provincial government sector

	<b>Theme 1:</b> Knowledge about the legislation and breastfeeding support benefits	<b>Theme 2:</b> Perceptions and experiences of breastfeeding in the workplace	<b>Theme 3:</b> Barriers to breastfeeding continuation	<b>Theme 4:</b> Recommendations to improve breastfeeding support at work
<b>Pregnancy</b> [sub-themes]	<ul style="list-style-type: none"> <li>• Knowledge about maternity leave uptake.</li> <li>• Poor knowledge about breastfeeding breaks.</li> <li>• Optimal knowledge about benefits of supporting breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• Breastfeeding considered a private and personal matter.</li> <li>• Support dependant on managers’ personal values and experiences.</li> </ul>	<ul style="list-style-type: none"> <li>• Absence of conversation about breastfeeding.</li> <li>• Confusion on who is responsible for initiating breastfeeding support conversation at work.</li> <li>• Manager’s gender consideration on breastfeeding support.</li> <li>• Lack of instrumental support at work.</li> </ul>	<ul style="list-style-type: none"> <li>• Raise awareness about the maternity support legislation.</li> <li>• Have a workplace breastfeeding policy.</li> <li>• Provide instrumental support.</li> <li>• Breastfeeding specific social support to be provided.</li> </ul>
<b>Maternity</b> [sub-themes]	<ul style="list-style-type: none"> <li>• Optimal knowledge about benefits of supporting breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• Breastfeeding considered a private and personal matter.</li> <li>• Early breastfeeding cessation.</li> </ul>	<ul style="list-style-type: none"> <li>• Stress associated with transitioning back to employment.</li> </ul>	<ul style="list-style-type: none"> <li>• Raise awareness about the maternity support legislation.</li> <li>• Extension of maternity leave.</li> </ul>

				<ul style="list-style-type: none"> <li>• Breastfeeding specific social support to be provided.</li> </ul>
<p><b>Return to work</b> [sub-themes]</p>	<ul style="list-style-type: none"> <li>• Poor knowledge about breastfeeding breaks.</li> <li>• Optimal knowledge about benefits of supporting breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty expressing at work.</li> <li>• Early breastfeeding cessation.</li> <li>• Breastfeeding considered a private and personal matter.</li> <li>• Support dependant on managers' personal values and experiences.</li> </ul>	<ul style="list-style-type: none"> <li>• Absence of conversation about breastfeeding.</li> <li>• Confusion on who is responsible for initiating breastfeeding support conversation at work.</li> <li>• Manager's gender consideration on breastfeeding support.</li> <li>• Influence of job characteristics.</li> <li>• Stress associated with transitioning back to employment.</li> <li>• Lack of instrumental support at work.</li> </ul>	<ul style="list-style-type: none"> <li>• Have a workplace breastfeeding policy.</li> <li>• Provide instrumental support.</li> <li>• Extension of maternity leave.</li> <li>• Breastfeeding specific social support to be provided.</li> </ul>

“Actually no [conversation about breastfeeding], the only discussion we have had in terms of that, is okay, what plans and arrangements are you going to make when the maternity leave is [over] . . . who is going to look after the baby, and those kind of things. I don’t know if every woman is comfortable discussing their personal matters like that especially with a male manager . . . but I have never had a discussion, maybe it is something I need to think about going forward.” (Manager 1)

“As long as I told them that I am planning on taking my maternity leave, so I think that was enough for me.” (Mother 3)

“I think the conversation ended there after me telling them I am expecting a baby. There was no conversations about how I am going to handle the pregnancy or whatever or breastfeeding later on, so no conversations like that”. (Mother 5)

**Table 6:** Demographic characteristics of study participants

<b>Participant</b>	<b>Level of Education</b>	<b>Gender</b>	<b>Race</b>	<b>Age</b>	<b>Work Position</b>
Mother 1	Postgraduate	F	White	38	Senior manager
Mother 2	Postgraduate	F	Coloured*	32	Project Manager
Mother 3	High School	F	Coloured	40	Admin Clerk
Mother 4	Postgraduate	F	Coloured	36	Supply Chain Officer
Mother 5	Postgraduate	F	African	36	Educator
Mother 6	Postgraduate	F	Coloured	34	Educator
Mother 7	Postgraduate	F	Coloured	31	Educator
Mother 8	Postgraduate	F	Coloured	31	Monitoring Officer
Manager 1	Postgraduate	M	Coloured	47	Senior manager
Manager 2	Postgraduate	M	African	55	Chief Director
Manager 3	Postgraduate	F	White	59	Director
Manager 4	Postgraduate	M	Coloured	49	Director

\*In Southern Africa, the term ‘coloured’ denotes a person of mixed racial ancestry and is used officially in South Africa’s national statistics [52]

### ***Minimal discussion about maternity benefits with pregnant employees***

Most mothers did not have knowledge of their full maternity protection rights such as maternity leave extension or breastfeeding breaks (Basic Conditions of Employment Act, Code of Good Practice), but only knew about the legislated four months maternity leave and time off

for prenatal visits. Managers were also not aware that breastfeeding breaks were legislated and assumed that mothers were informed of their maternity benefits. One manager said:

“. . . even the Basic Condition of Employment Act does not have that [breastfeeding breaks]. If it does, I will be surprised because the Basic Condition lays the basic minimum . . . but, definitely there is no break there, I think it is the tea break . . . and smoke breaks is there but not breastfeeding.” (Manager 2)

Only a few mothers reported knowledge of the option to apply for a maternity leave extension to six months. Some who were aware of it, shared that they did not apply for it in fear of their manager thinking that they were attempting to take advantage of the circumstances, as maternity leave tended to be viewed as a holiday. As one mother mentioned:

“I didn’t [have any conversation about the possibility of extending maternity leave]. I must admit I was actually dying to have that conversation with my boss, but I also didn’t want to give that impression that I am trying to ride this leave out, or take advantage of the situation.” (Mother 5)

Some mothers chose not to apply for maternity leave extension because it was unpaid and there was a financial necessity to return to work. While others described doing their own research, most commonly on the internet, to find out information about their maternity rights, such as breastfeeding breaks:

“I just Googled breastfeeding . . . I think it was the Basic Conditions of Employment Act where they say you get two sessions [breastfeeding breaks], thirty minutes each . . . I went and found the policy and so I took it upon myself to educate them [managers] around what the policies are because I did feel conscious that I am going to express and it is going to take time.” (Mother 4)

### **Maternity leave phase**

#### **Preparation for early breastfeeding cessation**

Most mothers shared that during their maternity leave they started to become anxious thinking about how to provide optimal nutrition for their infants after returning to work. This anxiety stemmed from several sources including: (1) the lack of decent space to express breast milk at work and adequate storage for mother’s milk, (2) working with painful breasts, and (3) commuting for hours with their expressed milk. Consequently, most mothers decided to wean their infants before or shortly after returning to employment as shared by one mother:

“I just sorted it out myself before I came back to work because I knew I was going to work . . . I didn’t want to feel uncomfortable and now you are working and suddenly there is a wet patch. I decided to do that [stop breastfeeding and started the baby on infant formula] before I went to work, so by the time I returned to work there was nothing [no milk leaking]”. (Mother 7)

A few mothers made plans during their maternity leave to maintain exclusive breastfeeding and started storing milk for when they were back at work:

“So, I started probably two or so weeks before I came back and I started expressing and freezing milk. So, we had a backup supply in the freezer and then obviously I ensured that there was at least four bottles for him in the fridge and then during the day at work I expressed two bottles.” (Mother 8)

### **Return to work phase**

#### **Stress from juggling work and breastfeeding needs**

Upon return to employment mothers reported stress dealing with conflict between work demands and their infant’s breastfeeding needs. Here mothers spoke about expectations to be efficient at work whilst experiencing discomfort from full breasts because of a lack of facilities to express mother’s milk:

“I remember also going home every day with really sore breasts because I wasn’t expressing at work and so the milk was building up and building up and it becomes so full and so painful and I also thought this time around [with a new baby] I wouldn’t want to go through that again because it is embarrassing if it breaks through and milk spilling out . . . you come to work and [put a] smile on your face and go on working as normal but you are actually there with full breasts and in pain.” (Mother 5)

Another mother added that there is no recognition that a mother returning to work may be breastfeeding and having both work and breastfeeding duties during her work day. She suggested that support would be welcomed to alleviate this pressure that she faced when returning to work:

“I will say that the work place must make that provision for a mother when she comes back to have that place or a room where they can [express]. You can’t breastfeed because the baby is not here but just to make that provision that you can do all your things because I don’t think there is any places that you can as a mother go and sit and even if you come back, no one is talking to you to ask if you are breastfeeding or just to assist you when you come back . . . you

just come back in the same situation that you left and so no one is actually talking to you to ask you or even suggest. I will say a person [supervisor] must come to you and say you have a baby now and it is four months, is there certain things that you want or ask you if you are breastfeeding or even ask you if you want to leave earlier but there is no things like that". (Mother 4)

Juxtaposing this perspective, managers were not aware of this conflict and the breastfeeding related needs of mothers while at work. They perceived that because mothers had not raised the topic of breastfeeding at work, nor requested support in any form, that it was unlikely to be a real concern. As expressed by one senior manager:

"If women are not putting a request or a demand for breastfeeding facilities it will never see the light of the day because other things that are on the table competing for available resources will get priority . . . I cannot remember any union having brought this as a request. I cannot remember. I have been here now for 16 years. I cannot remember any supervisors bringing this as an issue that needs to be looked at." (Manager 2)

#### **Workplace supportive breastfeeding facilities**

None of the work spaces in the two departments provided supportive facilities such as a private space, or a fridge for storing milk, for mothers to breastfeed or express milk during the workday. One manager shared:

"This is a very unfortunate part because the government doesn't have [facilities] and in most offices there is no infrastructure for breastfeeding . . . I think that is the disadvantage for young mothers because we do wonder most of them are highly qualified and they are professional people and that is putting a huge disadvantage, so they must find alternative means [to provide breastmilk] because they just can't bring babies to work even if they wanted to there are just no facilities." (Manager 2)

Another manager, while speaking about supportive facilities, was also indirectly suggesting that its solely the mother's responsibility to find a solution to combine breastfeeding and work: "I think it's a bit difficult at work remember because we need to keep it [breast milk] here in the freezer and that is not always available and so on. So, when you are back at work it's more difficult so you [the mother] will have to find the balance". (Manager 3)

One government department (not part of this study), had a breastfeeding room that was offered to mothers from other departments to use. However, it was often not a logistically viable option to access during the 30 minutes breastfeeding break as it was in a different building. While few

mothers could use this facility enabling their continued breastfeeding, other mothers used the bathroom or offices to express:

“I think what motivated me to stop [breastfeeding] besides the fact that I didn’t have much milk was the fact that the toilet I was using, they were renovating them and so I did not have anywhere else to express.” (Mother 3)

### **Job characteristics and social supportive enablers**

Few mothers reported to have continued breastfeeding exclusively after returning to employment and stated that supportive supervisors and co-workers were important enablers:

“The rest of the people [colleagues] were absolutely brilliant and if they knew I was pumping then they would make sure no one would come in and that kind of thing, so they respected that and everything and they were just supportive.” (Mother 1)

“My job requires me to be out in the field and travel a lot and he [supervisor] actually said he understands that and he is limiting my operations to day trips so in the metro and the winelands so I don’t have to sleep over in the west coast and stuff like that. So in terms of his overall [support] he is very accommodating.” (Mother 8)

On the other hand, some mothers shared that co-workers were resentful of mothers who expressed at work, suggesting that they were ‘avoiding work’. Mothers in more senior positions who maintained exclusive breastfeeding reported that their seniority and associated levels of autonomy might have influenced their agency to demand support from their managers.

None of the mothers knew anyone who had breastfed at their workplaces and thus had no positive role models. However, a few managers expressed willingness to offer flexible arrangements to accommodate mothers returning from maternity leave, as captured in the following quotes:

“I am open to the idea of it [providing support to breastfeeding employees] and I don’t have an issue if you need to express”. (Manager 1)

“. . . from where I sit, I have now become aware so it is actually a management responsibility . . . and then sensitization of managers in particular because I think once managers are sensitized on this then it becomes easier because I for example would prefer working through my managers to say but you must support . . . it requires an attitude change how this is actually being implemented . . . I think that can be done through training particularly targeting managers and making sure that they understand the particular needs so is it for example something that can be made available temporarily, what do you need in order for that to happen and so on.” (Manager 4)

“I think if the employers can be more, I don’t know if the word is sensitive but more understanding or accommodating. Yes, if they can be more accommodating in that regard, that would be helpful so providing facilities and obviously be accommodating in terms of allowing you to go and do your expressing at that time . . . I think if they could be more sensitive or maybe do some research of their own”. (Mother 5)

### **Discussion**

This study provides important new insights into the experiences of workplace breastfeeding among mothers and managers, in a provincial government context in South Africa, shedding light on the needed advancement in workplace breastfeeding support in this middle income context. The study revealed that workplace breastfeeding support should be initiated from pregnancy through maternity leave until after returning to employment. Most workplace breastfeeding literature has focussed on support when the mother has returned to employment, but our findings suggest that this is too late. In the absence of any conversation with managers on reconciling work and breastfeeding prior to the mother going on maternity leave, many mothers tend to cease breastfeeding during maternity leave in preparation to return to work [10, 38, 39]. Our findings suggest that if managers and mothers have a conversation about entitled breastfeeding breaks and workplace support prior to the mother’s maternity leave, it is likely that fewer mothers will perceive return to work as a reason to stop breastfeeding. These conversations if seen as part of a manager’s role in planning the maternity leave arrangements with the mother, may also shift the perspective that breastfeeding is in fact a workplace concern, rather than a mother’s private issue.

Researchers have argued that the perception of breastfeeding as a personal issue is consistent with the view of breasts as private sexual objects. Breastfeeding is associated with an emotional, leaky body that is in conflict with the ideal worker ideology [40-42]. The disapproval of breasts in public spaces leads to feelings of discomfort and shame which when combined with non-supportive workplaces result in early breastfeeding cessation as was evident in this study [43]. Consistent with previous research, managers in this study were not aware that some mothers had a need to breastfeed or express milk during their workday, attesting to the hegemonic masculinity of workplace norms. Many managers left the responsibility to request breastfeeding support to the already overburdened and vulnerable mothers [25], but most mothers were too afraid to ‘rock the boat’ and ask for support, even when they were entitled to breastfeeding breaks. These mothers were therefore unable to take advantage of their full maternity benefits [27]. A study in the United State found that it was

unlikely that mothers would request support at non-supportive workplaces creating a false belief that there is no demand nor need for breastfeeding support. The passive tendency to expect mothers to demand support creates a vicious cycle where mothers hold back out of fear of negative consequence(s) and keep breastfeeding needs a secret, while managers withhold support maintaining an uncondusive work environment for mothers' breastfeeding needs [44]. Our study confirms these findings that mothers lacked confidence to request support, despite most mothers in this study being highly educated and holding professional jobs.

Similar to findings from a South African survey [23], both managers and mothers lacked knowledge of the legislation on breastfeeding breaks and maternity protection offered by the employer. Only a few self-informed mothers had researched the full benefits available to them as government employees [39, 45]. Poor knowledge dissemination within the provincial government context and a bureaucratic system that impedes creativity in policy adoption, could contribute to poor implementation of breastfeeding legislation at work [23]. Interestingly, most managers in the study expressed a sincere willingness to support mothers to breastfeed at work, but also clarified that they would require sound training to provide appropriate support, especially since most managers were men. Managers indicated that they were unsure as to what support to provide and how. Furthermore, the study findings suggest that immediate supervisors of pregnant and breastfeeding women (more so than senior management) should be champions for change. Existing research shows that immediate supervisors have greater autonomy to control the day-to-day utilisation of resources, to implement policies and restructure the work time and place for meeting employee needs, compared to senior managers who are more distant from employees' daily activities [25-27]. As a result, formal breastfeeding at work programs without supervisor support have been shown to result in poor uptake of work-family benefits [46]. Similarly, research shows that mothers thought empathetic supervisors would ease their stress and enable access to maternity benefits, reducing the pressure placed on them to initiate conversations about workplace breastfeeding [26].

Anticipated work-family conflict [47, 48] experienced by mothers during maternity leave about combining breastfeeding and work demands contributed to them weaning their infants sooner than six months. Socio-structural barriers such as work travel and lack of supportive facilities at work contributed to increased anxieties and feelings of not being supported to maintain breastfeeding. We suggest that employers and Human Resource departments provide supportive information during maternity leave to ease the stress experienced by mothers during this phase. Similar to existing studies, we recommend increasing awareness about the legislation and enforcing its implementation in line with good employment practice [25, 49].

For improved workplace support, suggestions for management include: First, developing a written breastfeeding at work policy in consultation with the mothers to ensure that their needs are met by the policy. This policy should be well communicated through various channels to all employees (not just mothers). A breastfeeding policy establishes a positive attitude towards breastfeeding at work and indicates commitment to supporting, protecting and promoting breastfeeding by the organisation aiding breastfeeding continuation [50]. Second, identifying private spaces with appropriate breast milk storage to create a conducive space for mothers who need to express breastmilk. Third, training supervisors to raise their awareness about mothers' needs to breastfeeding at work, maternity protection legislation, how to foster a positive attitude toward workplace breastfeeding support and equip them with the skills to offer appropriate support. Last, providing flexible work arrangements and on-site childcare to mothers who are navigating breastfeeding and employment [51]. Since the government already has paid maternity leave for four months, it could consider extending paid maternity leave to six months to moderate income loss stress and encourage exclusive breastfeeding.

### **Limitations**

The use of workspaces for interviews might have restricted the mothers' openness about negative experiences they might have had in their workplaces. However, the researchers were trained in qualitative research and probed often to get more information from participants and read their body language for signs of discomfort. Experiences from mothers in lower job positions might have been missed as the majority of study participants held professional jobs. Transferability and application of the findings should be limited to countries with similar demographics and national maternity benefits.

### **Conclusion**

This study revealed that breastfeeding needs to be viewed as an important workplace issue. The main findings from this study were that comprehensive support initiatives should begin as early as pregnancy and continue once the mother returns to employment. Also, conversations between pregnant mothers and their immediate supervisors about how the workplace supports breastfeeding mothers after returning to work would be beneficial in fostering breastfeeding friendly workplaces. Further in-depth research is needed to explore the explicit nature of supervisor support and the supervisor's needs for appropriately supporting pregnant and breastfeeding mothers regarding breastfeeding at work. This study has provided new insights on workplace breastfeeding support in a provincial government context from a middle-income

country marked by low rates of breastfeeding. The findings can inform strategies for employers and policy makers towards creating supportive workplaces for breastfeeding.

### **Abbreviations**

WHO: World Health Organisation; WCG: Western Cape Government

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### **Availability of data and materials**

The datasets used and analysed during the current study are available from the corresponding author upon reasonable request.

### **Ethics approval and consent to participate**

The Commerce Faculty Ethics in Research Committee [REC 2018/004/013] and the two government departments approved the study. All participants were provided information about the study prior participating and signed written consent forms.

### **Consent for publication**

Not applicable.

### **Competing interests**

None.

### **Author's' contributions**

PBM: Study design, data collection, data analysis, data interpretation and major contributor in writing the manuscript. AJ: Study design, data collection, data analysis, data interpretation and

writing. TD: Study design, data analysis, data interpretation and writing. All authors have read and approved the manuscript.

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**Chapter 5: Paper 2****Family supportive supervision in context: Supporting breastfeeding at work among teachers in South Africa****Mabaso BP, Jaga A, Doherty T****Abstract**

Family supportive supervisor behaviours (FSSB) has received growing attention as an effective set of behaviours to facilitate the integration of work and family responsibilities. However, the FSSB construct remains limited in its sensitivity to context and our understanding of FSSB remains embedded in experiences from high-income global North countries and in white collar and private organisational settings. This paper presents a context sensitive interpretation of FSSB for breastfeeding at work among public school teachers in South Africa—a middle-income global South country. Thematic analysis of in-depth interview data from teachers who are mothers, and principals as supervisors, underscored intersecting layers of contextual complexities that advance understanding of FSSB for supporting breastfeeding at work. Patriarchal culture and pervasive gender-based violence in South Africa compromises mothers' access to FSSB, while historical socio-spatial inequalities endemic in the public education sector limits the viability of all dimensions of FSSB to improve breastfeeding at work. The study findings have implications for the application of FSSB in diverse geographical, socio-cultural, and economic contexts.

**Keywords:** Breastfeeding at work, family supportive supervisor behaviours, global South, low and middle-income country contexts, public education sector, blended work and family

## Introduction

Working mothers' challenges of breastfeeding at work are a concern of growing importance as feminisation of the labour force intensifies globally (Al-Attas & Shaw, 2020; Grandey et al., 2020; Johnson & Salpini, 2017). The World Health Organisation (WHO) recommends exclusive breastfeeding (giving breastmilk only) for the first six months of an infant's life, and thereafter breastmilk with complementary foods for up to two years of age or beyond (World Health Organisation, 2021). In supporting WHO's recommendations, several nation states have adopted maternity protection legislation (Heymann et al., 2013). Additionally, organisations are gradually implementing breastfeeding at work support programmes (Dinour & Szaro, 2017) as studies show that workplace support for breastfeeding reduces absenteeism and staff turnover, and increases job satisfaction and productivity (Cohen et al., 1995; Waite & Christakis, 2015). Yet breastfeeding rates among working mothers remain low. Breastfeeding at work remains a taboo in most workplaces as it departs from the stereotypical 'ideal worker' norm (Acker, 1990). Mothers contend with challenges such as inflexible work schedules and unequal access to physical space in their attempts to blend breastfeeding and employment (Gabriel et al., 2020; Johnson & Salpini, 2017). In low and middle-income countries (LMICs), these challenges are exacerbated due to limited state and organisational resources, and economic contexts where the mother's income is of necessity. These mothers tend to cease breastfeeding earlier than the recommended duration to return to paid work (Rollins et al., 2016; Stumbitz & Jaga, 2020). What then could support mothers who wish to engage in breastfeeding and employment in this context to do so? Researchers suggest that first line supervisors who offer informal support, may be effective change agents in facilitating mothers' successful management of breastfeeding and employment because of their proximity to understanding their workers' daily work-family demands (Burns & Triandafilidis, 2019; Chow et al., 2011). This informal support is especially beneficial to mothers in contexts of low formal support (Mabaso et al., 2020). Family supportive supervisor behaviours (FSSB) is a specific form of informal support that supervisors demonstrate to assist employees with their integration of work and family responsibilities (Hammer et al., 2009). It has been associated with improved employee and organisational outcomes such as reduced work-family conflict and turnover intention, and increased job satisfaction and performance (Ode-Dusseu et al., 2016). FSSB research however has mostly been quantitative and conducted in the United States (US) (for exceptions, see Bosch et al., 2018; Las Heras et al., 2015) where family forms and sociocultural and economic contexts are dissimilar to those in countries especially in the global South.

Work–family assumptions rooted in the experiences of white, middle-class, dual earner couples and nuclear families in high-income global North societies may limit the application of FSSB in LMIC contexts (Las Heras et al., 2015; Ollier-Malaterre et al., 2013). Crain and Stevens (2018) added that our understanding of FSSB remains limited in its sensitivity to context and lacking in insights on behavioural processes at play in their manifestation at work. They recommended more qualitative research to understand FSSB in distinct contexts and settings for broadening the construct and its uptake in the workplace.

### **Breastfeeding at Work in South Africa**

South Africa's exclusive breastfeeding rates are amongst the lowest in the world. Nationwide estimates ranged from 8 % (Doherty et al., 2012; Victora et al., 2016) to 32% (South African Demographic & Health Survey, 2017), with mothers' return to work reported as a major reason for breastfeeding cessation (Siziba et al., 2015). To promote breastfeeding at work, the South African national government legislated four months partly subsidised maternity leave and two 30 minutes workplace breastfeeding breaks for the first six months of the child's life (Government Gazette, 2018). However, breastfeeding breaks remain underutilised nationwide (Martin-Wiesner, 2018). Among provincial government employees in South Africa, Mabaso et al. (2020) attributed their underutilisation of breastfeeding breaks to the persistence of masculine workplace norms and a lack of awareness of the legislation by mothers and supervisors. FSSB may therefore foster utilisation of maternity protection benefits and compensate for the limited formal support for breastfeeding at work.

This study aims to broaden our understanding of FSSB in the context of breastfeeding at work in a public education setting in South Africa and contributes to knowledge in the following ways. First, it extends understanding of FSSB beyond its value for traditional non-work demands that affect employees in general (such as taking time to attend to a family emergency) by focusing on a gendered, stigmatised blended work–family issue of breastfeeding at work (Gabriel et al., 2020; Grandey et al., 2020). Next, we widen the applicability of FSSB to diverse settings by studying breastfeeding at work among a specific group of working mothers, namely teachers in the public education setting. To gain a nuanced understanding of the unique salience of FSSB dimensions for breastfeeding at work among teachers, we employ a multi-perspective approach incorporating both teachers' needs for breastfeeding support at work and principals' needs to provide the support as their immediate supervisors. A multi-perspective approach contributes to the development of specific

supervisory behaviours that foster inclusive workplaces for mothers who want to breastfeed at work (Witters-Green, 2003). Finally, while the need to advance supervisor support for breastfeeding at work is by no means a problem confined to LMICs in the global South, we extend FSSB theorising by challenging its Northern universalism that has dominated the conceptualisation of the construct by emphasising local contextual complexities. South Africa's legacy of apartheid and colonialism continues to shape socio-economic and cultural conditions such that it has distinct influences on breastfeeding at work (Stumbitz & Jaga, 2020). We organise the paper by beginning with a brief background into the public education sector in South Africa. We then theorise FSSB in relation to the specific blended work–family phenomenon of breastfeeding at work. Next, we detail the method employed and present the key themes derived from the analysis of the data. The paper concludes with a discussion of the findings and implications for management and social policy.

### **Apartheid and Colonial Influences on the South African Public Education Sector**

In apartheid South Africa, the Bantu Education Act of 1953 (Mujal-León, 1988) created two distinct schooling systems based on race. A superior well-resourced system was created for white learners only, resulting in 'white schools' and an inferior system exclusively for black learners, 'black schools' (Taole & Wolhuter, 2019). 'White schools' were in affluent neighbourhoods, allocated high quality infrastructure such as sanitation and recreational facilities, and qualified teachers, to maintain white supremacy. 'Black schools' received limited resources to develop an unskilled, subjugated labour force (Amnesty International, 2021). In post-apartheid South Africa, to redress past inequalities, the democratic government adopted an equitable funding plan where public schools were stratified into five quintiles ranging from poorest schools (quintile 1) to most affluent schools (quintile 5). Schools in quintile one to three are allocated higher government subsidy to offset poverty levels from their neighbouring communities and quintile four to five schools receive less subsidy and rely more on school fees and fundraising (White & Van Dyk, 2019). Despite the redress imperative, South Africa's persistent economic inequality that disproportionately affects the black majority undermines these efforts. Consequently, the education sector remains unequal as evident in quintile one to three schools which are often under-resourced. For example, quintile one to three schools may lack recreational infrastructure such as playgrounds, laboratories and libraries, and face increased risk of vandalising due to high poverty and crime in their neighbouring communities, compared to schools in quintiles four and five (Thobejane, 2013).

### **Theorising FSSB in Relation to Breastfeeding at Work**

Hammer et al. (2009) validated four dimensions of FSSB namely; emotional support, instrumental support, creative work–family management, and role modelling. Researchers have explained the relationship between FSSB and positive organisational outcomes by drawing on Job Demands–Resources Theory (JD-R) (Demerouti et al., 2001) and Conservation of Resources Theory (COR) (Hobfoll, 1989). The time, energy, and effort it takes to breastfeed or express breastmilk at work are examples of job demands that when combined with work-related demands drain employee resources and subsequently result in strain. Consistent with JD-R theory, emotional support, that is, supervisors showing interest and inquiring about mothers' difficulties juggling work and breastfeeding, and voicing concern when mothers articulate strain, should reduce mothers' feelings of guilt, anxiety, and stress associated with work time pressure from breastfeeding demands (Burns & Triandafilidis, 2019; Froh & Spatz, 2016). Using COR theory, instrumental support and creative work–family management could preserve mothers' time and energy which they may use to breastfeed at work, thus preventing organisational resource losses (Hobfoll et al., 2018). For example, instrumental support involves supervisors informing mothers about breastfeeding at work policies and availing private space to breastfeed. Furthermore, creative work–family management entails supervisors proactively making changes in the work day schedule to allow mothers to take time out to express or breastfeed. Instrumental and creative-work family support could create a favourable emotional and physical environment for women confronted with physical discomfort (e.g., engorged breasts) which negatively affects their self-esteem and job performance (resource loss), thereby helping mothers better manage breastfeeding and employment (Waite & Christakis, 2015). Lastly, role modelling is grounded in Social Learning theory (Bandura, 1977). Supervisors who demonstrate in-depth understanding of the complexity of breastfeeding at work through personal experience either themselves, with their partner, or a close personal contact, are likely to encourage mothers to utilise the breastfeeding breaks (Basuil et al., 2016). Consequently, when mothers experience FSSB, they may feel more comfortable engaging in breastfeeding at work.

### **Method**

#### **Research Approach, Sampling and Procedure**

An exploratory qualitative approach was adopted to elicit context sensitive insights into how teachers and principals understood and experienced breastfeeding support at work in

public schools (Cassell, 2009). Multi-perspective semi-structured interviews were conducted to seek triangulation with a sample diverse in gender, job level, race, and school quintile (Kendall et al., 2009). As public education is located within the realm of provincial government, it was purposely selected as a model employer, as provincial government offers four months fully paid maternity leave. Furthermore, public education has experienced rapid feminisation in democratic South Africa, at 20-25 % more than other public sectors (Taole & Wolhuter, 2019). This sector provides distinct insights because it has a highly controlled work programme guided by scheduled class times and breaks, with intense job demands and almost no schedule flexibility.

Prior to data collection, ethical clearance was sought from the University of Cape Town's Commerce Faculty Ethics in Research Committee in August 2019 [REC 2019/008/068] and renewed in February 2021 [REF: 2021/02/002] due to COVID-19 pandemic restrictions on data collection in 2020. Approval was also obtained from the Department of Education in the participating province to conduct research within schools. For principals to participate, they had to have supervised a pregnant teacher who returned to the same school after their maternity leave. For teachers to participate, they had to have been pregnant or had a baby and breastfed within two years prior to the interview date. Informed consent was sought from each participant prior to data collection and all interviews were recorded with each participant's permission. Participants were encouraged to share only that which they were comfortable sharing and could withdraw participation at any point without consequence. Participant confidentiality was assured by not using any names in the reporting of the study findings.

Multiple strategies were employed to recruit participants. First, public-school principals ( $n = 110$ ) within the province's main metropolitan region were invited by e-mail to participate. Following a poor response (3 %), snowball sampling via word of mouth, social media, and personal networks were employed together with purposive sampling to diversify the sample (Creswell & Creswell, 2018). In total 27 semi-structured interviews from 14 principals (seven female and seven males) and 13 teachers across 18 different schools were conducted (see Table 7 for participant demographics).

**Table 7:** Demographic characteristics of study participants

	Age	Gender	Racial group	Marital status	No. years in organisation	Child's age time of study (months)/ no. of children
Teacher 1	32	Female	Black	Living with partner	5 years	6 months
Teacher 2	33	Female	Coloured*	Married	10	27 months (8 months pregnant)
Teacher 3	33	Female	White	Married	4	7 months
Teacher 4	32	Female	Black	Single	3	11 months
Teacher 5	32	Female	Coloured	Married	11	13 months
Teacher 6	34	Female	White	Married	4	10 months
Teacher 7	41	Female	Coloured	Married	23	12 months
Teacher 8	35	Female	Black	Single	3	8 months
Teacher 9	29	Female	Black	Married	1	1 Month
Teacher 10	32	Female	Black	Single	3	11 months
Teacher 11	41	Female	Black	Married	5	14 months
Teacher 12	30	Female	Coloured	Married	3	16 Months
Teacher 13	30	Female	Indian	Married	6	23 months
						No. of children for principals
Principal 1	63	Female	White	Married	23	1
Principal 2	59	Female	White	Married	12	3
Principal 3	57	Male	Coloured	Widowed	19	5
Principal 4	50	Female	Black	Living with partner	5	1
Principal 5	47	Female	Black	Married	12	5
Principal 6	50	Female	Black	Married	4	1
Principal 7	52	Male	Black	Married	4	3
Principal 8	48	Male	Coloured	Single	5	3
Principal 9	57	Female	Black	Married	5	1
Principal 10	60	Male	Black	Married	26	6
Principal 11	56	Female	Indian	Married		1
Principal 12	51	Male	Coloured	Married	10	3
Principal 13	58	Male	Indian	Married	38	0
Principal 14	57	Male	Indian	Married	3	3

\*A South African racial category that refers to individuals “loosely bound together for historical reasons such as slavery, creolisation and a combination of oppressive and selective preferential treatment under apartheid” often oversimplified as ‘mixed race’ (Erasmus, 2017, p. 112).

Data collection began in February 2020 with semi-structured face-to-face interviews at the participants' schools, but with the onset of the COVID-19 pandemic, six interviews were conducted remotely using the virtual Microsoft Teams platform or telephonically. The pandemic also threatened the sampling process as public schools stopped operating or operated intermittently. Consequently, reaching participants through school contact details was restrained and data collection became increasingly challenging during the pandemic as teachers and principals were under severe stress from the uncertainty about teaching in the lockdown (Hamman, 2021).

Interviews were conducted in English and isiXhosa based on each participant's preference and lasted between 35 and 120 minutes. An example of a question asked to the teachers was, "Can you tell me about your experience with breastfeeding and working after maternity leave?". Principals were asked, "In what way(s) did you provide support for breastfeeding at work to a teacher who returned from maternity leave?". To strengthen data quality and rigour, prolonged engagement with participants and observations of the schools' facilities were employed. Investigator triangulation through routine discussion of data between the authors to deter bias and refine interview questions was conducted (Lincoln & Guba, 1985; Tai & Ajjawi, 2016). Data collection ceased in May 2021 upon reaching data saturation.

### **Data Analysis**

Data analysis was informed by a southern theoretical lens that draws on a range of perspectives which questions universalisms in social knowledge production (e.g., Collyer et al., 2019; Comaroff & Comaroff, 2012). This lens allowed for the emphasis of local contextual issues, such as the influence of colonialism and apartheid, and their effects on material lived realities in a Southern context, to produce plural ways of understanding work–family phenomena (Jaga, 2020). Template analysis (King, 2004), a method of thematically organising and analysing qualitative data in social science research, was employed to analyse the data. This approach was deemed appropriate to examine a phenomenon from multiple perspectives in a given context (King & Brooks, 2018). The first author who is fluent in English and IsiXhosa transcribed verbatim the first four interviews to become familiar with the data and identify preliminary themes. The remaining interviews were transcribed verbatim and translated by a professional transcription company. Transcription accuracy was checked (MacLean et al., 2004) and interview transcripts were imported into NVIVO 12 Pro (Jackson & Bazeley, 2019). The first author conducted the initial coding, thereafter, discussed codes, preliminary themes, and main themes with the other authors regularly, until consensus was

achieved. First, each transcript was read and reread, and the initial template was developed from the first four interviews of teachers and principals. Three initial themes emerged in response to the research questions: (1) General perceptions and experiences of breastfeeding at work, (2) Breastfeeding supportive behaviours, and (3) Factors influencing supervisor support for breastfeeding. Multiple higher order (e.g., factors influencing supervisor support for breastfeeding) and lower order (e.g., socio-economic factors, management style, and personal characteristics) codes were created (clustering) from the remaining interviews. Broad themes (e.g., practical changes and challenges to breastfeeding at work support) and sub-themes (e.g., infrastructural inequalities, job specific conflict, and supportive changes made by supervisors) were later formed (King, 2004; King & Brooks, 2018). A thorough in-depth analysis of the initial template was conducted yielding themes that centred context sensitive FSSB to advance breastfeeding at work support within the educational setting in South Africa. Data interpretations were based on the final framework developed.

### **Findings**

In what follows, we elucidate the key themes that emerged from the data: the pervasiveness of masculine definitions of workplace behaviour compromises teachers' access to FSSB for breastfeeding at work, persisting resource disparities from historic socio-spatial and resource inequalities limits the viability of all dimensions of FSSB to enhance breastfeeding at work, and practical changes and challenges to support breastfeeding at work.

#### **The Pervasiveness of Masculine Definitions of Workplace Behaviour Affecting the Availability of FSSB**

Most teachers believed that their schools were family-orientated as their principals supported them to attend to general family responsibilities outside of work. However, they felt that breastfeeding as a specific need was incompatible with their teaching, and had to be done outside of work time. A male principal voiced his aversion to any adaptations at the school to accommodate a teacher breastfeeding at work, thereby reinforcing masculine workplace cultures and the expectation for women's lactating bodies to be scheduled outside of the work day, so as not to interfere with work demands:

“There is no need for a person to be fiddling with breasts at school. You can express at home before you leave for work. If you have to wake up early and be heading to work

around 6am or so, wake up around 4am or 5am and express” (Principal 10 – male – quintile 1 school).

Teachers felt that their job was not built for lactating bodies as teaching required them to be with learners at all times. The lack of facilities (e.g., private rooms for expressing and storage of breastmilk) reinforced their perceptions of a workplace that was not conducive to maternal needs. Teaching schedules seemed inflexible to allow for breastfeeding breaks, even when these breaks were nationally legislated:

“. . . we only have one 30 minutes break for everyone. I really don’t know [how breastfeeding can be done at work] . . . here we have to get back to class after the 30-minute break. Let’s say you do get the 30 minutes to express then what do you do with the expressed milk?” (Teacher 10 – quintile 1 school).

Teachers who could afford unpaid leave utilised the option for extended unpaid maternity leave of an additional two to three months to care for their infants. Most teachers however stopped breastfeeding during maternity leave in preparation for return to employment, as blending work and breastfeeding seemed impossible in an organisational climate that did not consider gender equality concerns about women’s maternity needs. Some principals were so oblivious to breastfeeding at work that one male supervisor alluded to the absurdity of such a possibility in a workplace, implying that a workplace was built on a specific set of appropriate behaviours in which employee bodies would not be lactating:

“There are no mothers who would be showing their breasts even in parliament, pumping their breasts. You understand right? I mean they [legislation on breastfeeding at work] must be realistic even in parliament. Look at Khusela Diko, she is young, right? The spokesperson of President Ramaphosa, she is young, she’s at that stage of becoming a new mother but during work time she will not take out her breast to express but has to do that at home” (Principal 10 - male - quintile 1 school).

### **Underlying Power Dynamics Between Teachers and Male Principals**

Most teachers shared that trust and a sense of safety was central to breastfeeding support. They felt that discussing issues related to breastfeeding placed them in a vulnerable position and that they would only feel comfortable speaking to supervisors who had demonstrated a familiarity with maternal needs. They indicated a sense of discomfort about receiving emotional support from male—as opposed to female—principals, because women’s breasts have become sexualised in society:

“The discomfort, I think comes from just thinking that okay, he’s a guy and now as I said that, when you are taking out your breasts in public it feels like you are exposing yourself or you are putting yourself under the spotlight where you are in an uncomfortable position, so talking about breastfeeding and or about your breasts to a male figure or a male, just does not come as easy, I don’t know where I can say it comes from but it doesn’t come as naturally . . . as it is to [speak about breastfeeding] to a female [principal]” (Teacher 9 – quintile 5 school).

To underscore this discomfort another teacher wondered aloud, “How do you talk about things like that to a male manager? Like ‘I need to express because my boobs are feeling hard and feeling full?’. So how do I do that, you know, like you’re in a meeting now and I need to go. They won’t understand man!” (Teacher 7 – quintile 4 school).

Somewhat unexpected, the pervasiveness of gender-based violence (GBV) in South Africa emerged as one of the barriers to seeking support for breastfeeding at work from male supervisors:

“I think also with rapes, sexual harassment, statutory rape, those type of things, I think we [women] were made to always be aware or cautious in an environment where there’s men” (Teacher 9 – quintile 5 school).

Here the teacher explained that because of the sexualisation of breasts, women would rather refrain from talking about breastfeeding needs with men to avoid drawing attention to their breasts and potentially being harassed. Interestingly, male principals were unaware of teachers’ discomfort with discussing breastfeeding with them. Some principals felt that breastfeeding was a natural practice. After becoming aware of the legislated breaks and understanding the health benefits of breastfeeding to the baby, these principals perceived breastfeeding as a family responsibility which they were willing to support if a need was raised by mothers. By exception, a few male principals recognised the entrenched patriarchal context in South Africa and the scourge of GBV, and articulated an understanding of mothers’ reservations to speak to their male supervisors:

“Sometimes it’s not nice for a male to speak to a female . . . a lot of the things are to do with culture too, right? Women sometimes feel more comfortable to speak to women. Sometimes males might be seen in a particular way due to experiences of women maybe in environments that they might have found themselves, either abused or something of that sort” (Principal 14 – male – quintile 5 school).

Acknowledging that teachers may be more comfortable receiving emotional support from other women, some principals suggested that teachers who felt uncomfortable engaging with male

principals about their breastfeeding needs could speak to women in other supervisory positions at the school:

“When it comes to the personal issues, like lady-issues [breastfeeding], I've got a female deputy principal that normally goes and chats with them. If they feel comfortable speaking with her, they go to speak with her” (Principal 8 – male – quintile 3 school).

However, principals and those in senior positions at public schools in the province, as with most organisations in South Africa, are still occupied predominantly by men. A female principal voiced the need for greater representation of women in management to create an inclusive environment for mothers:

“. . . part of why there needs to be good gender representation in management is so that there is always someone to go to, that you don't stop breastfeeding your baby because you are too embarrassed or too shy, or whatever, to come to talk to a male principal or a male head of department [HOD]. There's got to be somebody that you should/would feel comfortable to discuss this [with]” (Principal 1 – female – quintile 5 school).

### **Persisting Resource Disparities within Schools from an Unjust Past**

Spatial inequalities, from a history of apartheid and colonialism, appear to influence the type and level of support for breastfeeding at work that principals could provide teachers. Principals from schools located in historically disadvantaged neighbourhoods (quintile one to three schools) articulated hindrances in the provision of instrumental support and creative work–family management. For example, some quintile one to three schools did not have spare classrooms or even a staff room to be used as a private breastfeeding space. They suggested that if teachers needed to breastfeed at work they would have to use their classrooms during break times:

“We work in a rural [peri-urban] school where learners take a break and play outside and leave the teacher alone in their classroom. You find that there is maybe just one or two offices, where one belongs to the HOD, and they are always in their office, and another to the principal . . . So, the teacher can use her classroom to express during the 30 minutes breaks when learners go out” (Principal 5 – female – quintile 1 school).

A teacher shared similar sentiments referring to a school that had recently been built yet could not accommodate breastfeeding needs:

“The school that we are at is a new school here in School 8. We do not have private spaces, a private space where one could express. Everything is done in the classroom,

we do not even have a staff room or anything like that . . . due to the kind of environment we are working under, I cannot [think about breastfeeding at work] but if there was a private place to do that and a storage place for the milk for the duration of the day then in that instance, I would not have a problem [to breastfeed at work] . . .” (Teacher 8 – quintile 1 school).

Principals from quintile one to three schools further stated that their schools were understaffed and could not afford assistant staff to facilitate creative work–family management strategies such as using a substitute teacher or student intern when a teacher leaves the classroom to express breastmilk. In contrast, principals from historically ‘white schools’ (quintile four to five) were better resourced. Quintile four to five schools were likely to have extra rooms that teachers could utilise if they needed to express or breastfeed. These schools also had access to additional support staff because principals from these schools could raise funds within their affluent parent body:

“We get less money [from government], we have to supplement by either raising money and raising our fees . . . with that we have employed more people in the system . . . we employed teacher aids, so that’s about one per teacher except in Grade three because we have two per grade . . . the teacher aids are multifaceted, they serve on many things [like looking after learners when the teacher leaves the classroom]” (Principal 4 - male – quintile 5 school).

Another principal from a quintile five school described the availability of spare rooms that could be used for breastfeeding if teachers desired to breastfeed at work:

“There are kind of little hiding holes around the school [where teachers can go and breastfeed in private], maybe not in every school but certainly in our school” (Principal 1 – female – quintile 5 school).

### **Practical Changes and Challenges to Support Breastfeeding at Work**

Both teachers and principals made several context sensitive suggestions to advance support for breastfeeding across their varied range of resources. More specifically the principals felt that discussions with teachers about the kinds of support they needed to blend breastfeeding with employment were critical to ensure that appropriate support was provided:

“. . . so a conversation needs to be had, we need to know about the daily experiences of the people [teachers], what are their concerns, what do they feel comfortable with. We might prepare everything for them and then decide they are going to do it [breastfeed]

at home . . . it differs from individual to individual, right? We can make everything available, but it might just be a white elephant . . .” (Principal 14 – male – quintile 5 school).

Similarly, some teachers stated that breastfeeding experiences were diverse, and some teachers may choose not to breastfeed upon return to employment. In these instances, a supervisor’s proactive approach to breastfeeding support could be perceived invasive especially within a socio-cultural context of patriarchy and pervasive GBV:

“Another thing is that the supervisor cannot just walk to you because you are pregnant and ask you how you will breastfeed the baby, because they don’t even know if you will breastfeed or not. So, its best the mother approaches the supervisor . . . I think that the pregnant person should be the one going to the supervisor with their plan of action, and then the supervisor can work with that plan and figure which time is best” (Teacher 4 – quintile 1 school).

However, while some principals accepted that teachers could proactively seek support when they needed it, others felt responsible for initiating support. These principals argued that some teachers may feel uncomfortable to proactively state their breastfeeding needs, possibly due to cultural beliefs of deference and patriarchy, or fears of appearing less professional at work. One principal suggested:

“[we would] have an open and courageous conversation . . . so I would have a meeting with all soon-to-be mommies and just talk about it [breastfeeding] generally. Let’s take away those stereotypes about breastfeeding and so forth and let’s talk and when they know where I stand when it comes to promoting breastfeeding, they will be comfortable. But I’ve got to show them first that I accept it, that I am for it, and I am promoting it and I have no qualms about you breastfeeding” (Principal 13 – male – quintile 3 school).

To offer instrumental support and creative work–family management, principals suggested several strategies. These included that because teachers only needed to breastfeed for one or two times per day for a few months, their timetable could be adjusted to meet temporal breastfeeding needs. Additionally, teachers who lived close to schools could go home to breastfeed or have their child brought to school at feeding times. A further suggestion was that sick bays, where available, could be used to express breastmilk:

“. . . the law says they must teach for so many hours in a week, for 27 and a half hours per week, the law says they must do extracurricular, core curricular activities and so forth, but internally we can have an arrangement . . . you just got to tweak the time table

and let others understand why you are doing that so that they can help their colleague and when that period [them breastfeeding] is over, you come back to normality . . . we work as a family” (Principal 13 – male – quintile 3 school).

However, these strategies would be more feasible in well-resourced schools (e.g., with physical space and support staff) than in under-resourced schools.

### **Discussion**

The aim of this study was to explore FSSB for supporting breastfeeding at work within a public education sector in South Africa, an LMIC in the global South. Our use of multi-perspective interviews from teachers and principals surfaced diverse lived realities and local complexities that influenced the nature of FSSB that teachers could access to manage the demands of blending breastfeeding with employment. Specifically, our study showed that the FSSB dimensions of instrumental support and creative work–family management were sometimes beyond the supervisor’s control because of persisting spatial, educational, and economic inequalities from histories of apartheid and colonialism (Taole & Wolhuter, 2019). Principals in quintile four and five schools in affluent communities could provide support in the form of private rooms for breastfeeding, amending teaching schedules, and/or providing substitute teachers to oversee learners in order to facilitate breastfeeding and employment. However, among principals in quintile one to three schools, even when they wanted to provide such creative strategies and instrumental support, they could not, as these schools remained under resourced even 27 years post democracy. Thus, the rhetoric of a supervisor with choice and control does not adequately consider the socio-economic and historical legacies of racial segregation and inequality in a context such as South Africa (Von Holdt, 2010). A counter-intuitive finding was discovered when analysing the nature of the emotional support dimension of FSSB for breastfeeding at work. Previous studies suggested that proactive breastfeeding support from supervisors was important, as mothers interpreted passivity from supervisors as a lack of interest in their breastfeeding at work needs (Turner & Norwood, 2014). Turner and Norwood (2014) asserted that mothers would rather stop breastfeeding during maternity leave, due to a lack of emotional support, than proactively seek such support from their supervisors. Proactivity from supervisors especially during pregnancy shifts the responsibility to destigmatise breastfeeding at work, from mothers who are often vulnerable and lack confidence to challenge the masculine hegemony (Grandey et al., 2020; Mabaso et al., 2020) to the supervisor. In doing so it creates an inviting climate for mothers to convey their breastfeeding needs. However, in this study, some teachers articulated that despite trusting supervisors with

their general work–family needs, they felt that proactive emotional support from supervisors about breastfeeding at work, especially from male principals, was an invasion of their privacy. In a country that has one of the highest levels of GBV in the world (United Nations, 2021), with an average of 116 police recorded rapes each day between 2019 and 2020 (Africa Check, 2020), many teachers lacked trust in the intentions of male principals if they were to offer emotional support for breastfeeding. As a result, teachers were more comfortable receiving emotional support from female supervisors. Again, these findings are complicated by South Africa’s history as black African women are more likely to be vulnerable in terms of being poor, less educated, and single, and accordingly more likely to be victims of GBV (IR Insider, 2021). Our findings showed that in patriarchal societies, socio-cultural contextual factors may limit emotional support that teachers may access especially in workplaces dominated by male supervisors. Our findings suggest the importance of contextualising FSSB within particular histories, politics, economies, and geographies – creating plural meanings of the FSSB dimensions for diverse lived realities – so that the nature of support is appropriate for advancing support for breastfeeding at work. Assuming Northern universalism of work–family constructs by failing to be sensitive to context (Chung et al., 2022; Jaga, 2020), in this instance by not acknowledging the influence of patriarchy, GBV, and the inequalities in schooling resources based on past racial segregations, threatens the relevance of FSSB particularly in LMIC and global South contexts. This is not to say that such contextual challenges affecting FSSB for advancing breastfeeding at work support are confined to the global South, but the South’s long-term encounters with these challenges can be a source of knowledge as social justice inequalities are rising in global North societies (Comaroff & Comaroff, 2012) and have been accelerated and exacerbated by the COVID-19 pandemic. Our insights on embedding FSSB within complex layers of context extend FSSB theorising. Socio-cultural and economic contextual factors can serve as important antecedents of FSSB or moderating mechanisms in FSSB relationships, such as the relationship between FSSB and mothers’ self-efficacy to breastfeed at work – a strong predictor of breastfeeding duration (Avery et al., 2009).

### **Practical Implications**

The study findings have several implications for public school management and social policy. Gender-sensitive initiatives and training should be provided to principals to address sexist stereotypes about breastfeeding. These initiatives should raise awareness about legislation on breastfeeding at work and equip supervisors with skills to approach and discuss

gendered subjects to create a more gender equal and inclusive work climate particularly for marginalised teachers' breastfeeding needs. In a patriarchal society marked with high GBV and related social ills like rape, training must address the negative effects of patriarchy on interactions between teachers and principals. Training should also demonstrate how patriarchal tendencies manifest within the education sector and its detrimental effect on organisational productivity and gender equality (Adisa et al., 2019). A written breastfeeding at work policy should be developed, incorporating multiple stakeholder perspectives, especially those of marginalised mothers, and formally relayed to all employees to illustrate commitment to breastfeeding needs in particular, and a more inclusive workplace culture in general (Chung et al., 2021). Measures to evaluate implementation of the policy by school principals must be established to advance gender mainstreaming in the monitoring of gender equality initiatives in the workplace. Purposive recruitment of more women to principal level should contribute to sensitisation of the education sector to breastfeeding needs given that women dominate the sector yet are a minority at principal level (Davids & Waghid, 2020).

Our study findings emphasised persisting resource inequalities between previously disadvantaged schools (quintile one to three) and affluent schools (quintile four and five). Consistent with the United Nations' infrastructure development recommendations (Morgan et al., 2021), we suggest that the South African public education sector adopts an inclusive and gender-sensitive approach in school infrastructure development. For example, include a private family room as part of school designs or remodel existing sick bays to be multi-purpose 'non-work' rooms where mothers can express breast milk. In a context where there are limited resources for permanent facilities to support breastfeeding at work, the education department could provide portable breastfeeding booths to schools with poor infrastructure to assist principals in facilitating breastfeeding at work (Vilar-Compte et al., 2021). Paid breastfeeding breaks without access to supportive infrastructure limits principals' ability to support breastfeeding and perpetuates ignorance of the legislation. Countries with legislated breastfeeding facilities, e.g., those that have explicit instructions on the type of physical space to avail for breastfeeding mothers, have shown less ignorance of breastfeeding legislation and improved breastfeeding at work practices (Cripe, 2017; Ickes et al., 2021). Finally, teachers are powerful and important role models for young learners. Schools that are supportive of work–family responsibilities such as breastfeeding at work have the potential to dismantle masculine workplace norms and destigmatise breastfeeding. Young learners (especially boys), in breastfeeding-friendly schools, may become sensitised to breastfeeding at work and become

supportive co-workers and leaders contributing to positive progress towards global nutrition targets and workplace gender equality.

### **Limitations and Future Research Directions**

The study has a few limitations. Some of the research interviews were conducted virtually or telephonically due to the COVID-19 pandemic. This may have hindered observations of the interviewee's body language and facilities at the schools. Extra effort was made to establish rapport and ensure that participants felt comfortable, and probing was employed to confirm their perspectives. While the focus was on teachers, there is a need for more research from non-teaching employees from the education sector, such as support or grounds staff, to identify possible divergent experiences as they may not be constrained by teaching job demands. Future research should include a more diverse sample by government departments and the private sector to understand transferability of our findings to other workplaces. The education sector is a distinct workplace that differs from other service providing government departments in terms of job type and flexibility however issues identified in this department such as lack of personal office space, and socio-economic and cultural influences, are likely to be found in other departments. Transferability and application of the study findings should be limited to LMICs with similar national cultural norms and demographics. A follow-up quantitative study would be beneficial to investigate socio-cultural and economic contextual factors as important FSSB antecedents or their moderating and mediating effect between FSSB and breastfeeding-related constructs such as mothers' self-efficacy to breastfeed at work.

### **Conclusion**

Our contribution through a context-sensitive qualitative inquiry demonstrated that the history of colonialism, apartheid, and entrenched patriarchal culture in South Africa informs the manifestation of FSSB for a complex work-family issue of breastfeeding at work. Focusing on teachers and principals' experiences in the public education sector of a LMIC in the global South, a novel finding was that the pervasiveness of GBV compromised mothers' access to FSSB, specifically when the principal was male. By underscoring local contextualities, we extend plural ways of understanding FSSB to help dismantle Northern universalisms and advanced FSSB theorising by showing how a range of socio-cultural and economic factors influence the accessibility and application of FSSB for supporting breastfeeding at work. Finally, we recommended gender-sensitive and social justice focused training for supervisors,

and gender mainstreaming in social policy to advance workplace support for breastfeeding in particular and gender equality at work in general.

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### Chapter 6: Paper 3

#### Theorising a context-sensitive model of family supportive supervisor behaviours for breastfeeding at work from the global South

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#### Abstract

Many women in low-middle income countries (LMICs) in the global South who attempt to combine breastfeeding and employment face challenges because of limited state support and socio-economic resource constraints, resulting in negative personal, health, and work consequences. Those who receive informal, and relatively low-cost support from their supervisors, through family supportive supervisor behaviours (FSSB), can better navigate these challenges. However, little is known about how diverse contextual factors and material realities (such as the socio-cultural, historical, and economic factors) affects the occurrence of and access to FSSB. This conceptual paper proposes a model for context-sensitive antecedents of FSSB and how interpersonal trust may foster FSSB to facilitate breastfeeding at work in resource-constrained global South contexts. We offer propositions to empirically test the conceptual model and related assumptions. We conclude with suggestions for further development of the conceptual model and key considerations for policy and practice.

**Keywords:** Blended work-family, breastfeeding at work, family supportive supervisor behaviours, global South, low-middle income country, interpersonal trust

## Introduction

Research interest in supervisor support as an effective resource to advance breastfeeding at work has burgeoned in recent years (Anderson et al., 2015; Hilliard, 2017; Lisbona et al., 2020). This interest is driven by evidence (Hilliard, 2017) that formal maternity initiatives are insufficient for mothers who wish to combine breastfeeding and employment. Formal organisational policies and programs such as breastfeeding breaks and private spaces for expressing breast milk, are often unknown to women (Heymann et al., 2013; Kim & Mullins, 2016; Thomas et al., 2021), and when known, women tend to struggle to access them due to challenges associated with time constraints, job types (Johnson & Salpini, 2017), and their discomfort and/or fear in discussing breastfeeding needs within masculine work cultures (Grandey et al., 2020; Hilliard, 2017; Moore, 2020b). Informal support between supervisors and mothers bridges the gap between formal resources to support breastfeeding at work and their uptake (French et al., 2018; Hilliard, 2017; Talukder et al., 2018). Moreover, in the absence of formal resources, informal supervisor support facilitates alternative arrangements for mothers to manage breastfeeding and paid work demands (Anderson et al., 2015).

Family supportive supervisor behaviours (FSSB) is a valuable form of informal support for the blended work-family challenge of breastfeeding at work (Mabaso et al., 2022). Family supportive supervisors adopt an inclusive approach in their day-to-day operations by encouraging the utilisation of formal and informal organisational resources (e.g., maternity leave, breastfeeding breaks, and flexible schedules) to aid integration of family and work responsibilities (Allen, 2001; Hammer et al., 2009). Though FSSB has been found to decrease work-family conflict (Breugh & Frye, 2008), turnover intention (Bagger & Li, 2014), anxiety, and depression among individuals (Snow et al., 2003), its theorisation and empirical evidence of factors affecting FSSB has been largely limited to material realities and experiences of white, middle-class, dual-earner couples in the global North. This is with few exceptions emerging from growing research from global South regions such as Kenya (Bosch et al., 2018), as well Latin American countries such as Chile and Colombia (Erederdi et al., 2023; Erdogan et al., 2022; Wang et al., 2023). Global North experiences of FSSB cannot be assumed to be universal knowledge nor should be uncritically imposed onto global South contexts (Hoobler et al., 2021). We understand the global South not as a geographical category but rather as an analytical category of societies that have experienced colonial and/or imperial periods in their histories and communities that have been marginalised because of such structures of oppression (de Sousa Santos, 2015; Jolly, 2008). The global North dominance in the conceptualisation of

FSSB thus threatens FSSB relevance and applicability in countries with different socio-cultural and economic conditions (Las Heras et al., 2015; Ollier-Malaterre et al., 2013).

This conceptual paper builds on recent qualitative empirical evidence by Mabaso et al. (2022) on supervisor support for breastfeeding at work in the public education sector in South Africa. Within this context of extreme and multiple inequalities (e.g., social class, spatial planning, and educational), from colonial and apartheid historical legacies, Mabaso et al. (2022) underscored the importance of contextual factors (such as patriarchy, high unemployment, and prevalent gender-based violence) in shaping occurrences of FSSB, its demonstration by supervisors, and its accessibility by employees. Further, they discover interpersonal trust as a key mechanism in fostering FSSB.

The sexualisation of breasts in some societies (Turner & Norwood, 2014), and more particularly in masculine workplace cultures, further complicates mothers accessing FSSB from their supervisors for managing breastfeeding at work. This everyday complicatedness presents differently in diverse contexts. We thus theorize from the socio-cultural, historical, geographical and material specificities grounded in local Southern realities (Mabaso et al., 2022; Stumbitz & Jaga, 2020) to develop a context-sensitive model of FSSB antecedents for breastfeeding at work. We approach the development of this conceptual model from a Southern lens (Stumbitz & Jaga, 2020) which acknowledges the influence of legacies of colonialism and imperialism on resource availability and power in engagements between supervisors and working women. We do not intend to homogenise experiences of individuals from different countries in global South contexts. However, we glean on their shared histories of oppression to expand understanding and open plural ways of knowing (rather than universal theory) (Collyer et al., 2019) that may be distinct from knowledge on FSSB generated from global North experiences. A context-sensitive approach to understanding FSSB antecedents for advancing breastfeeding at work will not only benefit organisations in Southern contexts, but is also valuable to those in the global North as the struggles of combining breastfeeding and work is a global issue, and poverty, precarity, and inequality is increasing across the world, threatening social stability (Comaroff & Comaroff, 2015).

We contribute to knowledge making in the following ways: First, we decolonise knowledge by theorising context-sensitive factors affecting FSSB from the global South context for epistemic enrichment of the FSSB construct. We use these insights to develop a conceptual model of FSSB antecedents for breastfeeding at work and offer testable propositions to extend FSSB theorizing in response to the dearth of knowledge on FSSB antecedents particularly from low-middle income country (LMIC) perspectives (Crain &

Stevens, 2018; Straub, 2012). Second, we propose trust in the supervisor as an important moderating mechanism between contextual factors and FSSB for advancing breastfeeding at work. There is no prior theorising about the role of interpersonal trust and FSSB. We therefore begin by reviewing literature on the value of FSSB for breastfeeding at work in resource-constrained global South contexts, highlighting the limited research on antecedents of FSSB. Next, we present a conceptual model which illustrates the relationships between contextual factors and FSSB for breastfeeding at work and the potential moderating role of interpersonal trust in these relationships. Finally, we conclude with a proposed research agenda and testable propositions, which may guide future development of this conceptual model, as well as key considerations for policy and practice.

## Literature review

### **FSSB for breastfeeding at work in resource-constrained contexts**

FSSB is defined as specific behaviours displayed by supervisors to assist employees blend work and family responsibilities. FSSB has been conceptualised by Hammer et al. (2009) to comprise four dimensions, namely; emotional support, instrumental support, creative work-family management, and role modelling. Emotional support refers to behaviours that involve encouragement, understanding, awareness and an empathetical attitude towards mothers' difficulties with blending work and breastfeeding. Emotional support from supervisors influences mothers' intentions and decisions to breastfeed at work because mothers may bank on the supervisor to avail other forms of support if they decide to breastfeed at work (Myers et al., 2021). Further, mothers are at risk of experiencing psychosocial stress due to the stigma associated with breastfeeding at work and subsequent judgment (Chang et al., 2021). Based on the Job Demands–Resources Theory (JD-R) (Demerouti et al., 2001), emotional support may serve as a valuable resource by cushioning mothers' socio-emotional, time and energy reserves thus capacitating them to cope with breastfeeding related emotional strain (Makola et al., 2020; Myers et al., 2021). Physiologically, when mothers feel cared for by their supervisors, they are likely to be relaxed which would trigger the 'let-down reflex' necessary for successful breastfeeding or breast milk expression (Lee, 2018).

Instrumental support is reactive and offered on a needs basis (Hammer et al., 2009). It involves the provision of physical assistance, such as a private space to breastfeed or express breast milk and information about breastfeeding at work policies. For some individuals, this

support entails openness to innovative ways mothers may breastfeed during worktime. For example in some resource deprived contexts in LMICs mothers repurposed unused recreational spaces (e.g., boardroom) or encouraged flexibility for mothers to go home to breastfeed during lunch time (Gebrekidan et al., 2020a). Creative work-family management refers to a supervisor's ability to proactively devise innovative measures to maintain productivity, team performance, and cohesion while providing the mother time (Hammer et al., 2009) to breastfeed or express breast milk. Gebrekidan et al. (2020a) found that some supervisors changed work schedules for new mothers such that they would not work night shift in their early days of return to employment after maternity leave (Gebrekidan et al., 2020a). Underpinned by the Conservation of Resources Theory (COR) (Hobfoll, 1989), instrumental support and creative work-family management aid preservation of time and energy which mothers may waste searching for resources to express milk at work (e.g., private space) and thus preserve organisational resources (Hobfoll et al., 2018). The fourth dimension, role modelling, is explained using the Social Learning theory (Bandura, 1977). Supervisors who demonstrate in-depth understanding of complexities of breastfeeding at work through personal experience either themselves, with their partner, or a close personal contact are likely to encourage mothers to utilise breastfeeding breaks and other maternity benefits at work (Basuil et al., 2016).

Resource-constrained contexts benefit more from FSSB [e.g. (Bosch et al., 2018; French et al., 2018; Kumar et al., 2019)] as such FSSB may be an effective resource to integrate breastfeeding and employment in LMIC contexts in the global South (Anderson et al., 2015; Mabaso et al., 2020). Unlike in high income country contexts where comprehensive maternity programs (e.g., work policies, on-site childcare, and lactation counselling) may be easily accessed (Thomas et al., 2021), individuals in resource-constrained contexts only have minimal state and organisational support (e.g., maternity leave legislation and breastfeeding breaks) to advance breastfeeding at work (Heymann et al., 2013). Resultantly, mothers rely on informal support from supervisors and co-workers to compensate for the lack of resources to blend work and breastfeeding needs (Chandra, 2012; Makola et al., 2020; Uddin et al., 2021). In North Ethiopia, for instance, district level managers and supervisors from state institutions reported relying on emotional support and creative work-family management to support mothers to breastfeed as long as they needed to after maternity leave (Gebrekidan et al., 2020a). A qualitative study conducted in South African organisations found that in some instances supervisors reduced pregnant employees' workload, facilitated pregnancy celebration parties

at work or visited employees at hospital post delivery as an expression of support for working mothers (Makola et al., 2020).

The nature of FSSB that supervisors may enact is determined by multiple factors at the individual, organisational and national level. Existing literature on FSSB antecedents has mainly focused on individual factors (Ellis et al., 2021; Epstein et al., 2015; Pan et al., 2021; Sargent et al., 2021) and organisational factors (Allen, 2001; Hammer et al., 2007). For example, managerial characteristics (e.g., being empathetic) and situational conditions (e.g., employee family-to-work conflict and leader-subordinate behaviours) significantly influenced FSSB among white collar employees in organisations in the United States (Epstein et al., 2015). Additionally, supervisors' ability to enact FSSB may depend on their resource capacity (e.g., supervisors' family-work conflict (FWC) and organisational work-family culture) (Pan et al., 2021). Regarding organisational factors, family supportive benefits (e.g., child and elder care policies) and a family friendly culture (e.g., family-supportive organisation perceptions) (Mills et al., 2014) have been associated with a high perception of FSSB among employees from organisations in the United States. A review of the literature confirms the Northern dominance in understanding FSSB, and we must be cautious of universalisms, as contextual factors inform resource availability and subsequent provision of FSSB (Las Heras et al., 2015; Talukder et al., 2018). A growing body of literature shows the influence of cultural and structural factors on the work-family interface (Bosch et al., 2018; Ollier-Malaterre et al., 2013; Trefalt et al., 2013), particularly on social support, as it is rooted in societal norms and values (French et al., 2018). For example, Las Heras et al., (2015) and Bosch et al., (2018) examined the effect of different features of national contexts on the relationship between FSSB and organisational outcomes. In particular, Las Heras et al., (2015) investigated the effect of social welfare in a society (e.g., high social expenditure and low unemployment rate) on the relationship between FSSB and job performance and turnover intentions. The study found that social welfare moderated the relationship between FSSB and two organisational outcomes such that, employees positively perceived FSSB and were significantly motivated to improve job performance in societies that invested more in social welfare and had low unemployment rates compared to unsupportive societies (e.g. high unemployment and low social expenditure). Bosch et al. (2018) examined the moderating effect of gender inequality on the relationship between FSSB and individual's motivation to work and found that FSSB had a positive effect on motivation when gender inequality index was low. While these studies have demonstrated the moderating effect of national context on FSSB and organisational outcomes, no studies have theorised contextual factors as antecedents of FSSB particularly from the global South perspective (Straub, 2012).

To recognise the influence of contextual factors that are more salient in global South contexts on FSSB for breastfeeding at work we drew from the Southern lens and adopted the contextual employment relationship theory (Coyle-Shapiro et al., 2004; Coyle-Shapiro & Shore, 2007; Schalk, 2004). While the Southern lens helps us emphasise the effect of oppressive legacies on work-family issues within the global South (Jaga, 2020), the contextual employment relationship theory moves us further to posit that national level contextual factors shape the nature of social exchanges between supervisors and employees. We thus contend that contextual factors salient in the global South may have a distinct influence on FSSB and influence breastfeeding at work differently.

First, despite the knowledge that all women encounter societal, job-based and organisational challenges that may affect their uptake of FSSB for breastfeeding such as breastfeeding sexualisation (Turner & Norwood, 2014) or stigma-related stressors (e.g., perception of unprofessionalism or embarrassment) (Balkam, 2016; Burns & Triandafilidis, 2019) and work conditions (hazardous workplaces) (Spitzmueller et al., 2018), these challenges are exacerbated in the global South and complicated by challenges rooted in their shared histories of colonialism and imperialism (Jaga, 2020). For example, the global South societies are strongly patriarchal and espouse traditional gender roles more than societies from high income countries. Strongly patriarchal societies perpetuate the perception that breastfeeding is a private responsibility that women should keep away from the work domain and may shame women for expressing breastfeeding needs at work. The breastfeeding stigma may influence the extent to which FSSB is provided by supervisors or accessed by mothers in such instances (Stumbitz & Jaga, 2020). Pervasive gender-based violence is another socio-cultural condition that may distinctly influence access to FSSB in the global South. Evidence suggests that women in low to middle income countries are disproportionately affected by gender-based violence globally. For example, at least 65.4% of women in the global South region experience gender-based violence compared to the global average of 30% (Alesina et al., 2021; Devries et al., 2013). High gender-based violence suggests high gender inequalities and may complicate engagements about a gendered subject of breastfeeding in a public domain (work) and the subsequent uptake of FSSB for breastfeeding.

Second, the socio-economic climate. High informality, unemployment, job insecurity, and poverty within the global South may give rise to financial insecurities that may influence interactions between supervisors and mothers about breastfeeding at work. At least 93 % of the world's informal labour force is from LMICs and it coexists with high unemployment rates that range between 7.13 % - 11.48 % compared to those in high income countries at 6.42%

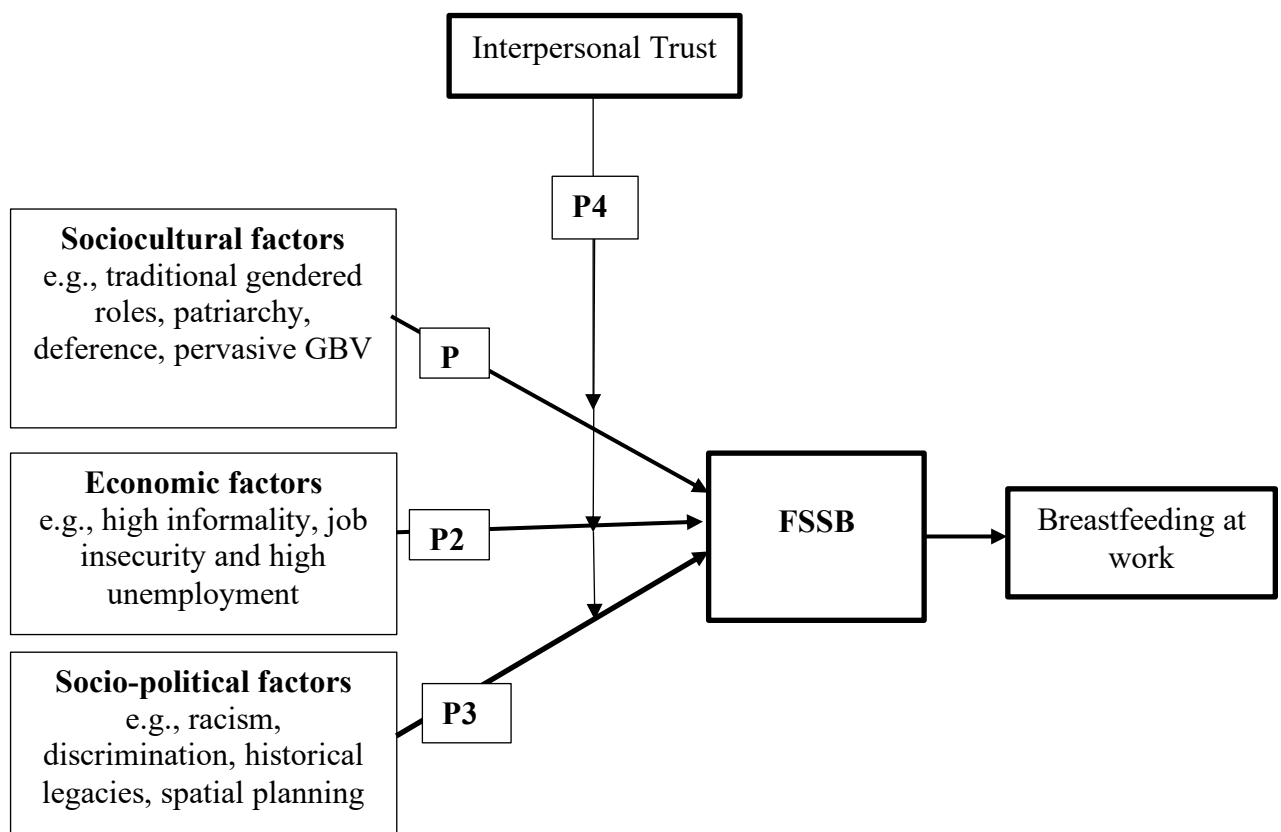
(International Labour Organisation, 2018). The majority of women in low-middle income countries occupy the informal sector which offers low and insecure wages and minimal instrumental support for non-work responsibilities (Posel, 2014). Additionally, as a consequence of the divisive migrant labour system introduced during apartheid where men were moved away from their families, more women are increasingly becoming sole providers in the households and carry a larger financial burden. For example, almost 40% of households in South Africa are female headed (Moore, 2020a; Seekings & Moore, 2013). Evidence shows that female-headed households are more financially vulnerable and at high risk of poverty as they tend to also house more children, ill or disabled family members and unemployed working-age adults (Dungumaro, 2008; Mhongo, 2013; Rogan, 2012). The disproportionately high economic pressures confronted by the majority of women in the global South may affect their attitude and prioritisation of family responsibilities and experiences of FSSB for breastfeeding at work (Stumbitz & Jaga, 2020). Exposure to high poverty and job insecurity have been associated with reduced trust in management (Haushofer & Fehr, 2014) which may compromise FSSB for breastfeeding at work between mothers and supervisors.

Third, the socio-political climate of the global South. Though societies in the global South have democratically emerged from oppressive histories (e.g., apartheid and colonialism), the impact of oppressive histories remains evident in structural and infrastructural developments in the region. For example, racist spatial planning during the apartheid era in South Africa relegated the black majority to overcrowded non-economic neighbourhoods in the peripheries of local cities from which they commuted for several hours to reach places of employment in city centres. In the democratic South Africa, individuals are still confronted by the same infrastructural and structural limitations as most women, particularly those in the informal sector, still move from overcrowded undeveloped townships and face challenges of high crime and poor commuting infrastructure in their commute to work. These complex social challenges complicate experiences of breastfeeding at work for women in global South contexts and may influence engagements with FSSB (Jaga, 2020; Stumbitz & Jaga, 2020). In this conceptual paper, socio-economic, cultural and political factors salient in the global South context are emphasised as important antecedents for FSSB for breastfeeding at work and interpersonal trust is proposed to moderate the relationship between contextual factors and FSSB for breastfeeding at work.

### Conceptual Model: FSSB for breastfeeding at work in the global South

Using a Southern lens to emphasize the local contextual specificities that inform the factors influencing FSSB in diverse contexts, we develop a context-sensitive model to illustrate potential antecedents of FSSB. We focus on socio-cultural, economic, and political factors because they shape individuals' behaviours and attitudes and provide a normative context for gendered attitudes and behaviours in the workplace. Furthermore, we propose that interpersonal trust in the supervisor will moderate the relationships between contextual factors and FSSB for breastfeeding at work, See Figure 3 for the illustration of the relationship between contextual factors (e.g., socio-cultural, economic, and political factors) as potential antecedents of FSSB for breastfeeding at work and interpersonal trust in the supervisor as a moderator.

**Figure 3:** *Conceptual Model of Global South Contextual Factors that Influence FSSB.*



Note. P=proposition.

### **Socio-cultural factors**

Socio-cultural conditions are shared beliefs, values, and norms in a given environment (Hofstede, 1980). They influence individual and group behaviours because they form part of individuals' socialisation (Adisa et al., 2019; Gelfand et al., 2007) and thus inform conceptualisation of work-family experiences (Jaga, 2020). For example, the expectation of women to carry out unpaid domestic and caregiving responsibilities is one of the socio-cultural norms that have been 'acceptable' in various societies. Breastfeeding is a social construct embedded in cultural norms, values and beliefs of respective societies (Masood & Nisar, 2020; Napier et al., 2014; Wanjohi et al., 2016) and therefore mothers and supervisors' attitudes and behaviours towards breastfeeding at work and FSSB for breastfeeding at work (Mabaso et al., 2022) is likely to be influenced by distinct socio-cultural factors (Las Heras et al., 2015). Global South societies typically embrace collectivist values and traditional cultural values of mutuality and solidarity (Keikelame & Swartz, 2018). These societies are strongly patriarchal, uphold traditional gender roles and value respect for authority, qualities that may influence social interactions between supervisors and mothers at work. A review of literature on socio-cultural factors that are more salient in global South societies on breastfeeding at work underscored traditional gendered roles, patriarchy, hierarchy and pervasive GBV as factors that be may significantly influential to FSSB for breastfeeding at work in the global South (Adisa et al., 2021; Bueno-Gutierrez & Chantry, 2015; Gebrekidan et al., 2020b; Mabaso et al., 2022; Uddin et al., 2021).

Traditional gendered roles. Global South contexts are more likely to espouse collectivist cultural beliefs rooted in patriarchal and religious sensibilities and have a stronger proclivity to uphold traditional gender roles compared to individualist contexts in high income countries (Robins 2019). Traditional gender role contexts perceive childcare responsibilities to be the primary responsibility of women, and men as the breadwinners (Adisa et al., 2021; Jaga & Bagraim, 2017). Because breastfeeding is almost exclusively initiated and performed in the comfort of women's private spaces (at home) during maternity leave, it is consequently perceived to be a personal and private responsibility that women are most comfortable keeping in the private domain (Horwood et al., 2020; Masood & Nisar, 2020). Resultantly, when women return to workplaces after maternity leave and have supervisors who hold strong masculine values, they may choose to keep breastfeeding needs a secret and fear discussing breastfeeding support with their supervisors (Lee, 2018; Uddin et al., 2021). For example, in Nigeria, Makama (2013, p. 115) explains that women are perceived as mere subordinates and

“second-class citizen” whose place is the kitchen and thus navigate the work domain aware that they are perceived as ‘out of place’ (Makama, 2013). Adisa et al., (2019) found that Nigerian women were least likely to be emotionally vulnerable about their family needs to managers who displayed strong patriarchal attitudes, that is, those who believed women were not supposed to be occupying the work domain (Adisa et al., 2019). Women did not trust managers with patriarchal attitudes to care about their non-work needs and felt they could use their requests against them when seeking promotions, compared to egalitarian managers who treated women with care, respect and expressed interested in their wellbeing (Adisa et al., 2019). Supervisors who hold patriarchal beliefs are likely to be blind to mothers’ needs to blend breastfeeding and employment and may not buffer mothers’ emotional distress and fears by initiating breastfeeding support (Chow et al., 2011; Gebrekidan et al., 2020a). Subsequently, FSSB provision may be limited or inhibited and thus impede successful breastfeeding at work by promoting early breastfeeding cessation (Fernandes et al., 2018).

Mothers in global South contexts that typically value patriarchal cultures that promote hierarchy (e.g., India and Pakistan), may fear to approach supervisors to access support (Fernandes et al., 2018; Kluckhohn & Strodtbeck, 1961). High power distance between mothers and supervisors in patriarchal societies may put mothers at risk of possible job loss when they fail to appease supervisors (Adhikari, 2020; Neves & Du Toit, 2013). In such contexts, it is normal practice that individuals in subordinated positions (e.g., mothers) show deference to authority or those in positions of power by not making demands. For example, when asked for reasons for not requesting breastfeeding support from their managers, mothers from private and public companies in Brazil reported fear of hierarchy and authority (Fernandes et al., 2018). It seems that in contexts where deference is prioritised in the supervisor-mother relationship, it may be harder to establish emotional connection between supervisors and mothers to support breastfeeding (Vidyarthi et al., 2014).

The value of modesty. While breastfeeding may be perceived to be a natural form of infant feeding, it also coincides with patriarchal sentiments of sexualising women’s bodies (read, breasts) and thus women are expected to act modestly to deflect attention from their bodies (Bueno-Gutierrez & Chantry, 2015; Masood & Nisar, 2020). Modesty dictates the nature of engagements individuals may have and in some global South contexts is attached to family and community honour (Noorani & Shakir, 2021; Syed et al., 2005). Observing modesty may mean, keeping conversations about gendered issues like breastfeeding within same sexes or particular family members (Masood & Nisar, 2020; Syed et al., 2005). Thus expressing breastfeeding needs to the opposite sex supervisors may be perceived immodest and an

invitation for sexual advances particularly in societies where sexual harassment of women is normalised and is a justifiable punishment for immodesty (Lekchiri et al., 2019). Asked about their perceptions of breastfeeding in public domains, Mexican women likened breastfeeding to a form of sexual intimacy and articulated that women needed to keep it discreet to protect their family honour (Bueno-Gutierrez & Chantry, 2015). Participants added that talking about breastfeeding could be perceived as an expression of sexual interest when done to inappropriate individuals such as male supervisors (Bueno-Gutierrez & Chantry, 2015). To deflect attention from mother's sexuality and maintain modesty, emotional support may be hindered between mothers and supervisors, particularly male supervisors (Moran, 1999). Mothers may be more comfortable opening up to other women (supervisors or co-workers) about breastfeeding needs to avoid breaching cultural boundaries of modesty or adopt symbolic gestures to illustrate need for support such as posting a "do not disturb" note on an office door to indicate that they are breastfeeding at work.

In resource-constrained contexts with patriarchal cultures, gender based violence is more prevalent and can be as high as 65.4% compared to the global average of 30% (Devries et al., 2013). Extreme gender-based violence is exacerbated by the traumatic colonial past and persistent inequalities in these societies (Moffett, 2006). South Africa is an example of a global South country whose traumatic apartheid past has yielded extreme inequalities (it is the most unequal country in the world) (World Bank, 2022) and high gender based violence (Moffett 2006). Poor state capacity to mitigate gender-based violence, low persecution rates and subsequent underreporting of gender-based violence cases (Nagashima-Hayashi et al., 2022) and the absence of workplace policies against gender-based violence (Sarwar & Imran, 2019) exacerbate the challenge and normalizes gendered abuse in these societies. When gender-based violence is prevalent in the context, individuals become excessively aware of what women do with their bodies in the public place (workplace) as women are the high risk group for gender-based violence, thus 'exposing' their interest about breastfeeding may be misconstrued as an invitation to be sexually violated. Subsequently, women may withhold their needs for breastfeeding support from their supervisors, or choose not to access FSSB for breastfeeding at work from male supervisors, if gender based violence is prevalent in their socio-cultural context. Conversely, when the threat of being misconstrued is lowered, women may be more open to express their breastfeeding needs to their supervisor.

**Proposition 1:** Salient socio-cultural factors in the local contexts, such as gender-based violence, patriarchal norms, and modesty may explain the extent to which mothers access FSSB.

### **Economic factors**

Economic factors refer to the level of development, wealth distribution and unemployment rate in a given country or region (French & Agars, 2018; Ollier-Malaterre et al., 2013). Socioeconomic inequalities rooted in colonialism and embedded in localised discriminatory categories such as caste in India, ethnicity in China and race in South Africa (Fotaki & Prasad, 2015; Hujo, 2021; Mohanty, 2003) give rise to difference of experiences for supervisors and mothers, depending on their geographic location. The economic climate informs institutional resource availability, level of enforcement of legislation and perceptions of social support (French & Agars, 2018). LMICs are characterised by high informality and unemployment rates which creates distinct conditions in which FSSBs manifest. At least 93 % of the world's informal labour force is from LMICs which coexists with high unemployment rates ranging between 7.13 % - 11.48 % compared to than unemployment rates in high income countries at 6.42% (International Labour Organisation, 2018). The informal sector is dominated by women in LMICs which means that women are more likely to occupy unregulated workplaces with poor work conditions (International Labour Organisation, 2018). Although social support embedded in traditional cultural values of mutuality, solidarity and reciprocity predominantly facilitates integration of work and family responsibilities for individuals in the global South (Mohanty, 2011; Stumbitz et al., 2018), the precarity of the economy complicates breastfeeding at work experiences and support between supervisors and mothers. Additionally, as a consequence of the migrant labour system introduced during apartheid, black families were separated where women remained in rural areas or overcrowded townships caring for children while men worked in city mines for long durations (Vosloo, 2020). Democratic South Africa has observed the negative effect of the migrant labour system as more women head households and bear the financial cost of caring for what is often big intergenerational families (Moore, 2020a; Seekings & Moore, 2013). An increased number of female-headed households puts women at high risk for poverty and financial insecurity given that they typically hold insecure employment (Moore, 2020).

Socio-economic contextual factors deepen mothers' state of precarity and complicates their access to instrumental support for breastfeeding at work, e.g., maternity leave. For example, mothers often struggled to take full advantage of maternity leave because its either

unpaid (Masood & Nisar, 2020; Stumbitz et al., 2018) or paid partly by the state through tedious bureaucratic processes that are often emotionally and physically overwhelming for the amount mothers ultimately receive (Chowdhury et al., 2021; Stumbitz & Jaga, 2020). Further, women within contexts of high informality may have limited financial resources to access breastfeeding resources such as breast pumps (Gyamfi et al., 2021; Hinson et al., 2018) and experience challenges commuting with expressed breastmilk through an unsafe and unreliable public transportation system (Stumbitz & Jaga, 2020; Stumbitz et al., 2018), particularly those who commute long distances to work (Ickes et al., 2021; Stumbitz et al., 2018). The disproportionately high economic pressures confronted by the majority of women in the global South may influence mothers' responses to instrumental and creative work-family management support from supervisors such that even when offered the FSSB for breastfeeding it feels burdensome. The excessive expectations to provide for their families with limited resources and associated anxieties may exhaust mothers' resources as such an expectation to breastfeed at work (though it would not be intended by the supportive supervisor) would feel an additional resource drainer than empowering.

**Proposition 2:** Economic factors such as high unemployment, poverty, single headed households and precarity may explain the extent to which mothers can access FSSB.

### **Socio-political factors informed by persisting oppressive histories**

The socio-political climate of a given society may determine policy development, resource distribution and instrumental resource availability and influence FSSB for breastfeeding at work. For example, maternity policies and legislation (e.g., maternity leave, breastfeeding breaks) vary by country (Gebrekidan et al., 2020a; Ingram & Clay, 2000; Ollier-Malaterre & Foucreault, 2017) and may inform instrumental resource availability to support breastfeeding at work (e.g., private lactating rooms). Maternity legislation may facilitate instrumental and creative work-family management support dimensions of FSSB. In addition to role modelling and enacting emotional support, with formal initiatives supervisors may feel more confident to engage mothers on the type of support they may offer to aid breastfeeding at work knowing there are they are acting within the constitution (Dinour & Szaro, 2017; Taylor et al., 2020). For working mothers, formal resource availability suggests the level of support they may potentially receive from their supervisors if they decide to blend breastfeeding and employment (Daverth et al., 2016; Masood & Nisar, 2020). For example, when mothers know that they have a choice to extend their maternity leave to a longer duration, they can negotiate

an extension with their supervisors before going to their maternity leave if they desire or they can make plans to use their office(s) or other private places for breastmilk expression ahead of returning to the workplace when they know that such resources are available (Gebrekidan et al., 2020a). Availability of comprehensive instrumental resources (e.g., breastfeeding breaks, private non-restroom space for expressing breast milk) and organisational programs (e.g., childcare centres, professional lactation consultants, provision of breastmilk pumps) has been associated with improved breastfeeding at work practices in countries with egalitarian cultures (Dinour & Szaro, 2017; Johnson & Salpini, 2017). In comparison to comprehensive maternity programs offered in high income country contexts, resource-constrained contexts provide minimal formal resources e.g., breastfeeding breaks and maternity leave (Al-Asfour et al., 2017; Díaz-Gómez et al., 2016). Although supervisors and mothers have lamented the limited availability of resources in global South contexts, they often adopt innovative ways to advance breastfeeding at work for mothers. In some instances, mothers use prayer rooms (Muda et al., 2016) or repurpose public spaces such as boardrooms or staff offices to breastfeed or express breast milk at work (Rivera-Pasquel et al., 2015; Wainaina et al., 2018) or are allowed flexibility to leave work early to spend time with their children (Gebrekidan et al., 2020a). However, literature suggests that legacies of oppressive pasts of colonialism, apartheid and slavery continue to have a discriminatory influence on instrumental resource availability at organisational level and may affect the nature of FSSB enacted for breastfeeding at work (Mabaso et al., 2022; Whitley et al., 2021). In South Africa, for example, the legacy of apartheid was found to have a differential influence on access to instrumental resources for teachers and principals in the public sector education system 28 years into democratic governance (Mabaso et al., 2022). A recent exploratory qualitative study conducted in the education sector with a deep history of institutionalised racism from the apartheid era found differential access to FSSB for breastfeeding at work for teachers. The study identified that providing instrumental support and creative work-family management support was harder for supervisors who worked in schools that were located in peri-urban neighbourhoods compared to supervisors who worked in schools that were privileged during apartheid (Mabaso et al., 2022). Schools located in neighbourhoods that were discriminated against during apartheid lacked infrastructure (e.g., poor sanitation and classroom conditions, no extra public spaces to be used for expressing or breastfeeding and understaffed) to aid instrumental support compared to supervisors in previously advantaged schools who could refer to public spaces such as boardrooms or extra staff members to swap with breastfeeding employees during breastfeeding breaks (Gebrekidan et al., 2020a; Mabaso et al., 2022). Consequently, contextual realities

rooted in the history of apartheid differently influenced the nature of FSSB such that enacting some FSSB dimensions was sometimes beyond supervisors control in some contexts.

Similar sentiments have been identified in the United States whose history of slavery has been found influential on work conditions and breastfeeding practices for the American population. Research on the impact of slavery on breastfeeding experiences has found that individuals that were disadvantaged by slavery (e.g., black women) were likely to not access support for breastfeeding at work to avoid discriminatory treatment from their supervisors based on their race (Louis-Jacques et al., 2020; Whitley et al., 2021). Empirical evidence suggested that black women were more likely to occupy unregulated workplaces with minimal flexibility and maternity benefits compared to their white counterparts who held senior and professional positions where they could easily access breastfeeding support resources at work (Hawkins, 2020). Due to institutional racism rooted in the past, women were likely to not receive maternity support from their supervisors when they were black compared to when they were white (Griswold et al., 2018; Gyamfi et al., 2021). Therefore, women who are at risk for racial discrimination or those who anticipate racism may have a low perception of support from their supervisors and withhold seeking support for breastfeeding at work (Griswold et al., 2018).

**Proposition 3:** Socio-political factors informed by colonial histories may explain the extent to which mothers can access FSSB.

### **Interpersonal trust as a moderator between contextual factors and FSSB**

This manuscript illustrates how contextual specificities (sociocultural, economic and political factors) within resource-constrained contexts may render women vulnerable due to multiple inequalities and challenges they encounter with managing breastfeeding in a patriarchal society (Neves & Du Toit, 2013; Stumbitz et al., 2018). Interpersonal trust in the supervisor may moderate the relationship between contextual factors either by fostering or hindering the ability to ultimately engage FSSB. Defined as the willingness to take a risk or assume vulnerability in hopes of positive reaction from another (Rousseau et al., 1998), mothers' willingness to be vulnerable about breastfeeding needs or perception of interpersonal trust in the supervisor will determine whether they feel welcome to take FSSB or not.

The trust construct expressed in three ways, namely, the degree to which a supervisor can provide knowledge and solutions while optimising available resources (ability) (Burke et al., 2007; Lee et al., 2010); level of care about employees' well-being and willingness to do

good for them without any expectation of a reward (benevolence); and the degree to which a supervisor is perceived to adhere to a set of moral values and principles that the mother finds acceptable (integrity) (Mayer et al., 1995).

The level of interpersonal trust in the mother-supervisor relationship may help mothers to navigate their vulnerabilities and to determine whether to expect or engage FSSB for breastfeeding at work. For example, on sociocultural issues, witnessing patriarchal attitudes or stigmatisation of new mothers, (e.g., losing employment during pregnancy or gossip about employees who prioritise childcare) may inform mothers' distrust on the supervisor to offer FSSB or question supervisors' intentions when they enact FSSB (Kim & Mullins, 2016; Stumbitz et al., 2018). Conversely, when mothers observe positive attitudes towards maternal interests at work, (e.g., positive conversations about breastfeeding or employee encouragement to care for their families), perception of trust in the supervisor to not use their maternal needs against them may be higher. Additionally, chances of relying on supervisors for FSSB for breastfeeding at work may be increased.

Precarious economic conditions such as those in resource deprived contexts in the global South breed distrust in authority (Neves & Du Toit, 2013; Stumbitz et al., 2018). Mothers may have a low perception of trust in the intentions of supervisors to look out for their wellbeing (Lee, 2019) which may negatively influence their ability to negotiate breastfeeding support with supervisors (thus inhibiting norms of reciprocity) (Stumbitz et al., 2018). For example, because most women occupy low-skill jobs, mothers may feel easily disposable and perceive making demands (e.g., taking time out to express breastmilk or breastfeed) an invitation for job loss. The reciprocal relationship of trust between mothers and supervisors was explored in a qualitative study conducted in formal and informal small and medium sized organisations in Ghana. Stumbitz and colleagues (2018) found that supervisors were only open to provide maternal support to mothers only when they had proven their loyalty and commitment to organisational interests (e.g., had performed well for at least over two years or reported their pregnancy in the early stages). Findings from this study demonstrated the vulnerability of women within contexts of high informality and how they are most likely to wait on supervisors to set the tone for the form of support they may or may not access (Stumbitz et al., 2018). When mothers perceive low trust in the supervisors, they may feel that prioritising breastfeeding puts them at risk for job loss thus may deprioritise breastfeeding (Chowdhury et al., 2021; Maponya et al., 2021; Stumbitz & Jaga, 2020).

Regarding socio-political factors, availability of formal resources suggests the level of support mothers may potentially receive from their supervisors if they decide to blend

breastfeeding and employment and often influences their decision to trust in the supervisors' capacity to support breastfeeding (Daverth et al., 2016; Masood & Nisar, 2020). Conversely, poor resource availability may lead to negative perception of supervisor's competencies to and lack of trust in the supervisor to provide support for breastfeeding particularly in contexts of racial or spatial inequalities. For example, when mothers perceive supervisors to be racist or observe infrastructural degradation at work, they may have low trust in the supervisor's capability to provide support for breastfeeding at work. On the contrary, perception of fairness and integrity from supervisor or availability of functional infrastructural made induce trust in the supervisor to provide FSSB.

In summary, mothers assess the quality of the relationship they have with the supervisor and size up the the risks associated with being vulnerable about maternal needs at the given time before they can sought support. When mothers perceive that their vulnerability about breastfeeding needs may be met with discrimination, harassment or job loss they may have a low perception of trust on the supervisor and respond negatively to FSSB for breastfeeding at work (Kim & Mullins, 2016; Lisbona et al., 2020). However, when mothers have a high perception of trust that the supervisor can protect their maternal interests and not subject them to any harassment, they may find it easier to engage FSSB by opening up about breastfeeding needs at work. Therefore, the quality of relationship between mothers and supervisors informs the quality of FSSB for breastfeeding at work and is a critical mechanism to moderate the relationship between contextual factors and FSSB.

**Proposition 4:** Interpersonal trust in the supervisor moderates the relationship between contextual factors and FSSB for breastfeeding at work.

## Discussion

FSSB is a valuable resource to integrate work-family responsibilities particularly in countries with limited state resources such as low- and middle-income country contexts in the global South (Las Heras et al., 2015; Ollier-Malaterre et al., 2013). Working mothers who are faced with the challenge of blending work and employment may benefit from the effective benefits of FSSB (Barnard et al., 2017). Yet, conceptualisation of the FSSB construct has been centred on lived realities of individuals from high income country context in the global North (Las Heras et al., 2015; Ollier-Malaterre et al., 2013) and is blind to realities of individuals from contexts marked by inequalities rooted in histories of colonialism, apartheid or slavery (Jaga, 2020). The dominance of global North based theorisation of FSSB creates an illusion

that the construct is universal while blind to the diverse work-family realities of individuals around the globe particularly those from understudied LMIC contexts.

Drawing on Southern theories in this conceptual paper a context-sensitive model of FSSB antecedents for breastfeeding at work is developed and emphasise contextual realities (sociocultural, historical, geographical and material) that influence on FSSB to support breastfeeding at work from resource deprived countries in the global South (Mabaso et al., 2022; Stumbitz & Jaga, 2020). We proposed a conceptual model with multiple global south context sensitive antecedents for FSSB and trust as the moderator in the FSSB and contextual conditions on breastfeeding at work in response to research on context sensitive FSSB antecedents (Crain & Stevens, 2018; Straub, 2012). The model emphasises that sociocultural norms (such as traditional gender roles, gendered power dynamics and the pervasive gender-based violence) and economic factors in resource-constrained contexts with strong patriarchal values may complicate access to FSSB to support breastfeeding at work between mothers and supervisor which may hinder or foster breastfeeding at work.

Further, the conceptual model emphasises the effect of the legacy of colonialism, slavery and apartheid on breastfeeding at work experiences of working mothers and the differential influence it has on access to FSSB for breastfeeding at work. This is a significant contribution to work-family literature which has been blind to the influence of legacies of oppressive histories on work-family experience and offers grounding for future empirical and conceptual research in this area. In the context of unequal power dynamics fuelled by patriarchal normative behaviours between supervisors and mothers, we proposed trust as an important moderator in the relationship between FSSB and contextual specificities in the global South on breastfeeding at work. Trust facilitates vertical communication between supervisors and mothers, and is proposed to be the mechanism through which women determine whether to engage FSSB or not. This is a significant contribution in FSSB theorisation as trust has not been theorised as an moderator in FSSB literature.

Empirical literature suggests that co-workers (particularly, other mothers) played a significant role supporting breastfeeding mothers when they had difficulties reaching out to supervisors, further research on the role of co-workers to advance FSSB for breastfeeding at work which may accrue evidence to further develop conceptual understand of FSSB antecedents to advance breastfeeding at work. Building on the growing intersectional approach to work-family research (Stumbitz & Jaga, 2020; Stumbitz et al., 2018), future studies should endeavour to theorise the nuanced impact of social markers such as socio-economic status, race, ethnicity and caste as these may inform the level of exposure to GBV and risk of

harassment and consequently influence how each woman approach and respond to FSSB. Additionally, future research should look into the influence of employment sector, job type, employees' position, race, religious background, number of children and family structure on the quality of the relationship between employees and supervisors and the nature of FSSB between mothers and supervisors. For example, women from lower social classes may be at a higher risk for harassment due to poor access to supportive resources. Thus, they may refrain from opening up about their maternal needs to their supervisors in fear of harassment compared to those from the higher socio-economic status who have access supportive resources and may be more confident to defend themselves from harassment. Socio-economic status often intersect with race, ethnicity and caste depending on the location. It would be beneficial to also understand the nuanced influence of historic events on work-family issues and study this further. Given the novel conceptualisation of trust as the moderator between contextual factors and FSSB for breastfeeding at work, future research should test this relationship and in the global South and North regions and the extent to which the relationship goes.

### **Practical implication**

While the proposed supervisor support for breastfeeding model has not yet been empirically tested, multiple considerations from the model development phase may influence policy and organisational practices. First, governments should endeavour to embed breastfeeding at work interventions (maternity leave and breastfeeding breaks) on context specific backgrounds and histories in addition to supportive resources in underprivileged contexts to move away from the blanket approach to work-family interventions. Organisations should consider the impact of contextual factors such as bias towards masculine norms which may undermine FSSB for breastfeeding at work for most mothers. Organisational trainings on the benefits of supporting breastfeeding such as increased job satisfaction, productivity, retention and reduced absenteeism, gender equity streamlining and dangers of patriarchal behaviours may foster family friendly organisations which cultivate trust between supervisors and mothers and openness to FSSB so that mothers do not have to carry the shame of motherhood. Mechanisms should be put in place to foster trust in the supervisor-mother relationship especially in contexts of high power distance, e.g., to have clear anti-discriminatory policies with systems in place to counter/punish-abusive behaviours.

### Conclusion

We conclude this theoretical paper by inviting future empirical research to test our proposed conceptual model drawing from the research agenda outlined above. Responding to multiple calls for context sensitive theorisation of FSSB antecedents, we offer a context sensitive model from the undertheorized global South conditions and call for further exploration of the moderating effect of trust on FSSB in different contexts.

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## **Chapter 7: Discussion and Conclusion**

The purpose of this research was to contribute to management literature on workplace support for breastfeeding by focusing on the appropriateness of FSSB in resource-constrained contexts in the global South. In this chapter, a brief overview of the research aim and main findings is provided followed by contributions of the research to theory and literature. Next, research limitations and future research recommendations are presented. The chapter ends with an overall conclusion.

### **Research Aims and Main Findings**

The aim of this research was to advance understanding and theorising of context-sensitive workplace support for breastfeeding by focusing on FSSB, a specific form of informal support. Research on workplace support for breastfeeding has mainly prioritised resource-rich contexts in high-income countries in the global North (Gabriel et al., 2020; Grandey et al., 2020; Jones et al., 2016; Kalysh et al., 2016; Spitzmueller et al., 2018). However, the material realities of these contexts differ significantly from those experienced by individuals in resource-constrained contexts common in LMICs in the global South. Findings and theories from the dominant literature may not be sufficiently relevant for global South contexts and caution must be exercised when applying these in LMICs in the global South which have distinct sociocultural, economic, and historic contexts (Hoobler et al., 2021; Stumbitz & Jaga, 2020). Research on workplace support for breastfeeding has fallen short in developing relevant and sustainable workplace breastfeeding support as it has focused more on quantitatively evaluating breastfeeding behaviours (such as the women's breastfeeding duration, attitudes towards breastfeeding) and the impact of workplace initiatives on breastfeeding behaviour and organisational outcome (Scott et al., 2019; Snyder et al., 2018; Spitzmueller et al., 2016; Vilar-Compte et al., 2021). For example, a cross-sectional survey encompassing employees from a large integrated health care system in North and South Carolina, USA, found that employees' perception of workplace support for breastfeeding was associated with increased job satisfaction and the odds of prolonged exclusive breastfeeding (Scott et al., 2019). Similarly, Spitzmueller et al. (2016) found that perceived workplace support was significantly associated with women's intention to breastfeed, and reduced likelihood of early breastfeeding cessation. Lack of contextualised initiatives has resulted in underutilisation of workplace initiatives to support breastfeeding at work, especially in understudied contexts like those in the global South. This research responded to calls for context sensitive insights into workplace support for

breastfeeding to inform development of relevant interventions to advance breastfeeding from the realities of global South local contexts. A qualitative research approach was employed to centre lived realities and material circumstances of working women from a middle-income country, South Africa, in the understanding and theorising of context-sensitive workplace support for breastfeeding. The research problem was addressed in a series of three papers.

Paper 1 addressed the first research objective which aimed at determining the key areas for intervention in enhancing workplace support for breastfeeding within the context of a provincial government setting in South Africa. Thematic analysis of the interview data yielded a breastfeeding at work framework that emphasised that workplace support for breastfeeding was dynamic and shifted across three critical maternal phases: pregnancy, maternity leave, and the return-to-work phase (see Table 5). A novel finding was the identification of first line supervisors as critical agents to foster breastfeeding support within the resource-constrained conditions of the provincial government context.

Findings from Paper 1, refined the research focus in Paper 2, to context sensitive considerations of FSSB (Allen, 2001; Hammer et al., 2009) for advancing workplace support for breastfeeding at work within a LMIC, South Africa. Multi-perspective interviews were conducted among working mothers (specifically teachers) and their supervisors (principals) within a provincial government setting in South Africa to explore the applicability and interpretation of FSSB in facilitating breastfeeding at work (research objective 2). Novel findings from Paper 2 suggested that patriarchal culture and pervasive gender-based violence in South Africa compromised mothers' access to FSSB, while historical socio-spatial inequalities endemic in the public education sector limited the viability of all dimensions of FSSB to improve breastfeeding at work. The onset of COVID-19 introduced nuanced layers into the management of maternity and women's response to breastfeeding support. For example, the few women whose maternity leave overlapped with COVID-19 lockdowns appreciated spending extended periods of time with their infants. Women who committed to breastfeed exclusively received encouragement from their supervisors to prioritise time with their babies. However, some women adopted mixed feeding practices to cope with the added pressure of managing online teaching, household responsibilities, and caring for a new-born. For these women, the COVID-19 pandemic seemed to have exacerbated their stress, making maternity management more challenging. Thus the onset of the pandemic influenced the experiences of managing maternity and work differently, such that with support some women could maintain breastfeeding continuation while some could not cope with added pressures from working from home.

Further, mothers' interpersonal trust in their supervisors was suggested as an important mechanism to foster FSSB for breastfeeding. Building on findings from Paper 2 in which global South salient factors (such as patriarchy, high unemployment, and prevalent gender-based violence) emerged as influential on FSSB for breastfeeding at work, a context-sensitive conceptual model of FSSB antecedents for breastfeeding at work was proposed in Paper 3. The conceptual model proposed in Paper 3 reflects a deeper level of understanding and conceptual thinking, drawing on specific insights gained from Papers 1 and 2. The conceptual paper aimed at bridging the practical experiences reported in Papers 1 and 2 with a more abstract exploration around how social, cultural, historical, geographical, and structural factors intersect to shape the occurrence and access to FSSB. Testable propositions were proposed for context-sensitive antecedents of FSSB, and for interpersonal trust in the supervisor as a moderator between contextual factor antecedents and FSSB for breastfeeding at work. The conceptual model emphasised that socio-cultural norms (such as entrenched patriarchy), economic factors (such as high unemployment), and socio-political factors (such as histories of colonialism) may complicate access to FSSB for breastfeeding at work.

Reflecting retrospectively on Papers 1 and 2 through the lens of this conceptual understanding, patterns emerge that were not as clear before, enriching our interpretation of the data. In Paper 1, a challenge of having conversations about women's infant feeding plans between working mothers and senior managers emerged strongly. This challenge was further compounded by socio-cultural perceptions that categorised breastfeeding as a private matter that should be kept separate from the organisational sphere. These experiences illustrate the influence that socio-cultural factors have on women's experiences of combining breastfeeding and work, and on the level of workplace support (i.e., FSSB) that women can access. Drawing from the conceptual lens introduced in Paper 3, these experiences could be interpreted as marked signs of the need for interpersonal trust between supervisors and working women. When a high perception of trust is established between working women and their supervisors, it can enable a more attuned conversation about maternity needs compared to environments where trust is weak. Another factor that emerged from Paper 1 was the general lack of awareness about breastfeeding at work benefits, specifically regarding breastfeeding breaks legislation. This denotes socio-political factors proposed in Paper 3 and reflects the country's commitment level to the implementation of legislation and policies. The conceptual model posits that weak law enforcement influences workplace practices such that access to workplace support for breastfeeding is likely to be higher when knowledge of the legislation is robust, compared to when it is not.

In Paper 2, the research underscores the differing influences that intersecting socio-cultural norms (i.e., patriarchal culture, pervasive gender-based violence) and socio-spatial inequalities, have on women's maternal experiences and the level of FSSB they can access. For example, women who work in organisations that are severely under-resourced as a consequence of the apartheid legacy are less likely to receive instrumental support from their supervisors compared to women working in better resourced organisations. The context-specific experiences of maternal management and workplace support gained in Paper 1 and the understanding of the influence of cultural, and socio-economic intersectionality on FSSB in Paper 2 informed the development of antecedents to FSSB proposed in Paper 3. Subsequently, the intersecting broader contextual factors are shown to differentially influence the level of FSSB women can access to breastfeed at work. The empirical findings from the first two papers significantly guided the development of the conceptual thinking illustrated in Paper 3. Specifically, the emphasis on 'immediate supervisor support' in Paper 1 and the culmination of collective influences including social, spatial, and educational inequalities, work-family blend, and interpersonal trust on FSSB in Paper 3, draw back to insights gained from Paper 2. This reinforces how the findings from the empirical work shaped the conceptual framework and affirms the critical role of deeper conceptualisation in empirical analysis.

Overall, the conceptual model emphasises the complexity of managing maternal body work and its support in that breastfeeding at work practices and perceptions are informed by factors beyond women and managers/supervisors' intentions to maintain breastfeeding or provide support. For example, in Paper 1, we found that breastfeeding in the workplace largely relied on women navigating the barriers to breastfeeding at work on their own, including a lack of private spaces and time restrictions. The conceptual model (Paper 3) provides a nuanced understanding in that the workplace barriers are symptoms of a larger structural issue. The model helps us understand that the lack of communication about breastfeeding between management and working mothers, and the perception of breastfeeding as strictly a mother's responsibility, are reflective of broader patriarchal and gender-based biases in some workplace and societal cultures. By recognising these factors as context-specific antecedents of FSSB in South Africa, we can deepen our understanding of the challenges faced by breastfeeding women in the workplace and develop more appropriate responses.

With regard to the findings of Paper 2 and the complexities of the public education sector in South Africa, the conceptual framework allows us to see how broader socio-economic and historical factors like high unemployment rates, imbalances in spatial planning, and the legacy of colonialism and apartheid conditions affect the practice of FSSB. The issues

underlined by Paper 2 leaves breastfeeding women not only dealing with the day-to-day challenges but also these deeply embedded structural issues. The conceptual model, thus helps us see how broader socio-economic and cultural realities shape the context in which trust is fostered between supervisors and working women, influencing the practice of FSSB. By considering these complexities that act as antecedents of FSSB within the context of resource-constrained environments, we are able to better envision potential interventions beyond just providing physical facilities. This view opens up possibilities for actions that can challenge established norms and biases, and help shape an environment where women feel supported to balance their responsibilities both at work and as mothers.

By revisiting findings from Papers 1 and 2 with the nuanced understanding from the conceptual model in Paper 3, we extend understanding of the challenges faced by working mothers in the context of breastfeeding more comprehensively. Rather than isolated observations from our empirical analysis, the research findings now stand as part of a broader ecosystem, providing greater depth to our understanding of FSSB in resource-constrained settings and its potential to advance breastfeeding at work. Furthermore, the conceptual model, while grounded in the realities prominent in the global South, offers helpful insights for global North contexts too in understanding this complex challenge of breastfeeding at work as realities of social vulnerabilities like poverty and inequality are rising globally (Comaroff & Comaroff, 2015).

### **Contributions to Knowledge and Theory**

This research advances theory in several ways. In Paper 1, by paying attention to the local contexts to gain a more situated understanding of the problem and centring mothers' perspectives, we begin to generate knowledge differently thereby addressing the geopolitics of knowledge production. From using this approach, the analysis of the data yielded a breastfeeding at work framework that suggested that breastfeeding support from the workplace should be communicated and initiated well before pregnant mothers go on maternity leave. Most research on this topic has focused on breastfeeding support only when mothers return to work (Daniels et al., 2020; Gbagbo & Nkrumah, 2022; Hernández-Cordero et al., 2022; Ismail et al., 2012; Maponya et al., 2021; Riaz & Condon, 2019). Studies suggest that lack of knowledge about potential breastfeeding support during pregnancy informs early cessation of breastfeeding for most working mothers rendering support at return to employment too late (Froh & Spatz, 2016; Wainaina et al., 2018). On the other hand, awareness about maternity benefits and possible support for breastfeeding at work before maternity leave gives women

enough time to make informed decisions about their infant feeding choices and may increase chances of continued breastfeeding as women feel more cared for by the employer (Mensah, 2011; Omer-Salim et al., 2015). This research uncovered that maternal body work (Gatrell, 2007, 2011) was not limited to organisation as women experienced anxieties of managing their leaking bodies even during maternity leave while anticipating separating from their infants. For example, women who anticipated moving to their workplaces, far away from their families, and to organisations that lacked supportive resources experienced excessive anxiety moulding their bodies to stop producing breast milk so that by the time they return to employment (away from their infants) their bodies are ready to fit in masculine organisational culture.

Further, the research findings identified first line supervisors as key role players in fostering breastfeeding support for working mothers in an LMIC context in which the study was located. While research has shown that supervisors play an integral role in helping employees combine general work and family demands, less attention has been paid to the specific family demand of breastfeeding at work, placing the need for this family demand to take place within the time and space of paid work. Moreover where there is a small but growing body of literature focusing specifically on supervisor support for breastfeeding at work, it generally represents high income countries, where the geographical, historical, social, political, and economic landscapes are distinct (Burns & Triandafilidis, 2019; Chow et al., 2011; Hernández-Cordero et al., 2022). Hence this research extends understanding on breastfeeding at work from global south realities.

Paper 2 makes the following contributions to FSSB theorising and knowledge extension, as it provides a context sensitive interpretation of FSSB for breastfeeding at work among public school teachers in South Africa. The focus on a specific group of working mothers (teachers) in the public education setting broadens applicability of FSSB research in diverse and understudied settings. Teaching as a profession presents complexities to managing work-family demands like breastfeeding at work because of the rigidity in class scheduling offering limited flexibility in the school day. Most of the emergent management literature on breastfeeding at work has been among employees who hold office jobs (Al-Attas & Shaw, 2020) or at universities which have different work conditions to those of teachers (e.g., high flexibility) (Johnson & Salpini, 2017).

Next, this research contributes to expanding plural ways of making sense of FSSB in response to several calls for contextualised research (Crain & Stevens, 2018; Straub, 2012). This research extends understanding of FSSB beyond its value for traditional non-work demands that affect employees in general (such as taking time to attend to a family emergency)

by focusing on a gendered, stigmatised blended work–family issue of breastfeeding at work (Gabriel et al., 2020; Grandey et al., 2020). It also recognises FSSB as a valuable form of support with relatively low costs that could have high efficacy in promoting breastfeeding at work in resource-constrained environments especially those in LMICs, but also in similar contexts across the globe. In paper 2, knowledge is extended by emphasising the importance of contextual factors which affect supervisors' demonstration of, and mothers' accessing FSSB, cautioning against universalising the FSSB construct across diverse contexts. Specifically, the research showed that the FSSB dimensions of instrumental support and creative work–family management were sometimes beyond the supervisor's control because of persisting spatial, educational, and economic inequalities from historical legacies, which in this case was apartheid and colonialism (Taole & Wolhuter, 2019). For example, supervisors who worked in schools located in affluent neighbourhoods could provide support in the form of private rooms for breastfeeding and amending teachers' schedules, because of access to substitute teachers to oversee learners to facilitate breastfeeding and employment. On the contrary, for supervisors who worked in schools located in neighbourhoods that were previously disadvantaged during apartheid, even when they wanted to provide such creative strategies and instrumental support, they could not, as these schools remained severely under resourced even 28 years post democracy.

The research showed that in patriarchal societies, socio-cultural contextual factors such as gender-based violence may limit access to emotional support for teachers (mothers) especially in workplaces dominated by male supervisors. Findings showed that in the context of pervasive gender-based violence and femicide like in South Africa (United Nations, 2021) women had difficulty trusting intentions of male principals if they were to offer emotional support. Resultantly, teachers were more comfortable being vulnerable about their needs to female co-workers or supervisors. The research findings were consistent with the contextual employment relationship theory (Coyle-Shapiro et al., 2004; Coyle-Shapiro & Shore, 2007; Schalk, 2004) which postulates that national level factors permeate social exchanges in the organisation such that reciprocal relationships between supervisors and employees would mirror norms from hosting societies (Valverde-Moreno et al., 2021). This research shows the value of contextualising FSSB within particular histories, politics, economies, and geographies so that the nature of support is appropriate for advancing support for breastfeeding at work. Assuming Northern universalism of work–family constructs by failing to be sensitive to context (Chung et al., 2022; Jaga, 2020), in this instance by not acknowledging the influence of patriarchy, GBV, and the inequalities in schooling resources based on past racial

segregations, threatens the relevance of FSSB particularly in LMIC and global South contexts. Lastly, interpersonal trust in the supervisor emerged as a potentially important mechanism in strengthening relationships between antecedents and FSSB for breastfeeding at work, in this way extending theorising of nomological network of the construct. Other studies conducted in resource-constrained contexts have found interpersonal trust between employees and managers critical in the integration of work-family demands (Stumbitz et al., 2018). Studies suggest that individuals who have encountered extreme inequalities like those in global South contexts tend to have a strong reliance on interpersonal trust to navigate difficulties and establish beneficial relationships because they lack the economic muscle to outsource resources (Bapuji, 2015; Roca-Puig et al., 2021).

Papers 1 and 2 were helpful in the understanding of workplace breastfeeding behaviours and practices within the provincial government, as they offered clarification of supervisors' needs in providing support for breastfeeding and mothers' response to that support. For example, it highlighted the value of early initiation of supervisory support for breastfeeding well before women go to maternity leave. However, in addition, a deeper retrospective intersectional analysis of the data from both studies further uncovered the distinct influence of intersecting social identities such as race, class, and family structure on breastfeeding at work experiences for women working in the provincial government sector in the Western Cape. The effects of these overlapping factors extended beyond the support provided by supervisors, influencing the mothers' response to the support. Enduring legacies of apartheid were starkly evident in shaping working women's maternity management due to the interconnectedness of race, class, and familial support.

Racial and family lines greatly influenced the differing experiences of breastfeeding mothers. For instance, Black mothers primarily lived with extended families on the periphery (i.e., township or rural communities that are far from their workplaces) and were often unmarried. Their counterparts, White, Indian, and Coloured women, on the other hand often lived with immediate families (in the suburbs and could commute daily to be with their children) and were most likely to be married or partnered. In nuanced ways, these overlapping factors impacted mothers' trajectories post-maternity leave and their responses to breastfeeding support at work. Supplementary family support and proximity to children often favoured White, Indian, and Coloured women, fostering greater interest in supervisor breastfeeding support and prolonged breastfeeding due to easier reconnection with their children after work. Conversely, Black mothers mostly separated from their children post-maternity leave due to residential constraints affecting their potential interest in supervisor support and continuation

of breastfeeding. Furthermore, marital status and family structure intersected heavily with financial duties, with unpartnered or unmarried professional women, particularly Black women, often bearing the responsibility of caring for a larger network of dependents (including children, ill or disabled family members, and unemployed working-age adults). This subsequently hindered their ability to access or even consider accessing workplace breastfeeding support, underscoring how racial and socio-economic disparities intersect, influencing women's experiences and infant feeding decisions.

This is an interesting finding as one would think upward social mobility would cushion professional women from the lingering effects of apartheid's spatial and racial segregation which has been found to negatively affect maternity management for women in the informal sector (Stumbitz & Jaga, 2020). The research's intersectional analysis through a Southern lens brought to light the nuanced intersections between race and family structures, contributing to a more comprehensive understanding of maternal management experiences. The study findings shed light on the complex and lasting effects of apartheid on maternity management experiences for working women in South Africa, emphasising the need for context sensitive and targeted interventions and support systems to address the specific challenges faced by different racial and social groups.

Paper 3 contributes to theory building by proposing a context-sensitive model of FSSB for breastfeeding at work from perspectives in the global South. Sociocultural, economic, and historical-political factors are proposed as important antecedents of FSSB, and interpersonal trust with one's supervisor as a potential moderator of the relationship between the contextual factors and FSSB. This is a major contribution to FSSB literature which has been devoid of contextual nuances of the global South and dominated by individual and organisational level factors rooted in global North realities as FSSB antecedents (Crain & Stevens, 2018; Sargent et al., 2021; Straub, 2012). The conceptual model provides an important shift from Northern hegemony in theorisation of FSSB by suggesting plural ways of understanding and interpreting FSSB through its sensitivity to contextual factors salient in understudied contexts. Thus, the conceptual model contributes to new knowledge on antecedents of FSSB for epistemic enrichment of the FSSB construct. A conceptual model of FSSB antecedents for breastfeeding at work and testable propositions responds to calls for advancing knowledge on FSSB antecedents particularly from LMIC perspectives (Crain & Stevens, 2018; Straub, 2012).

Additionally, the conceptual model emphasises the effect of the legacy of colonialism, slavery and apartheid on breastfeeding at work experiences of working mothers and the differential influence it has on access to FSSB for breastfeeding at work. This is a significant

contribution to work-family literature which has been blind to the influence of legacies of oppressive histories on work-family experiences and offers grounding for future empirical and conceptual research in this area. In the context of unequal power dynamics fuelled by patriarchal normative behaviours between supervisors and mothers, interpersonal trust is proposed as an important moderator in the relationship between FSSB and contextual specificities in the global South on breastfeeding at work. Trust facilitates vertical communication between supervisors and mothers, and is proposed to be the mechanism through which women determine whether to engage FSSB or not, even when it is available. This is a significant contribution in FSSB theorisation as interpersonal trust has not been theorised as an moderator in FSSB literature.

### **Contributions to Methodology**

First, a qualitative approach enabled a rich and complex understanding of mothers' experiences with juggling employment and breastfeeding (Ismail et al., 2012; Maponya et al., 2021; Omer-Salim et al., 2014; Sulaiman et al., 2018). The multi-perspective approach by gathering interview data from mothers and from senior managers (Paper1)/supervisors (Paper 2) elevated the exploratory enquiry and surfaced nuanced insights into local practices and experiences of blending breastfeeding and employment. Studies on the management of breastfeeding and employment have mostly been from one perspective, namely mothers (Daniels et al., 2020; Sulaiman et al., 2018; Tsai, 2022). The multi-perspective approach provided a more complete understanding of workplace support needs for managing breastfeeding and employment. Second, using qualitative methods promoted the emergence of contextual specificities that shaped breastfeeding at work in a middle-income country marked by low breastfeeding rates, thus contributing to the development of context relevant interventions. The qualitative approach also provided a better understanding of maternity management in reality without imposing a particular framework on breastfeeding support. The emergent nature of the qualitative approach enabled the use of findings from our qualitative enquiry to identify a series of relationships between FSSB and its antecedents which can be quantitatively tested in future research to enable wider generalisability. The research therefore evolved to adopt a qualitative positivist approach in Paper 3, a shift from the interpretivist approach applied in Papers 1 and 2. This research thus contributed to knowledge production by adopting different perspectives to study the same phenomenon and build a more comprehensive picture of workplace support for breastfeeding (Farndale et al., 2022). Third, FSSB research has typically been quantitative and conducted in the United States (US) where

family forms, sociocultural, and economic contexts are dissimilar to those of LMICs particularly in the global South. This research is the first to use a qualitative approach to understand FSSB and its application in a specific context to advance breastfeeding at work. New insights into both the antecedents and dimensions of FSSB, as well as potential mechanisms helps extend ways of interpreting FSSB that is contextually appropriate in diverse contexts.

Finally, the use of a Southern theoretical lens (e.g., Collyer et al., 2019; Comaroff & Comaroff, 2012) guided data analysis, emphasising local contextual issues such as the influence of colonialism and apartheid and their effects on material lived realities in a Southern context. A Southern approach contributed to decolonial knowledge production by centering global South experiences (Banerjee & Connell 2018). This approach was appropriate for this research and timely following recent calls for decolonial work-family management research to diversify theorising (Jaga, 2020; Jaga & Ollier-Malaterre, 2022). A Southern lens looks both inward on contextual specificities of the global South, while projecting global South discoveries outward to examine how they relate to the global North, thereby cultivating reflective practices on the geopolitics of knowledge production (Milani and Lazar, 2017).

### **Implications for management practice and policy**

This research has several implications for public sector management and social policy. First, a framework is offered (Table 5) that managers and policy makers should use to map out workplace support needs according to maternity phases. The framework offers insight into challenges that mothers face at distinct maternity phases that affects how they may manage breastfeeding and employment. The framework will assist employers to provide more focused support for breastfeeding at work. It would also be useful to policy makers as a resource to develop relevant interventions to advance breastfeeding at work. For example, human resource managers could offer information about maternity benefits and the type of support that is available within the organisation to all staff members, particularly mothers, during staff inductions to ensure that the challenge of ‘lack of knowledge about breastfeeding benefits’ is addressed before employees fall pregnant. Studies have found that providing information about maternity benefits to supervisors and mothers may ease anxieties associated with breastfeeding at work and increase the likelihood of breastfeeding continuation after maternity leave (Ickes et al., 2021). Additionally, this research found that mothers articulated a discomfort with initiating conversations about breastfeeding needs at work. Therefore, encouraging managers

to initiate support for breastfeeding generally within teams to create more family-friendly team cultures could be helpful to mothers who wish to breastfeed at work as doing so shifts the focus on breastfeeding from a personal issue to a workplace and management issue. Researchers have argued that actions taken by supervisors are often perceived as representation of organisational interests therefore when supervisors initiate support, it will send a message to all employees, but especially mothers, that breastfeeding at work is acceptable and supported (Eisenberger et al., 1986).

Further, this research found that FSSB for breastfeeding is complicated by multiple national level contextual complexities including, sociocultural norms (such as traditional gender roles, gendered power dynamics, and the pervasive gender-based violence), socio-political and economic factors. Therefore, employers, government and policy makers should take these contextual factors, that are often embedded in structural systems, into consideration when developing interventions to advance breastfeeding at work as they influence the supervisor-mother interaction on breastfeeding support. For example, in contexts that are under resourced due to systemic inequalities created by histories of colonialism, government departments could provide portable breastfeeding booths to public organisations (e.g., schools and hospitals) with poor infrastructure to assist supervisors in facilitating breastfeeding at work (Vilar-Compte et al., 2021). Another practical contribution offered by this research is based on the proposed context sensitive model of FSSB for breastfeeding at work (Figure 3). Government, employers, and policy makers should endeavour to embed breastfeeding at work interventions and policies (e.g., maternity leave and breastfeeding breaks) in the specific context, with a situated understanding of local complexities. The model should inform resource distribution based on needs as determined by contextual conditions and thus move away from a blanket approach to work-family interventions. Organisations should also consider the impact of contextual factors such as bias towards masculine norms which may undermine FSSB for breastfeeding at work for many mothers. Interventions should be implemented that foster interpersonal trust in the supervisor-mother relationship especially in high power distance (that is, hierarchical assumptions embedded in supervisor-employee relationships) (Graham et al., 2018) cultural contexts.

Finally, breastfeeding at work is still tabooed in many environments because it departs from the masculine organisational norms that espouse ideal worker interests. Managing breastfeeding and employment and its support may be challenging especially for individuals from resource deprived contexts. This research has showed that contextual complexities within the public education sector can further complicated support that supervisors may provide to

working mothers. Thus, efforts should be made to destigmatise and normalise breastfeeding at work. The research found increased ignorance of the legislation on breastfeeding breaks and maternity protection among managers and mothers which was consistent with findings from other studies conducted in South Africa (Maponya et al., 2021a; Martin-Wiesner, 2018). Most participants were aware of the maternity leave but not the two 30 minutes breastfeeding breaks. Consistent with good employment practices (Chow et al., 2011; West et al., 2017), employers and Human Resource departments may increase awareness about the legislation by providing supportive information well before, and during maternity leave to ease the stress experienced by mothers during these phases (Hernández-Cordero et al. 2022). Further, employers and Human Resource departments should co-develop a written breastfeeding at work policy in consultation with multiple stakeholders to gain different perspectives. Especially important to this co-development process are the voices of working mothers themselves. This process is likely to enhance inclusivity and chances of the policy being effective. The breastfeeding at work policy should be formally communicated routinely (Dinour & Szaro, 2017), to all staff members to illustrate commitment to breastfeeding needs and cultivate a gender-equitable organisational culture (Chung et al., 2022). Staff training may also increase sensitivity to maternity needs at work. Gender-sensitive trainings should be offered to supervisors to raise their awareness about mothers' needs to breastfeed at work, maternity protection legislation, how to foster a positive attitude toward workplace breastfeeding support and equip them with the skills to offer appropriate support. These trainings should also equip supervisors with skills to discuss gendered and reproductive subjects to create a more gender equal environment and to be able to address sexist stereotypes about pregnancy and breastfeeding in efforts to cultivate an inclusive work climate particularly for marginalised employees' breastfeeding needs. In a patriarchal society marked with high GBV and related social ills like rape, training must address the negative effects of patriarchy on interactions between employees and supervisors. Training should also demonstrate how patriarchal tendencies manifest within organisations and their detrimental effect on organisational productivity and gender equality (Adisa et al., 2019). Organisations could also adopt the United Nations' allies program (HeForShe) where supervisors volunteer to be ambassadors and advocate for gender equality which would include protecting, promoting and supporting breastfeeding at work (UN Women, 2022). Such efforts may contribute to shift the responsibility to seek support from supervisors as research suggests that women often lack the confidence to do so and would rather stop breastfeeding early (Burns & Triandafilidis, 2019). Purposeful recruitment of more women to management level jobs

should contribute to sensitisation of workplaces to breastfeeding needs given that women are increasingly entering the labour force globally (Ortiz-Ospina & Tzvetkova, 2017).

### **Limitations and Future Research Directions**

This research has some limitations. All interviews were conducted at participants' workplaces in Paper 1 thus the use of workplaces as interview venues might have limited mothers' transparency about negative experiences they might have had in their workplaces. However, the interviewers (my supervisor and I) were trained in qualitative research, probed often to get more information from participants and read their body language for signs of discomfort. There was also an overrepresentation of mothers who held professional jobs which may be different from experiences of employees from lower job positions. The invitation to participate in the study was open to everyone who met the inclusion criteria within the participating departments, therefore employees at all levels within the provincial government could participate if they wanted to. Transferability and application of research findings should be limited to professional women in countries with similar demographics and national maternity benefits as that of South Africa.

In Paper 2, a few of the research interviews among teachers and principals were conducted virtually or telephonically due to the COVID-19 pandemic. This may have hindered observations of the participant's body language and facilities at the schools. Extra effort was made to establish rapport and ensure that participants felt comfortable, and probing was employed to confirm their perspectives. Though the research focus was on teachers, research should be conducted among other specific professions in other government departments, in the private sector, and the informal sector which may have different maternity benefits, infrastructure, and work conditions, to understand transferability of our findings to other workplaces. The education sector is a distinct workplace that differs from other service providing government departments in terms of job type and flexibility however issues identified in this department such as lack of personal office space, and socio-economic and cultural influences, are likely to be found in other departments. Referral bias (Biernacki & Waldorf, 1981) might have been a limitation in the study as participants (supervisors, managers and working mothers) may have referred individuals who shared similar views or experiences about breastfeeding at work and its support. This might have hindered representation of a broader range of views and experiences related to breastfeeding at work. Efforts were undertaken to recruit employee-supervisor or employee-manager dyads from the same

workplaces. However, in some cases, participation from one of the participants, mostly managers and/or supervisors, was limited due to time constraints. The unavailability of certain participants might have introduced biases or limited the depth of insights that could have been gained from their perspectives. Additionally, observing employees' return-to-work behaviours and their management of maternal body work after maternity leave would have provided valuable real-time data. However, a significant proportion of the participating mothers had already weaned their children by the time they returned to employment or participated in the study. Consequently, they shared their maternity management experiences retrospectively, which could have increased the likelihood of memory erasure or selective recall, potentially influencing the accuracy and completeness of the data.

Furthermore, some managers and supervisors had to recall maternal support experiences they provided retrospectively and might have experienced some memory erosion and post-hoc rationalisation, potentially resulting in inaccuracies or omissions in the recollected data.

Rigorous interview techniques and rapport-building was employed to mitigate these research limitations. Future researchers may consider longitudinal designs that allow for real-time data collection to minimise reliance on retrospective recall. Such an approach may enable real-time observation of maternity management practices over time to capture potential changes and developments of women and supervisors' experiences.

Transferability and application of the study findings should be limited to LMICs with similar national cultural norms and demographics. Future research should endeavor to apply decolonial research methodologies and epistemologies such as participatory research methods to unearth the often taken for granted realities on management of work and family (Chilisa, 2019). For example, participatory research approaches encourage co-creation and collaboration in knowledge production between researchers and individuals affected by a phenomenon of interest, as experts of their realities (i.e., participants or co-researchers) (Vaughn & Jacquez, 2020), thus democratise knowledge production (Banerjee & Connell 2018). Future research should also consider focusing on the specific role played by co-workers for supporting breastfeeding at work within distinct contexts, as this may be another potential resource in LMIC contexts.

Finally, a follow-up quantitative empirical study to test the conceptual model proposed in this research, that is, to examine the extent to which proposed variables affect each other, would be valuable (Hirschi et al., 2019; Pattusamy & Jacob, 2017). Moreover identifying further mechanisms that emerge from distinct local contexts, such as mediating variables in the relationship between FSSB and breastfeeding-related constructs is recommended.

### **Conclusion**

Workplace support for breastfeeding has increasingly become important because of the rapid feminisation of the work force and because of its significance in the advancement of health, gender and equity agendas. Yet, theorising of workplace support for breastfeeding has been predominantly based on realities of individuals from high income countries in the global North. This research provides a nuanced understanding and theorising of FSSB, a potential catalyst to advance breastfeeding at work in resource-constrained contexts in LMICs. The qualitative research surfaces the influence of oppressive histories of colonialism, apartheid, and entrenched patriarchal culture on the occurrence or lack of FSSB for breastfeeding at work in a South African public sector context. The research offers a context-sensitive model of FSSB to advance breastfeeding at work, that is grounded in realities of the global South, but which is relevant to resource-constrained contexts globally.

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## Appendices

### Appendix A: Paper 1

Tuesday, November 15, 2022 at 14:16:43 South Africa Standard Time

**Subject:** Your submission to International Breastfeeding Journal - IBFJ-D-20-00028R1  
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Experiences of workplace breastfeeding in a provincial government setting: A qualitative exploratory study among managers and mothers in South Africa  
Prudence Bongekile Mabaso, MSc; Ameeta Jaga; Tanya Doherty  
International Breastfeeding Journal

Dear Ms Mabaso,

Your manuscript "Experiences of workplace breastfeeding in a provincial government setting: A qualitative exploratory study among managers and mothers in South Africa" (IBFJ-D-20-00028R1) has been assessed by our reviewers. Based on these reports, and my own assessment as Editor, I am pleased to inform you that it is potentially acceptable for publication in International Breastfeeding Journal, once you have carried out some essential revisions.

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Editor reports:

Abstract

Line 15: “..experiences at work” rather than ‘work experiences’

Suggest add more results, expand on the themes in brief here – you have more words before the word limit. Similar in the Conclusion: what does “infrastructure developments” mean – suggest expand on this too.

Main text

Please add a space before the references in brackets at end of each sentence. E.g.

“.. breastfeeding [1].” Please check this across whole paper.

Within quotes, where you have ellipsis for material omitted from the quote, please only use three periods with a space in between – not four. Correct is:

". . ." (space dot space dot space dot space). Please check this each time.

Page 3 line 18 – suggest put actual months, rather than ‘Q2’

Pg 3 line 29 – needs some refs as examples of high-income countries etc

Page 4 line 26 – add that women were eligible for inclusion whether breastfeeding / or had breastfed their infants or not

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Reference list contains multiple errors – please check all references carefully before resubmission. I have noted some examples but you will need to confirm:

Abbreviate as per PubMed or write in full J titles

#3, #5, #12 needs access date

#4 no issue number

#8, #10, #17 missing Journal title & volume

#9 J title abb, capitalise, and no issue no.

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Figure: the Figure title should appear at the end of the Reference list – please also remove from the Figure itself.

Table & throughout: “Race” and “coloured” are not terms that are widely used to denote ethnicity internationally. Are these how ethnicity is described in Sth Africa in national statistics, for example e.g. Census? If not, please update, or refer to this as the most appropriate way to denote ethnicity as per Census.

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## RESEARCH

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# Experiences of workplace breastfeeding in a provincial government setting: a qualitative exploratory study among managers and mothers in South Africa



Bongekile P. Mabaso<sup>1\*</sup> , Ameeta Jaga<sup>1</sup> and Tanya Doherty<sup>2,3</sup>

## Abstract

**Background:** Return to employment is a major barrier to breastfeeding continuation, globally and in the Southern African context. The Lancet Breastfeeding Series revealed an explicit need for research exploring breastfeeding as a workplace issue in low- and middle-income countries. A dearth of research on workplace breastfeeding in South Africa calls for attention to this topic. This study sought to explore breastfeeding at work experiences from the perspective of employed mothers and senior managers in a provincial government setting in South Africa.

**Methods:** The study adopted an exploratory qualitative design with multi-perspective semi-structured interviews. Snowball sampling was employed to recruit twelve participants, senior managers ( $n = 4$ ) and employed mothers ( $n = 8$ ), from two provincial government departments in Cape Town, South Africa. Interviews were conducted between April and August 2018 to capture participants' experiences with breastfeeding in the workplace. Thematic analysis was used to analyse data.

**Results:** Four key themes that described experiences of workplace breastfeeding emerged which further traversed three critical maternity periods: pregnancy, maternity leave, and return to work. The prevalent themes were: 1) Knowledge about the legislation and breastfeeding support benefits. Most participants only knew about the legislated four months maternity leave and time off for prenatal visits but lacked knowledge about comprehensive maternity benefits; 2) Perceptions and experiences of breastfeeding in the workplace. Breastfeeding was perceived to be a mother's responsibility and a private issue. As a result, most participants stopped breastfeeding prior to or immediately upon return to work after maternity leave; 3) Barriers to breastfeeding continuation, such as the absence of a conversation about infant feeding plans between managers and mothers; and 4) Recommendations to improve breastfeeding support at work from an individual, organisational and national level.

(Continued on next page)

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(Continued from previous page)

**Conclusions:** Our study contributions emphasise that breastfeeding support from managers should begin prior to the mother taking maternity leave, and that in addition to providing supportive facilities (such as private space and breastmilk storage), immediate supervisor support may be critical in fostering breastfeeding-friendly workplaces for mothers. Management implications for advancing workplace breastfeeding support in the public sector are presented.

**Keywords:** Breastfeeding at work, Workplace support, South Africa, Qualitative exploratory, Work-family, Provincial government

## Background

Breastfeeding is a key child survival strategy to prevent childhood illnesses and deaths. Positive economic and environmental changes and improved maternal health have also been associated with breastfeeding [1]. Current data on breastfeeding practices in South Africa shows that 93% of mothers initiate breastfeeding within the first hour of birth, but that only 24% of infants are breastfed exclusively by age four-five months [2, 3]. South Africa has had a history of the lowest exclusive breastfeeding rates in the world at 8% between 1998 and 2012 [2]. While improvements have been made [4], the progress is still too slow and far from the Global Nutrition target of 50% by 2025 [5].

Return to employment is a major reason breastfeeding is compromised both globally [6–9] and in the Southern African context [10, 11]. Not surprising, breastfeeding at work is a complex work-family issue because in order to maintain the World Health Organisation's (WHO) recommendation to breastfeed exclusively for the first six months of the infant's life [12], most mothers must engage in this responsibility in the time and space of paid work. Employed mothers tend to stop breastfeeding in preparation to return to workplaces that are not conducive to maternal needs [13, 14] and breastfeeding mothers often fall short of the ideal worker ideology around which organisations are built. Ideal workers single-mindedly devote their efforts to organisational goals [15], not allowing distractions such as reproductive needs which are experienced by pregnant and breastfeeding mothers [14]. Workplace breastfeeding support could make positive organisational contributions by decreasing absenteeism, job dissatisfaction, staff turnover and improve staff retention [16–18].

In South Africa, since the first democratic elections in 1994, there has been an increase in the number of females in the labour force because of supportive legislative policies that promoted access to education and employment for women. According to the 2019 Quarterly Labour Force Survey (April – June 2019) 44.6% of the employed labour force were female, of which most (30.7%) were in the formal sector [19]. This increased female representation [20] has focused the government's

attention on laws that promote gender equality, such as 17 weeks unpaid maternity leave with a subsidy of 66% of the mother's salary that can be claimed from the Unemployment Insurance Fund [21]. With the optimal infant feeding recommendation being six months exclusive breastfeeding [12], mothers returning to work at four months or earlier would need to breastfeed or express breast milk whilst in the workplace. Thus, the state also provides for legislated breastfeeding breaks at work, for 30 min twice per working day for the first six months of the child's life [22]. Unfortunately, the limited available literature has shown great ignorance and poor enforcement of the legislated maternity protection by South African employers, particularly regarding breastfeeding breaks [23].

Current workplace breastfeeding literature is mostly from high income countries [24–27]. Research from low- and middle-income countries in the Global South are lacking in providing a contextually rich understanding of employed mothers' breastfeeding practices and salient forms of support to advance breastfeeding at work. Such nuanced insights are needed to inform context relevant interventions [28–30]. The aim of this study is to explore experiences of workplace breastfeeding among employees and managers in a provincial government setting in South Africa, to gain an understanding of the local specificities that shape this phenomenon. This in turn could inform appropriate interventions for creating breastfeeding supportive workplaces that meet these mothers' needs and advance the international body of literature.

## Methods

### Study design

The study adopted an exploratory qualitative design. Multi-perspective semi-structured interviews were conducted face-to-face with senior managers and mothers who worked in a provincial government setting in South Africa. The use of a multi-perspective approach was effective for triangulation and ensuring a richer understanding of the subject as senior managers create the workplace culture which influences

the availability and uptake of workplace practices and mothers' behaviours [31, 32].

#### Study setting and participants

The study was conducted in Cape Town, a metropolitan city in the Western Cape province with a population of 4,232,276 (64% of the total provincial population). The Western Cape province is the third largest (by population) of nine provinces in South Africa. Cape Town was selected as the study site for its status as the legislative capital in which government head offices, key policy-makers, and several public departments are located [33]. The provincial government setting was purposely selected because it serves as a model employer in that it provides fully paid maternity leave for the legislated four months. In addition, provincial government is the largest employer of all government sectors nationally and has a workforce of 81,000 in the Western Cape, of which 52% are women. Two of the 13 departments in this provincial government participated in the study. The inclusion criterion for managers was that they had supervised pregnant employees who returned to the same workplace after maternity leave. For mothers, those who had babies and returned to the same workplace and were breastfeeding or had breastfed their infants in the past two years were eligible to participate in the study. Emails were sent to heads of departments inviting eligible employees to participate. With no replies to the invitation, the first few participants were then found through contacts of provincial government employees who were part of a larger research project in this area. Thereafter we relied on snowball sampling and concluded sampling upon reaching data saturation [34].

#### Data collection

Semi-structured interviews were conducted between April and August 2018 by a small team of interviewers, BPM or AJ, a scribe and an observer. In a conversational manner, participants were asked to share personal breastfeeding experiences or experiences of supporting breastfeeding employee(s) upon return to work post maternity leave, as well as how they thought that support for breastfeeding at work could be improved. For example, mothers were asked "can you tell me about how you fed your child when you returned to work after maternity leave?" while managers were asked "tell me about your experiences of being a manager to women returning from maternity leave?". All interviews were conducted in English and interview arrangements were made with participants directly. Each interview lasted between 30 to 77 min. Scheduling interviews was challenging given the nature of the participants' work roles, especially those in senior management, and their last-minute cancellations often required rescheduling of

interviews. The nature of their work roles cannot be detailed to protect the identification of the departments that participated in the study. All interviews were conducted at the participants' workplaces, as indicated by each to be the most convenient. Basic demographic data, that is, race, level of education, and age were collected to describe the sample.

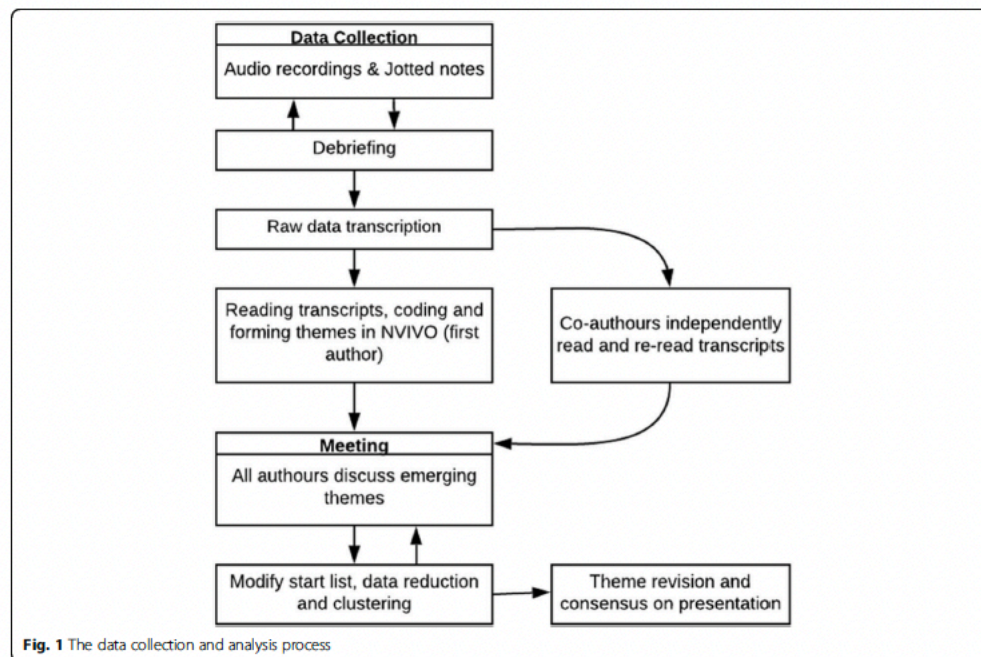
To enhance trustworthiness, after each interview a debriefing meeting was held with the interviewing team to discuss emerging ideas and to assess if follow up questions with participants where necessary. As a result, and as part of member checking, three senior managers and mothers were interviewed a second time to gain further clarity and to ensure that the study findings reflected their views [34].

#### Data analysis

Preliminary data analysis occurred concurrently with data collection (Fig. 1). All audio recordings were transcribed verbatim by a professional transcription company and pseudonyms were used for participants' names and departments. Raw data were imported into NVIVO 12 Pro, a computer software program used to manage qualitative data [35]. Inductive thematic analysis was used where through multiple readings of the transcripts the first author generated codes and then themes which emerged from the participants' responses, rather than from a priori themes from theory [36]. The second and third author independently read and coded the interview transcripts to establish patterns in the data and together all the authors critically discussed their findings, merging or renaming subthemes, and refining the themes until they reached consensus [37]. A final set of four themes that enhanced our understanding of workplace breastfeeding were agreed upon: 1) Knowledge about the legislation and breastfeeding support benefits; 2) Perceptions and experiences of breastfeeding in the workplace; 3) Barriers to breastfeeding continuation; and 4) Recommendations to improve workplace breastfeeding support. Moreover, consensus was reached by all the authors to organise the findings into distinct, yet inter-related themes and subthemes, in a novel way across three critical time phases: pregnancy, maternity leave, and the return to work (Table 1), emphasising that breastfeeding support from managers should begin prior to the mother taking maternity leave.

#### Ethics

Ethics approval was obtained from the University of Cape Town Commerce Faculty Ethics in Research Committee in April 2018 [REC 2018/004/013] and from the two government departments. Participation in the study was voluntary and responses were kept anonymous and confidential. Written informed consent was obtained



and interviews were audio recorded with permission from all the respondents.

### Results

Participants were diverse in race, level of education, and age. All except one participant had post graduate qualifications and held professional positions. Three of the four managers were male, and all the managers had children (Table 2).

#### Pregnancy phase

##### *Pregnancy perceived as a mother's issue*

Senior managers and mothers generally perceived pregnancy as private and a mother's issue, that needed to be concealed from work processes. None of the mothers had any infant feeding related conversation with their managers prior to going on maternity leave. Most mothers did not even consider combining breastfeeding and work, while managers distanced themselves and felt that only if mothers made enough of a demand, would there be a need to address pregnancy and breastfeeding issues at work. Some participant's views are expressed in the following quotes:

"Actually no [conversation about breastfeeding], the only discussion we have had in terms of that, is

okay, what plans and arrangements are you going to make when the maternity leave is [over] . . . who is going to look after the baby, and those kind of things. I don't know if every woman is comfortable discussing their personal matters like that especially with a male manager . . . but I have never had a discussion, maybe it is something I need to think about going forward." (Manager 1)

"As long as I told them that I am planning on taking my maternity leave, so I think that was enough for me." (Mother 3)

"I think the conversation ended there after me telling them I am expecting a baby. There was no conversations about how I am going to handle the pregnancy or whatever or breastfeeding later on, so no conversations like that". (Mother 5)

##### *Minimal discussion about maternity benefits with pregnant employees*

Most mothers did not have knowledge of their full maternity protection rights such as maternity leave extension or breastfeeding breaks (Basic Conditions of Employment Act, Code of Good Practice), but only knew about the legislated four months maternity leave

**Table 1** Emerging themes and sub-themes on breastfeeding at work experiences across maternity phases in the provincial government sector

	<b>Theme 1: Knowledge about the legislation and breastfeeding support benefits</b>	<b>Theme 2: Perceptions and experiences of breastfeeding in the workplace</b>	<b>Theme 3: Barriers to breastfeeding continuation</b>	<b>Theme 4: Recommendations to improve breastfeeding support at work</b>
<b>Pregnancy</b> [sub-themes]	<ul style="list-style-type: none"> <li>• Knowledge about maternity leave uptake.</li> <li>• Poor knowledge about breastfeeding breaks.</li> <li>• Optimal knowledge about benefits of supporting breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• Breastfeeding considered a private and personal matter.</li> <li>• Support dependant on managers' personal values and experiences.</li> </ul>	<ul style="list-style-type: none"> <li>• Absence of conversation about breastfeeding.</li> <li>• Confusion on who is responsible for initiating breastfeeding support conversation at work.</li> <li>• Manager's gender consideration on breastfeeding support.</li> <li>• Lack of instrumental support at work.</li> </ul>	<ul style="list-style-type: none"> <li>• Raise awareness about the maternity support legislation.</li> <li>• Have a workplace breastfeeding policy.</li> <li>• Provide instrumental support.</li> <li>• Breastfeeding specific social support to be provided.</li> </ul>
<b>Maternity</b> [sub-themes]	<ul style="list-style-type: none"> <li>• Optimal knowledge about benefits of supporting breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• Breastfeeding considered a private and personal matter.</li> <li>• Early breastfeeding cessation.</li> </ul>	<ul style="list-style-type: none"> <li>• Stress associated with transitioning back to employment.</li> </ul>	<ul style="list-style-type: none"> <li>• Raise awareness about the maternity support legislation.</li> <li>• Extension of maternity leave.</li> <li>• Breastfeeding specific social support to be provided.</li> </ul>
<b>Return to work</b> [sub-themes]	<ul style="list-style-type: none"> <li>• Poor knowledge about breastfeeding breaks.</li> <li>• Optimal knowledge about benefits of supporting breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty expressing at work.</li> <li>• Early breastfeeding cessation.</li> <li>• Breastfeeding considered a private and personal matter.</li> <li>• Support dependant on managers' personal values and experiences.</li> </ul>	<ul style="list-style-type: none"> <li>• Absence of conversation about breastfeeding.</li> <li>• Confusion on who is responsible for initiating breastfeeding support conversation at work.</li> <li>• Manager's gender consideration on breastfeeding support.</li> <li>• Influence of job characteristics.</li> <li>• Stress associated with transitioning back to employment.</li> <li>• Lack of instrumental support at work.</li> </ul>	<ul style="list-style-type: none"> <li>• Have a workplace breastfeeding policy.</li> <li>• Provide instrumental support.</li> <li>• Extension of maternity leave.</li> <li>• Breastfeeding specific social support to be provided.</li> </ul>

and time off for prenatal visits. Managers were also not aware that breastfeeding breaks were legislated and assumed that mothers were informed of their maternity benefits. One manager said:

“... even the Basic Condition of Employment Act does not have that [breastfeeding breaks]. If it does, I will be surprised because the Basic Condition lays

the basic minimum . . . but, definitely there is no break there, I think it is the tea break . . . and smoke breaks is there but not breastfeeding.” (Manager 2)

Only a few mothers reported knowledge of the option to apply for a maternity leave extension to six months. Some who were aware of it, shared that they did not apply for it in fear of their manager thinking that they

**Table 2** Demographic characteristics of study participants

<b>Participant</b>	<b>Level of Education</b>	<b>Gender</b>	<b>Race</b>	<b>Age</b>	<b>Work Position</b>
Mother 1	Postgraduate	F	White	38	Senior manager
Mother 2	Postgraduate	F	Coloured <sup>a</sup>	32	Project Manager
Mother 3	High School	F	Coloured	40	Admin Clerk
Mother 4	Postgraduate	F	Coloured	36	Supply Chain Officer
Mother 5	Postgraduate	F	African	36	Educator
Mother 6	Postgraduate	F	Coloured	34	Educator
Mother 7	Postgraduate	F	Coloured	31	Educator
Mother 8	Postgraduate	F	Coloured	31	Monitoring Officer
Manager 1	Postgraduate	M	Coloured	47	Senior manager
Manager 2	Postgraduate	M	African	55	Chief Director
Manager 3	Postgraduate	F	White	59	Director
Manager 4	Postgraduate	M	Coloured	49	Director

<sup>a</sup>In Southern Africa, the term 'coloured' denotes a person of mixed racial ancestry and is used officially in South Africa's national statistics [38]

were attempting to take advantage of the circumstances, as maternity leave tended to be viewed as a holiday. As one mother mentioned:

"I didn't [have any conversation about the possibility of extending maternity leave]. I must admit I was actually dying to have that conversation with my boss, but I also didn't want to give that impression that I am trying to ride this leave out, or take advantage of the situation." (Mother 5)

Some mothers chose not to apply for maternity leave extension because it was unpaid and there was a financial necessity to return to work. While others described doing their own research, most commonly on the internet, to find out information about their maternity rights, such as breastfeeding breaks:

"I just Googled breastfeeding . . . I think it was the Basic Conditions of Employment Act where they say you get two sessions [breastfeeding breaks], thirty minutes each . . . I went and found the policy and so I took it upon myself to educate them [managers] around what the policies are because I did feel conscious that I am going to express and it is going to take time." (Mother 4)

#### Maternity leave phase

##### *Preparation for early breastfeeding cessation*

Most mothers shared that during their maternity leave they started to become anxious thinking about how to provide optimal nutrition for their infants after returning to work. This anxiety stemmed from several sources including: (1) the lack of decent space to express breast milk at work and adequate storage for mother's milk, (2) working with painful breasts, and (3) commuting for hours with their expressed milk. Consequently, most mothers decided to wean their infants before or shortly after returning to employment as shared by one mother:

"I just sorted it out myself before I came back to work because I knew I was going to work . . . I didn't want to feel uncomfortable and now you are working and suddenly there is a wet patch. I decided to do that [stop breastfeeding and started the baby on infant formula] before I went to work, so by the time I returned to work there was nothing [no milk leaking]". (Mother 7)

A few mothers made plans during their maternity leave to maintain exclusive breastfeeding and started storing milk for when they were back at work:

"So, I started probably two or so weeks before I came back and I started expressing and freezing milk. So, we had a backup supply in the freezer and then obviously I ensured that there was at least four bottles for him in the fridge and then during the day at work I expressed two bottles." (Mother 8)

#### Return to work phase

##### *Stress from juggling work and breastfeeding needs*

Upon return to employment mothers reported stress dealing with conflict between work demands and their infant's breastfeeding needs. Here mothers spoke about expectations to be efficient at work whilst experiencing discomfort from full breasts because of a lack of facilities to express mother's milk:

"I remember also going home every day with really sore breasts because I wasn't expressing at work and so the milk was building up and building up and it becomes so full and so painful and I also thought this time around [with a new baby] I wouldn't want to go through that again because it is embarrassing if it breaks through and milk spilling out . . . you come to work and [put a] smile on your face and go on working as normal but you are actually there with full breasts and in pain." (Mother 5)

Another mother added that there is no recognition that a mother returning to work may be breastfeeding and having both work and breastfeeding duties during her work day. She suggested that support would be welcomed to alleviate this pressure that she faced when returning to work:

"I will say that the work place must make that provision for a mother when she comes back to have that place or a room where they can [express]. You can't breastfeed because the baby is not here but just to make that provision that you can do all your things because I don't think there is any places that you can as a mother go and sit and even if you come back, no one is talking to you to ask if you are breastfeeding or just to assist you when you come back . . . you just come back in the same situation that you left and so no one is actually talking to you to ask you or even suggest. I will say a person [supervisor] must come to you and say you have a baby now and it is four months, is there certain things that you want or ask you if you are breastfeeding or even ask you if you want to leave earlier but there is no things like that". (Mother 4)

Juxtaposing this perspective, managers were not aware of this conflict and the breastfeeding related needs of

mothers while at work. They perceived that because mothers had not raised the topic of breastfeeding at work, nor requested support in any form, that it was unlikely to be a real concern. As expressed by one senior manager:

"If women are not putting a request or a demand for breastfeeding facilities it will never see the light of the day because other things that are on the table competing for available resources will get priority . . . I cannot remember any union having brought this as a request. I cannot remember. I have been here now for 16 years. I cannot remember any supervisors bringing this as an issue that needs to be looked at." (Manager 2)

#### **Workplace supportive breastfeeding facilities**

None of the work spaces in the two departments provided supportive facilities such as a private space, or a fridge for storing milk, for mothers to breastfeed or express milk during the workday. One manager shared:

"This is a very unfortunate part because the government doesn't have [facilities] and in most offices there is no infrastructure for breastfeeding . . . I think that is the disadvantage for young mothers because we do wonder most of them are highly qualified and they are professional people and that is putting a huge disadvantage, so they must find alternative means [to provide breastmilk] because they just can't bring babies to work even if they wanted to there are just no facilities." (Manager 2)

Another manager, while speaking about supportive facilities, was also indirectly suggesting that it's solely the mother's responsibility to find a solution to combine breastfeeding and work:

"I think it's a bit difficult at work remember because we need to keep it [breast milk] here in the freezer and that is not always available and so on. So, when you are back at work it's more difficult so you [the mother] will have to find the balance". (Manager 3)

One government department (not part of this study), had a breastfeeding room that was offered to mothers from other departments to use. However, it was often not a logistically viable option to access during the 30 min breastfeeding break as it was in a different building. While few mothers could use this facility enabling their continued breastfeeding, other mothers used the bathroom or offices to express:

"I think what motivated me to stop [breastfeeding] besides the fact that I didn't have much milk was the fact that the toilet I was using, they were renovating them and so I did not have anywhere else to express." (Mother 3)

#### **Job characteristics and social supportive enablers**

Few mothers reported to have continued breastfeeding exclusively after returning to employment and stated that supportive supervisors and co-workers were important enablers:

"The rest of the people [colleagues] were absolutely brilliant and if they knew I was pumping then they would make sure no one would come in and that kind of thing, so they respected that and everything and they were just supportive." (Mother 1)

"My job requires me to be out in the field and travel a lot and he [supervisor] actually said he understands that and he is limiting my operations to day trips so in the metro and the winelands so I don't have to sleep over in the west coast and stuff like that. So in terms of his overall [support] he is very accommodating." (Mother 8)

On the other hand, some mothers shared that co-workers were resentful of mothers who expressed at work, suggesting that they were 'avoiding work'. Mothers in more senior positions who maintained exclusive breastfeeding reported that their seniority and associated levels of autonomy might have influenced their agency to demand support from their managers.

None of the mothers knew anyone who had breastfed at their workplaces and thus had no positive role models. However, a few managers expressed willingness to offer flexible arrangements to accommodate mothers returning from maternity leave, as captured in the following quotes:

"I am open to the idea of it [providing support to breastfeeding employees] and I don't have an issue if you need to express". (Manager 1)

". . . from where I sit, I have now become aware so it is actually a management responsibility . . . and then sensitization of managers in particular because I think once managers are sensitized on this then it becomes easier because I for example would prefer working through my managers to say but you must support . . . it requires an attitude change how this is actually being implemented . . . I think that can be done through training particularly targeting managers and making sure that they understand the

particular needs so is it for example something that can be made available temporarily, what do you need in order for that to happen and so on.” (Manager 4)

“I think if the employers can be more, I don’t know if the word is sensitive but more understanding or accommodating. Yes, if they can be more accommodating in that regard, that would be helpful so providing facilities and obviously be accommodating in terms of allowing you to go and do your expressing at that time . . . I think if they could be more sensitive or maybe do some research of their own”. (Mother 5)

### Discussion

This study provides important new insights into the experiences of workplace breastfeeding among mothers and managers, in a provincial government context in South Africa, shedding light on the needed advancement in workplace breastfeeding support in this middle income context. The study revealed that workplace breastfeeding support should be initiated from pregnancy through maternity leave until after returning to employment. Most workplace breastfeeding literature has focussed on support when the mother has returned to employment, but our findings suggest that this is too late. In the absence of any conversation with managers on reconciling work and breastfeeding prior to the mother going on maternity leave, many mothers tend to cease breastfeeding during maternity leave in preparation to return to work [7, 10, 39]. Our findings suggest that if managers and mothers have a conversation about entitled breastfeeding breaks and workplace support prior to the mother’s maternity leave, it is likely that fewer mothers will perceive return to work as a reason to stop breastfeeding. These conversations if seen as part of a manager’s role in planning the maternity leave arrangements with the mother, may also shift the perspective that breastfeeding is in fact a workplace concern, rather than a mother’s private issue.

Researchers have argued that the perception of breastfeeding as a personal issue is consistent with the view of breasts as private sexual objects. Breastfeeding is associated with an emotional, leaky body that is in conflict with the ideal worker ideology [40–42]. The disapproval of breasts in public spaces leads to feelings of discomfort and shame which when combined with non-supportive workplaces result in early breastfeeding cessation as was evident in this study [43]. Consistent with previous research, managers in this study were not aware that some mothers had a need to breastfeed or express milk during their workday, attesting to the hegemonic masculinity of workplace norms. Many managers left the responsibility

to request breastfeeding support to the already overburdened and vulnerable mothers [25], but most mothers were too afraid to ‘rock the boat’ and ask for support, even when they were entitled to breastfeeding breaks. These mothers were therefore unable to take advantage of their full maternity benefits [27]. A study in the United State found that it was unlikely that mothers would request support at non-supportive workplaces creating a false belief that there is no demand nor need for breastfeeding support. The passive tendency to expect mothers to demand support creates a vicious cycle where mothers hold back out of fear of negative consequence(s) and keep breastfeeding needs a secret, while managers withhold support maintaining an uncondusive work environment for mothers’ breastfeeding needs [44]. Our study confirms these findings that mothers lacked confidence to request support, despite most mothers in this study being highly educated and holding professional jobs.

Similar to findings from a South African survey [23], both managers and mothers lacked knowledge of the legislation on breastfeeding breaks and maternity protection offered by the employer. Only a few self-informed mothers had researched the full benefits available to them as government employees [39, 45]. Poor knowledge dissemination within the provincial government context and a bureaucratic system that impedes creativity in policy adoption, could contribute to poor implementation of breastfeeding legislation at work [23]. Interestingly, most managers in the study expressed a sincere willingness to support mothers to breastfeed at work, but also clarified that they would require sound training to provide appropriate support, especially since most managers were men. Managers indicated that they were unsure as to what support to provide and how. Furthermore, the study findings suggest that immediate supervisors of pregnant and breastfeeding women (more so than senior management) should be champions for change. Existing research shows that immediate supervisors have greater autonomy to control the day-to-day utilisation of resources, to implement policies and restructure the work time and place for meeting employee needs, compared to senior managers who are more distant from employees’ daily activities [25–27]. As a result, formal breastfeeding at work programs without supervisor support have been shown to result in poor uptake of work-family benefits [46]. Similarly, research shows that mothers thought empathetic supervisors would ease their stress and enable access to maternity benefits, reducing the pressure placed on them to initiate conversations about workplace breastfeeding [26].

Anticipated work-family conflict [47, 48] experienced by mothers during maternity leave about combining breastfeeding and work demands contributed to them

weaning their infants sooner than six months. Socio-structural barriers such as work travel and lack of supportive facilities at work contributed to increased anxieties and feelings of not being supported to maintain breastfeeding. We suggest that employers and Human Resource departments provide supportive information during maternity leave to ease the stress experienced by mothers during this phase. Similar to existing studies, we recommend increasing awareness about the legislation and enforcing its implementation in line with good employment practice [25, 49]. For improved workplace support, suggestions for management include: First, developing a written breastfeeding at work policy in consultation with the mothers to ensure that their needs are met by the policy. This policy should be well communicated through various channels to all employees (not just mothers). A breastfeeding policy establishes a positive attitude towards breastfeeding at work and indicates commitment to supporting, protecting and promoting breastfeeding by the organisation aiding breastfeeding continuation [50]. Second, identifying private spaces with appropriate breast milk storage to create a conducive space for mothers who need to express breastmilk. Third, training supervisors to raise their awareness about mothers' needs to breastfeeding at work, maternity protection legislation, how to foster a positive attitude toward workplace breastfeeding support and equip them with the skills to offer appropriate support. Last, providing flexible work arrangements and on-site childcare to mothers who are navigating breastfeeding and employment [51]. Since the government already has paid maternity leave for four months, it could consider extending paid maternity leave to six months to moderate income loss stress and encourage exclusive breastfeeding.

#### Limitations

The use of workspaces for interviews might have restricted the mothers' openness about negative experiences they might have had in their workplaces. However, the researchers were trained in qualitative research and probed often to get more information from participants and read their body language for signs of discomfort. Experiences from mothers in lower job positions might have been missed as the majority of study participants held professional jobs. Transferability and application of the findings should be limited to countries with similar demographics and national maternity benefits.

#### Conclusions

This study revealed that breastfeeding needs to be viewed as an important workplace issue. The main findings from this study were that comprehensive support initiatives should begin as early as pregnancy and

continue once the mother returns to employment. Also, conversations between pregnant mothers and their immediate supervisors about how the workplace supports breastfeeding mothers after returning to work would be beneficial in fostering breastfeeding friendly workplaces. Further in-depth research is needed to explore the explicit nature of supervisor support and the supervisor's needs for appropriately supporting pregnant and breastfeeding mothers regarding breastfeeding at work. This study has provided new insights on workplace breastfeeding support in a provincial government context from a middle-income country marked by low rates of breastfeeding. The findings can inform strategies for employers and policy makers towards creating supportive workplaces for breastfeeding.

#### Abbreviations

WHO: World Health Organisation; WCG: Western Cape Government

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#### Authors' contributions

BPM: Study design, data collection, data analysis, data interpretation and major contributor in writing the manuscript. AJ: Study design, data collection, data analysis, data interpretation and writing. TD: Study design, data analysis, data interpretation and writing. All authors have read and approved the manuscript.

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#### Availability of data and materials

The datasets used and analysed during the current study are available from the corresponding author upon reasonable request.

#### Ethics approval and consent to participate

The Commerce Faculty Ethics in Research Committee [REC 2018/004/013] and the two government departments approved the study. All participants were provided information about the study prior participating and signed written consent forms.

#### Consent for publication

Not applicable.

#### Competing interests

None.

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## Appendix B: Paper 2

Tuesday, November 15, 2022 at 14:05:11 South Africa Standard Time

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**Subject:** Community, Work & Family - Decision on Manuscript ID CCWF-2021-0149

**Date:** Thursday, 16 December 2021 at 10:48:10 South Africa Standard Time

**From:** Community, Work & Family

**To:** vukazimele.mabaso@gmail.com

16-Dec-2021

Dear Ms Mabaso:

Your manuscript entitled "Family supportive supervision in context: Supporting breastfeeding at work among teachers in South Africa", which you submitted to Community, Work & Family, has been reviewed. The reviewer comments are included at the bottom of this letter.

The reviews are in general favourable and suggest that, subject to minor revisions, your paper could be suitable for publication. Please consider these suggestions, and I look forward to receiving your revision.

When you revise your manuscript please highlight the changes you make in the manuscript by using the track changes mode in MS Word or by using bold or coloured text.

In accordance with our format-free submission policy, an editable version of the article must be supplied at the revision stage. Please submit your revised manuscript files in an editable file format.

To submit the revision, log into <https://mc.manuscriptcentral.com/ccwf> and enter your Author Centre, where you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision." Your manuscript number has been appended to denote a revision. Please enter your responses to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you made to the original manuscript. Please be as specific as possible in your response to the reviewer(s).

**IMPORTANT:** Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Because we are trying to facilitate timely publication of manuscripts submitted to Community, Work & Family, your revised manuscript should be uploaded as soon as possible. If it is not possible for you to submit your revision within four weeks, we may have to consider your paper as a new submission.

Once again, thank you for submitting your manuscript to Community, Work & Family and I look forward to receiving your revision.

Sincerely,  
Editorial Board  
Community, Work & Family

Reviewer(s)' Comments to Author:

Reviewer: 1

Comments to the Author

This is a very well-written article and the author(s) are to be commended for the some of the clear explorations in the text. This paper covers a contemporary and relevant issue in relation to equitable treatment of new mothers (and their babies) in a challenging developing world context, focused upon their human and labour rights; and I was therefore very interested to read it. The juxtaposition of

theoretical and conceptual tools from very diverse sources makes for fascinating inter-disciplinarity, as evidenced in the article. It is commendable to read of research done on such an important topic in a context where the stark mis-match between policy and practice is evident. It raises important concepts and I think it has a strong 'message'.

Although somewhat brief, the Abstract is well written. The scope of the study is then well circumscribed by the introduction and the relevant research and theory is clearly and effectively described. My main concern in this article is the seemingly extreme positions implied by the use of the terms 'white schools' and 'black schools'. The reality is far more complex depending on the context: for example in South Africa many formerly white schools now have learners predominantly from the majority population; and formerly some urban 'black schools' were in fact well-resourced, depending on the responsible department of education. Whilst this may not have been the case in the province or particular schools in which this research was done, I believe this aspect of the article needs to be written in a much more nuanced style. For example, there are previously disadvantaged schools in South Africa that are now well-resourced and staffed, because proportionately much more funding has been directed to them in these past 27 years. Therefore I would suggest the schools are identified by quintile rather than distinguished only on racial lines, as is currently the case in the article.

The methodology section continues the trend of being well-written. However, I believe that the ethics should not be relegated to a final paragraph of this section, but should rather begin it: this is important in this era of protection of participants and the data collected from them (and ethical permissions must precede any engagement with participants). I therefore would like to see this foregrounded, with a little more discussion of this key element. Then, there is no mention of the processes for translation and back translation between isiXhosa and English (an important data credibility aspect), nor about the form of data transcription, and nor is there any mention of the theoretical basis for the data analysis.

The findings raise what appear to be sound theoretical and practical aspects for consideration and develop convincing evidence base for the discussion to build on. My one comment for editing in the findings is that in the excerpts, the fullstops appear in the wrong place - they should not be before the speech marks close, but rather after the closing bracket identifying the respondent. The author(s) draw the research together effectively in the final sections and make some valuable suggestions.

Overall, the article was mostly well written, except for a few grammatical and phrasing errors, which need correction. I believe this is an article worthy of publication and commend the author(s) for their attention to many of the necessary details and for engaging in this fascinating study. It is to be hoped that dissemination of this work might have some influences on changing practices for the benefit of new mothers and their children.

#### Corrections

A version of the draft can be returned (and the editors should contact me by email for this), with highlights indicating words / phrases needing amendment.

Referencing: The very first reference cited in the text is not listed! After that my checking of random references showed that most others are listed. Then, in the list itself, there are a few formatting and detail errors that need correction.

Reviewer: 2

#### Comments to the Author

Thank you for doing this work. So often I write in my limitations section, "future work should look at diverse populations and locations." You have done this.

#### Literature Review:

Well developed and incorporates relevant literature. On page 4 you state "challenging Northern universalism..." and you tie that into the discussion effectively.

#### Methods

Well developed and appropriate.

#### Findings

I don't agree with your use of the term male hegemony. Hegemony is the participation in your own domination. If you were going to identify hegemony it would be how male's behavior supports their own domination or women's behavior supports their own domination. Neither of which seem accurate. I believe you mean "The pervasiveness of masculine definitions of workplace behavior affecting the availability of FSSB" and "thereby reinforcing the masculine workplace cultures."

#### Practical implications

"training should be provided" I don't see you explicitly discussing the training around rape, etc.... I think that would be important.

Thank you so much for doing the work that needs to be done to represent diverse voices and experiences.



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## Family supportive supervision in context: supporting breastfeeding at work among teachers in South Africa

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## Family supportive supervision in context: supporting breastfeeding at work among teachers in South Africa

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### ABSTRACT

Family supportive supervisor behaviours (FSSB) has received growing attention as an effective set of behaviours to facilitate the integration of work and family responsibilities. However, the FSSB construct remains limited in its sensitivity to context and our understanding of FSSB remains embedded in experiences from high-income global North countries and in white collar and private organisational settings. This paper presents a context-sensitive interpretation of FSSB for breastfeeding at work among public school teachers in South Africa—a middle-income global South country. Thematic analysis of in-depth interview data from teachers who are mothers, and principals as supervisors, underscored intersecting layers of contextual complexities that advance understanding of FSSB for supporting breastfeeding at work. Patriarchal culture and pervasive gender-based violence in South Africa compromises mothers' access to FSSB, while historical socio-spatial inequalities endemic in the public education sector limits the viability of all dimensions of FSSB to improve breastfeeding at work. The study findings have implications for the application of FSSB in diverse geographical, socio-cultural, and economic contexts.

### ARTICLE HISTORY



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### KEYWORDS

Breastfeeding at work;  
Family supportive supervisor behaviours; Low and middle-income country context; Public education sector; Blended work and family; Global South

## Introduction

Working mothers' challenges of breastfeeding at work are a concern of growing importance as feminisation of the labour force intensifies globally (Al-Attas & Shaw, 2020; Grandey et al., 2020; Johnson & Salpini, 2017). The World Health Organization (WHO) recommends exclusive breastfeeding (giving breastmilk only) for the first six months of an infant's life, and thereafter breastmilk with complementary foods for up to two years of age or beyond (World Health Organization, 2021). In supporting WHO's recommendations, several nation states have adopted maternity protection legislation (Heymann et al., 2013). Additionally, organisations are gradually implementing breastfeeding at work support programmes (Dinour & Szaro, 2017) as studies show that workplace

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support for breastfeeding reduces absenteeism and staff turnover, and increases job satisfaction and productivity (Cohen et al., 1995; Waite & Christakis, 2015). Yet breastfeeding rates among working mothers remain low.

Breastfeeding at work remains a taboo in most workplaces as it departs from the stereotypical 'ideal worker' norm (Acker, 1990). Mothers contend with challenges such as inflexible work schedules and unequal access to physical space in their attempts to blend breastfeeding and employment (Gabriel et al., 2020; Johnson & Salpini, 2017). In low and middle-income countries (LMICs), these challenges are exacerbated due to limited state and organisational resources, and economic contexts where the mother's income is of necessity. These mothers tend to cease breastfeeding earlier than the recommended duration to return to paid work (Rollins et al., 2016; Stumbitz & Jaga, 2020). What then could support mothers who wish to engage in breastfeeding and employment in this context to do so?

Researchers suggest that first line supervisors who offer informal support, may be effective change agents in facilitating mothers' successful management of breastfeeding and employment because of their proximity to understanding their workers' daily work-family demands (Burns & Triandafilidis, 2019; Chow et al., 2011). This informal support is especially beneficial to mothers in contexts of low formal support (Mabaso et al., 2020). Family supportive supervisor behaviours (FSSB) is a specific form of informal support that supervisors demonstrate to assist employees with their integration of work and family responsibilities (Hammer et al., 2009). It has been associated with improved employee and organisational outcomes such as reduced work-family conflict and turnover intention, and increased job satisfaction and performance (Odle-Dusseau et al., 2016). FSSB research however has mostly been quantitative and conducted in the United States (US) (for exceptions, see Bosch et al., 2018; Las Heras et al., 2015) where family forms and sociocultural and economic contexts are dissimilar to those in countries especially in the global South. Work-family assumptions rooted in the experiences of white, middle-class, dual earner couples and nuclear families in high-income global North societies may limit the application of FSSB in LMIC contexts (Las Heras et al., 2015; Ollier-Malaterre et al., 2013). Crain and Stevens (2018) added that our understanding of FSSB remains limited in its sensitivity to context and lacking in insights on behavioural processes at play in their manifestation at work. They recommended more qualitative research to understand FSSB in distinct contexts and settings for broadening the construct and its uptake in the workplace.

### ***Breastfeeding at work in South Africa***

South Africa's exclusive breastfeeding rates are amongst the lowest in the world. Nationwide estimates ranged from 8% (Doherty et al., 2012; Victora et al., 2016) to 32% (South African Demographic & Health Survey, 2017), with mothers' return to work reported as a major reason for breastfeeding cessation (Siziba et al., 2015). To promote breastfeeding at work, the South African national government legislated four months partly subsidised maternity leave and two 30 minutes workplace breastfeeding breaks for the first six months of the child's life (Government Gazette, 2018). However, breastfeeding breaks remain underutilised nationwide (Martin-Wiesner, 2018). Among provincial government employees in South Africa, Mabaso et al. (2020) attributed their underutilisation of

breastfeeding breaks to the persistence of masculine workplace norms and a lack of awareness of the legislation by mothers and supervisors. FSSB may therefore foster utilisation of maternity protection benefits and compensate for the limited formal support for breastfeeding at work.

This study aims to broaden our understanding of FSSB in the context of breastfeeding at work in a public education setting in South Africa and contributes to knowledge in the following ways. First, it extends understanding of FSSB beyond its value for traditional non-work demands that affect employees in general (such as taking time to attend to a family emergency) by focusing on a gendered, stigmatised blended work-family issue of breastfeeding at work (Gabriel et al., 2020; Grandey et al., 2020). Next, we widen the applicability of FSSB to diverse settings by studying breastfeeding at work among a specific group of working mothers, namely teachers in the public education setting. To gain a nuanced understanding of the unique salience of FSSB dimensions for breastfeeding at work among teachers, we employ a multi-perspective approach incorporating both teachers' needs for breastfeeding support at work and principals' needs to provide the support as their immediate supervisors. A multi-perspective approach contributes to the development of specific supervisory behaviours that foster inclusive workplaces for mothers who want to breastfeed at work (Witters-Green, 2003). Finally, while the need to advance supervisor support for breastfeeding at work is by no means a problem confined to LMICs in the global South, we extend FSSB theorising by challenging its Northern universalism that has dominated the conceptualisation of the construct by emphasising local contextual complexities. South Africa's legacy of apartheid and colonialism continues to shape socio-economic and cultural conditions such that it has distinct influences on breastfeeding at work (Stumbitz & Jaga, 2020).

We organise the paper by beginning with a brief background into the public education sector in South Africa. We then theorise FSSB in relation to the specific blended work-family phenomenon of breastfeeding at work. Next, we detail the method employed and present the key themes derived from the analysis of the data. The paper concludes with a discussion of the findings and implications for management and social policy.

### ***Apartheid and colonial influences on the South African public education sector***

In apartheid South Africa, the Bantu Education Act of 1953 (Mujal-León, 1988) created two distinct schooling systems based on race. A superior well-resourced system was created for white learners only, resulting in 'white schools' and an inferior system exclusively for black learners, 'black schools' (Taole & Wolhuter, 2019). 'White schools' were in affluent neighbourhoods, allocated high-quality infrastructure such as sanitation and recreational facilities, and qualified teachers, to maintain white supremacy. 'Black schools' received limited resources to develop an unskilled, subjugated labour force (Amnesty International, 2020). In post-apartheid South Africa, to redress past inequalities, the democratic government adopted an equitable funding plan where public schools were stratified into five quintiles ranging from poorest schools (quintile 1) to most affluent schools (quintile 5). Schools in quintile one to three are allocated higher government subsidy to offset poverty levels from their neighbouring communities and quintile four to five schools receive less subsidy and rely more on school fees and fundraising (White & Van Dyk, 2019). Despite the redress imperative, South Africa's persistent economic inequality

that disproportionately affects the black majority undermines these efforts. Consequently, the education sector remains unequal as evident in quintile one to three schools which are often under-resourced. For example, quintile one to three schools may lack recreational infrastructure such as playgrounds, laboratories and libraries, and face increased risk of vandalising due to high poverty and crime in their neighbouring communities, compared to schools in quintiles four and five (Thobejane, 2013).

### *Theorising FSSB in relation to breastfeeding at work*

Hammer et al. (2009) validated four dimensions of FSSB namely; emotional support, instrumental support, creative work-family management, and role modelling. Researchers have explained the relationship between FSSB and positive organisational outcomes by drawing on Job Demands–Resources Theory (JD-R) (Demerouti et al., 2001) and Conservation of Resources Theory (COR) (Hobfoll, 1989). The time, energy, and effort it takes to breastfeed or express breastmilk at work are examples of job demands that when combined with work-related demands drain employee resources and subsequently result in strain. Consistent with JD-R theory, emotional support, that is, supervisors showing interest and inquiring about mothers' difficulties juggling work and breastfeeding, and voicing concern when mothers articulate strain, should reduce mothers' feelings of guilt, anxiety, and stress associated with work time pressure from breastfeeding demands (Burns & Triandafilidis, 2019; Froh & Spatz, 2016). Using COR theory, instrumental support and creative work-family management could preserve mothers' time and energy which they may use to breastfeed at work, thus preventing organisational resource losses (Hobfoll et al., 2018). For example, instrumental support involves supervisors informing mothers about breastfeeding at work policies and availing private space to breastfeed. Furthermore, creative work-family management entails supervisors proactively making changes in the workday schedule to allow mothers to take time out to express or breastfeed. Instrumental and creative-work family support could create a favourable emotional and physical environment for women confronted with physical discomfort (i.e. engorged breasts) which negatively affects their self-esteem and job performance (resource loss), thereby helping mothers better manage breastfeeding and employment (Waite & Christakis, 2015). Lastly, role modelling is grounded in Social Learning theory (Bandura, 1977). Supervisors who demonstrate in-depth understanding of the complexity of breastfeeding at work through personal experience either themselves, with their partner or a close personal contact, are likely to encourage mothers to utilise breastfeeding breaks (Basuil et al., 2016). Consequently, when mothers experience FSSB, they may feel more comfortable engaging in breastfeeding at work.

## **Method**

### *Research approach, sampling and procedure*

An exploratory qualitative approach was adopted to elicit context-sensitive insights into how teachers and principals understood and experienced breastfeeding support at work in public schools (Cassell, 2009). Multi-perspective semi-structured interviews were

conducted to seek triangulation with a sample diverse in gender, job level, race, and school quintile (Kendall et al., 2009). As public education is located within the realm of provincial government, it was purposely selected as a model employer, as provincial government offers four months fully paid maternity leave. Furthermore, public education has experienced rapid feminisation in democratic South Africa, at 20–25% more than other public sectors (Taole & Wolhuter, 2019). This sector provides distinct insights because it has a highly controlled work programme guided by scheduled class times and breaks, with intense job demands and almost no schedule flexibility.

Prior to data collection, ethical clearance was sought from the University of Cape Town's Commerce Faculty Ethics in Research Committee in August 2019 [REC 2019/008/068] and renewed in February 2021 [REF: 2021/02/002] due to COVID-19 pandemic restrictions on data collection in 2020. Approval was also obtained from the Department of Education in the participating province to conduct research within schools. For principals to participate, they had to have supervised a pregnant teacher who returned to the same school after their maternity leave. For teachers to participate, they had to have been pregnant or had a baby and breastfed within two years prior to the interview date. Informed consent was sought from each participant prior to data collection and all interviews were recorded with each participant's permission. Participants were encouraged to share only that which they were comfortable sharing and could withdraw participation at any point without consequence. Participant confidentiality was assured by not using any names in the reporting of the study findings.

Multiple strategies were employed to recruit participants. First, public-school principals ( $n = 110$ ) within the province's main metropolitan region were invited by e-mail to participate. Following a poor response (3%), snowball sampling via word of mouth, social media and personal networks was employed together with purposive sampling to diversify the sample (Creswell & Creswell, 2018). In total, 27 semi-structured interviews from 14 principals (seven female and seven males) and 13 teachers across 18 different schools were conducted (see Table 1 for participant demographics).

Data collection began in February 2020 with semi-structured face-to-face interviews at the participants' schools, but with the onset of the COVID-19 pandemic, six interviews were conducted remotely using the virtual Microsoft Teams platform or telephonically. The pandemic also threatened the sampling process as public schools stopped operating or operated intermittently. Consequently, reaching participants through school contact details was restrained and data collection became increasingly challenging during the pandemic as teachers and principals were under severe stress from the uncertainty about teaching in the lockdown (Hamman, 2021).

Interviews were conducted in English and isiXhosa based on each participant's preference and lasted between 35 and 120 minutes. An example of a question asked to the teachers was, 'Can you tell me about your experience with breastfeeding and working after maternity leave?'. Principals were asked, 'In what way(s) did you provide support for breastfeeding at work to a teacher who returned from maternity leave?'. To strengthen data quality and rigour, prolonged engagement with participants and observations of the schools' facilities were employed. Investigator triangulation through routine discussion of data between the authors to deter bias and refine interview questions was

**Table 1.** Demographic characteristics of study participants.

	Age	Gender	Racial group	Marital status	No. years in organization	Child's age time of study (months)/no. of children
Teacher 1	32	Female	Black	Living with partner	5 years	6 months
Teacher 2	33	Female	Coloured <sup>a</sup>	Married	10	27 months (8 months pregnant)
Teacher 3	33	Female	White	Married	4	7 months
Teacher 4	32	Female	Black	Single	3	11 months
Teacher 5	32	Female	Coloured	Married	11	13 months
Teacher 6	34	Female	White	Married	4	10 months
Teacher 7	41	Female	Coloured	Married	23	12 months
Teacher 8	35	Female	Black	Single	3	8 months
Teacher 9	29	Female	Black	Married	1	1 Month
Teacher 10	32	Female	Black	Single	3	11 months
Teacher 11	41	Female	Black	Married	5	14 months
Teacher 12	30	Female	Coloured	Married	3	16 Months
Teacher 13	30	Female	Indian	Married	6	23 months
						No. of children for principals
Principal 1	63	Female	White	Married	23	1
Principal 2	59	Female	White	Married	12	3
Principal 3	57	Male	Coloured	Widowed	19	5
Principal 4	50	Female	Black	Living with partner	5	1
Principal 5	47	Female	Black	Married	12	5
Principal 6	50	Female	Black	Married	4	1
Principal 7	52	Male	Black	Married	4	3
Principal 8	48	Male	Coloured	Single	5	3
Principal 9	57	Female	Black	Married	5	1
Principal 10	60	Male	Black	Married	26	6
Principal 11	56	Female	Indian	Married	6	1
Principal 12	51	Male	Coloured	Married	10	3
Principal 13	58	Male	Indian	Married	38	0
Principal 14	57	Male	Indian	Married	3	3

<sup>a</sup>A South African racial category that refers to individuals 'loosely bound together for historical reasons such as slavery, creolisation and a combination of oppressive and selective preferential treatment under apartheid' often oversimplified as 'mixed race' (Erasmus, 2017, p. 112).

conducted (Lincoln & Guba, 1985; Tai & Ajjawi, 2016). Data collection ceased in May 2021 upon reaching data saturation.

### Data analysis

Data analysis was informed by a southern theoretical lens that draws on a range of perspectives which questions universalisms in social knowledge production (e.g. Collyer et al., 2019; Comaroff & Comaroff, 2012). This lens allowed for the emphasis of local contextual issues, such as the influence of colonialism and apartheid, and their effects on material lived realities in a Southern context, to produce plural ways of understanding work-family phenomena (Jaga, 2020). Template analysis (King, 2004), a method of thematically organising and analysing qualitative data in social science research, was employed to analyse the data. This approach was deemed appropriate to examine a phenomenon from multiple perspectives in a given context (King & Brooks, 2018). The first author who is fluent in English and IsiXhosa transcribed verbatim the first four interviews to become

familiar with the data and identify preliminary themes. The remaining interviews were transcribed verbatim and translated by a professional transcription company. Transcription accuracy was checked (MacLean et al., 2004) and interview transcripts were imported into NVIVO 12 Pro (Jackson & Bazeley, 2019). The first author conducted the initial coding, thereafter, discussed codes, preliminary themes, and main themes with the other authors regularly, until consensus was achieved. First, each transcript was read and reread, and the initial template was developed from the first four interviews of teachers and principals. Three initial themes emerged in response to the research questions: (1) General perceptions and experiences of breastfeeding at work, (2) Breastfeeding supportive behaviours and (3) Factors influencing supervisor support for breastfeeding. Multiple higher-order (e.g. factors influencing supervisor support for breastfeeding) and lower-order (e.g. socio-economic factors, management style and personal characteristics) codes were created (clustering) from the remaining interviews. Broad themes (e.g. practical changes and challenges to breastfeeding at work support) and sub-themes (e.g. infra-structural inequalities, job-specific conflict, and supportive changes made by supervisors) were later formed (King, 2004; King & Brooks, 2018). A thorough in-depth analysis of the initial template was conducted yielding themes that centred context-sensitive FSSB to advance breastfeeding at work support within the educational setting in South Africa. Data interpretations were based on the final framework developed.

## Findings


In what follows, we elucidate the key themes that emerged from the data: the pervasiveness of masculine definitions of workplace behaviour compromises teachers' access to FSSB for breastfeeding at work, persisting resource disparities from historic socio-spatial and resource inequalities limits the viability of all dimensions of FSSB to enhance breastfeeding at work, and practical changes and challenges to support breastfeeding at work.

### *The pervasiveness of masculine definitions of workplace behaviour affecting the availability of FSSB*

Most teachers believed that their schools were family-orientated as their principals supported them to attend to general family responsibilities outside of work. However, they felt that breastfeeding as a specific need was incompatible with their teaching, and had to be done outside of work time. A male principal voiced his aversion to any adaptations at the school to accommodate a teacher breastfeeding at work, thereby reinforcing masculine workplace cultures and the expectation for women's lactating bodies to be scheduled outside of the workday, so as not to interfere with work demands:

There is no need for a person to be fiddling with breasts at school. You can express at home before you leave for work. If you have to wake up early and be heading to work around 6am or so, wake up around 4am or 5am and express. (Principal 10 – male – quintile 1 school)

Teachers felt that their job was not built for lactating bodies as teaching required them to be with learners at all times. The lack of facilities (i.e. private rooms for expressing and storage of breastmilk) reinforced their perceptions of a workplace that was not conducive

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to maternal needs. Teaching schedules seemed inflexible to allow for breastfeeding breaks, even when these breaks were nationally legislated:

... we only have one 30 minutes break for everyone. I really don't know [how breastfeeding can be done at work] ... here we have to get back to class after the 30-minute break. Let's say you do get the 30 minutes to express then what do you do with the expressed milk? (Teacher 10 – quintile 1 school)

Teachers who could afford unpaid leave utilised the option for extended unpaid maternity leave of an additional two to three months to care for their infants. Most teachers however stopped breastfeeding during maternity leave in preparation for return to employment, as blending work and breastfeeding seemed impossible in an organisational climate that did not consider gender equality concerns about women's maternity needs. Some principals were so oblivious to breastfeeding at work that one male supervisor alluded to the absurdity of such a possibility in a workplace, implying that a workplace was built on a specific set of appropriate behaviours in which employee bodies would not be lactating:

There are no mothers who would be showing their breasts even in parliament, pumping their breasts. You understand right? I mean they [legislation on breastfeeding at work] must be realistic even in parliament. Look at Khusela Diko, she is young, right? The spokesperson of President Ramaphosa, she is young, she's at that stage of becoming a new mother but during work time she will not take out her breast to express but has to do that at home. (Principal 10 – male – quintile 1 school)

#### *Underlying power dynamics between teachers and male principals*

Most teachers shared that trust and a sense of safety were central to breastfeeding support. They felt that discussing issues related to breastfeeding placed them in a vulnerable position and that they would only feel comfortable speaking to supervisors who had demonstrated a familiarity with maternal needs. They indicated a sense of discomfort about receiving emotional support from male—as opposed to female—principals, because women's breasts have become sexualised in society:

The discomfort, I think comes from just thinking that okay, he's a guy and now as I said that, when you are taking out your breasts in public it feels like you are exposing yourself or you are putting yourself under the spotlight where you are in an uncomfortable position, so talking about breastfeeding and or about your breasts to a male figure or a male, just does not come as easy, I don't know where I can say it comes from but it doesn't come as naturally ... as it is to [speak about breastfeeding] to a female [principal]. (Teacher 9 – quintile 5 school)

To underscore this discomfort another teacher wondered aloud,

How do you talk about things like that to a male manager? Like 'I need to express because my boobs are feeling hard and feeling full?'. So how do I do that, you know, like you're in a meeting now and I need to go. They won't understand man! (Teacher 7 – quintile 4 school)

Somewhat unexpected, the pervasiveness of gender-based violence (GBV) in South Africa emerged as one of the barriers to seeking support for breastfeeding at work from male supervisors:

I think also with rapes, sexual harassment, statutory rape, those type of things, I think we [women] were made to always be aware or cautious in an environment where there's men. (Teacher 9 – quintile 5 school)

Here the teacher explained that because of the sexualisation of breasts, women would rather refrain from talking about breastfeeding needs with men to avoid drawing attention to their breasts and potentially being harassed. Interestingly, male principals were unaware of teachers' discomfort with discussing breastfeeding with them. Some principals felt that breastfeeding was a natural practice. After becoming aware of the legislated breaks and understanding the health benefits of breastfeeding to the baby, these principals perceived breastfeeding as a family responsibility which they were willing to support if a need was raised by mothers. By exception, a few male principals recognised the entrenched patriarchal context in South Africa and the scourge of GBV, and articulated an understanding of mothers' reservations to speak to their male supervisors:

Sometimes it's not nice for a male to speak to a female ... a lot of the things are to do with culture too, right? Women sometimes feel more comfortable to speak to women. Sometimes males might be seen in a particular way due to experiences of women maybe in environments that they might have found themselves, either abused or something of that sort. (Principal 14 – male – quintile 5 school)

Acknowledging that teachers may be more comfortable receiving emotional support from other women, some principals suggested that teachers who felt uncomfortable engaging with male principals about their breastfeeding needs could speak to women in other supervisory positions at the school:

When it comes to the personal issues, like lady-issues [breastfeeding], I've got a female deputy principal that normally goes and chats with them. If they feel comfortable speaking with her, they go to speak with her. (Principal 8 – male – quintile 3 school)


However, principals and those in senior positions at public schools in the province, as with most organisations in South Africa, are still occupied predominantly by men. A female principal voiced the need for greater representation of women in management to create an inclusive environment for mothers:

... part of why there needs to be good gender representation in management is so that there is always someone to go to, that you don't stop breastfeeding your baby because you are too embarrassed or too shy, or whatever, to come to talk to a male principal or a male head of department [HOD]. There's got to be somebody that you should/would feel comfortable to discuss this [with]. (Principal 1 – female – quintile 5 school)

### ***Persisting resource disparities within schools from an unjust past***

Spatial inequalities, from a history of apartheid and colonialism, appear to influence the type and level of support for breastfeeding at work that principals could provide teachers. Principals from schools located in historically disadvantaged neighbourhoods (quintile one to three schools) articulated hindrances in the provision of instrumental support and creative work-family management. For example, some quintile one to three schools did not have spare classrooms or even a staff room to be used as a private breastfeeding space. They suggested that if teachers needed to breastfeed at work they would have to use their classrooms during break times:

We work in a rural [peri-urban] school where learners take a break and play outside and leave the teacher alone in their classroom. You find that there is maybe just one or two offices,

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where one belongs to the HOD, and they are always in their office, and another to the principal ... So, the teacher can use her classroom to express during the 30 minutes breaks when learners go out. (Principal 5 – female – quintile 1 school)

A teacher shared similar sentiments referring to a school that had recently been built yet could not accommodate breastfeeding needs:

The school that we are at is a new school here in School 8. We do not have private spaces, a private space where one could express. Everything is done in the classroom, we do not even have a staff room or anything like that ... due to the kind of environment we are working under, I cannot [think about breastfeeding at work] but if there was a private place to do that and a storage place for the milk for the duration of the day then in that instance, I would not have a problem [to breastfeed at work] ... (Teacher 8 – quintile 1 school)

Principals from quintile one to three schools further stated that their schools were understaffed and could not afford assistant staff to facilitate creative work-family management strategies such as using a substitute teacher or student intern when a teacher leaves the classroom to express breastmilk. In contrast, principals from historically 'white schools' (quintile four to five) were better resourced. Quintile four to five schools were likely to have extra rooms that teachers could utilise if they needed to express or breastfeed. These schools also had access to additional support staff because principals from these schools could raise funds within their affluent parent body:

We get less money [from government], we have to supplement by either raising money and raising our fees ... with that we have employed more people in the system ... we employed teacher aids, so that's about one per teacher except in Grade three because we have two per grade ... the teacher aids are multifaceted, they serve on many things [like looking after learners when the teacher leaves the classroom]. (Principal 4 – male – quintile 5 school)

Another principal from a quintile five school described the availability of spare rooms that could be used for breastfeeding if teachers desired to breastfeed at work:

There are kind of little hiding holes around the school [where teachers can go and breastfeed in private], maybe not in every school but certainly in our school. (Principal 1 – female – quintile 5 school)

### ***Practical changes and challenges to support breastfeeding at work***

Both teachers and principals made several context-sensitive suggestions to advance support for breastfeeding across their varied range of resources. More specifically the principals felt that discussions with teachers about the kinds of support they needed to blend breastfeeding with employment were critical to ensure that appropriate support was provided:

... so a conversation needs to be had, we need to know about the daily experiences of the people [teachers], what are their concerns, what do they feel comfortable with. We might prepare everything for them and then decide they are going to do it [breastfeed] at home ... it differs from individual to individual, right? We can make everything available, but it might just be a white elephant ... (Principal 14 – male – quintile 5 school)

Similarly, some teachers stated that breastfeeding experiences were diverse, and some teachers may choose not to breastfeed upon return to employment. In these instances,

a supervisor's proactive approach to breastfeeding support could be perceived invasive, especially within a socio-cultural context of patriarchy and pervasive GBV:

Another thing is that the supervisor cannot just walk to you because you are pregnant and ask you how you will breastfeed the baby, because they don't even know if you will breastfeed or not. So, its best the mother approaches the supervisor ... I think that the pregnant person should be the one going to the supervisor with their plan of action, and then the supervisor can work with that plan and figure which time is best. (Teacher 4 – quintile 1 school)

However, while some principals accepted that teachers could proactively seek support when they needed it, others felt responsible for initiating support. These principals argued that some teachers may feel uncomfortable to proactively state their breastfeeding needs, possibly due to cultural beliefs of deference and patriarchy, or fears of appearing less professional at work. One principal suggested:

[we would] have an open and courageous conversation ... so I would have a meeting with all soon-to-be mommies and just talk about it [breastfeeding] generally. Let's take away those stereotypes about breastfeeding and so forth and let's talk and when they know where I stand when it comes to promoting breastfeeding, they will be comfortable. But I've got to show them first that I accept it, that I am for it, and I am promoting it and I have no qualms about you breastfeeding. (Principal 13 – male – quintile 3 school)

To offer instrumental support and creative work-family management, principals suggested several strategies. These included that because teachers only needed to breastfeed for one or two times per day for a few months, their timetable could be adjusted to meet temporal breastfeeding needs. Additionally, teachers who lived close to schools could go home to breastfeed or have their child brought to school at feeding times. A further suggestion was that sick bays, where available, could be used to express breastmilk:

... the law says they must teach for so many hours in a week, for 27 and a half hours per week, the law says they must do extracurricular, core curricular activities and so forth, but internally we can have an arrangement ... you just got to tweak the time table and let others understand why you are doing that so that they can help their colleague and when that period [them breastfeeding] is over, you come back to normality ... we work as a family. (Principal 13 – male – quintile 3 school)

However, these strategies would be more feasible in well-resourced schools (i.e. with physical space and support staff) than in under-resourced schools.

## Discussion

The aim of this study was to explore FSSB for supporting breastfeeding at work within a public education sector in South Africa, an LMIC in the global South. Our use of multi-perspective interviews from teachers and principals surfaced diverse lived realities and local complexities that influenced the nature of FSSB that teachers could access to manage the demands of blending breastfeeding with employment. Specifically, our study showed that the FSSB dimensions of instrumental support and creative work-family management were sometimes beyond the supervisor's control because of persisting spatial, educational, and economic inequalities from histories of apartheid and colonialism (Taole &

Wolhuter, 2019). Principals in quintile four and five schools in affluent communities could provide support in the form of private rooms for breastfeeding, amending teaching schedules, and/or providing substitute teachers to oversee learners in order to facilitate breastfeeding and employment. However, among principals in quintile one to three schools, even when they wanted to provide such creative strategies and instrumental support, they could not, as these schools remained under resourced even 27 years post democracy. Thus, the rhetoric of a supervisor with choice and control does not adequately consider the socio-economic and historical legacies of racial segregation and inequality in a context such as South Africa (Von Holdt, 2010).

A counter-intuitive finding was discovered when analysing the nature of the emotional support dimension of FSSB for breastfeeding at work. Previous studies suggested that proactive breastfeeding support from supervisors was important, as mothers interpreted passivity from supervisors as a lack of interest in their breastfeeding at work needs (Turner & Norwood, 2014). Turner and Norwood (2014) asserted that mothers would rather stop breastfeeding during maternity leave, due to a lack of emotional support, than proactively seek such support from their supervisors. Proactivity from supervisors especially during pregnancy shifts the responsibility to destigmatise breastfeeding at work, from mothers who are often vulnerable and lack confidence to challenge the masculine hegemony (Grandey et al., 2020; Mabaso et al., 2020) to the supervisor. In doing so it creates an inviting climate for mothers to convey their breastfeeding needs. However, in this study, some teachers articulated that despite trusting supervisors with their general work-family needs, they felt that proactive emotional support from supervisors about breastfeeding at work, especially from male principals, was an invasion of their privacy. In a country that has one of the highest levels of GBV in the world (United Nations, 2021), with an average of 116 police recorded rapes each day between 2019 and 2020 (Africa Check, 2020), many teachers lacked trust in the intentions of male principals if they were to offer emotional support for breastfeeding. As a result, teachers were more comfortable receiving emotional support from female supervisors. Again, these findings are complicated by South Africa's history as black African women are more likely to be vulnerable in terms of being poor, less educated, and single, and accordingly more likely to be victims of GBV (IR Insider, 2021). Our findings showed that in patriarchal societies, socio-cultural contextual factors may limit emotional support that teachers may access especially in workplaces dominated by male supervisors.

Our findings suggest the importance of contextualising FSSB within particular histories, politics, economies, and geographies – creating plural meanings of the FSSB dimensions for diverse lived realities – so that the nature of support is appropriate for advancing support for breastfeeding at work. Assuming Northern universalism of work-family constructs by failing to be sensitive to context (Chung et al., 2022; Jaga, 2020), in this instance by not acknowledging the influence of patriarchy, GBV, and the inequalities in schooling resources based on past racial segregations, threatens the relevance of FSSB particularly in LMIC and global South contexts. This is not to say that such contextual challenges affecting FSSB for advancing breastfeeding at work support are confined to the global South, but the South's long-term encounters with these challenges can be a source of knowledge as social justice inequalities are rising in global North societies (Comaroff & Comaroff, 2012) and have been accelerated and exacerbated by the COVID-19 pandemic. Our insights on embedding FSSB within complex layers of context extend FSSB theorising.

Socio-cultural and economic contextual factors can serve as important antecedents of FSSB or moderating mechanisms in FSSB relationships, such as the relationship between FSSB and mothers' self-efficacy to breastfeed at work – a strong predictor of breastfeeding duration (Avery et al., 2009).

### ***Practical implications***

The study findings have several implications for public school management and social policy. Gender-sensitive initiatives and training should be provided to principals to address sexist stereotypes about breastfeeding. These initiatives should raise awareness about legislation on breastfeeding at work and equip supervisors with skills to approach and discuss gendered subjects to create a more gender equal and inclusive work climate particularly for marginalised teachers' breastfeeding needs. In a patriarchal society marked with high GBV and related social ills like rape, training must address the negative effects of patriarchy on interactions between teachers and principals. Training should also demonstrate how patriarchal tendencies manifest within the education sector and its detrimental effect on organisational productivity and gender equality (Adisa et al., 2019). A written breastfeeding at work policy should be developed, incorporating multiple stakeholder perspectives, especially those of marginalised mothers, and formally relayed to all employees to illustrate commitment to breastfeeding needs in particular, and a more inclusive workplace culture in general (Chung et al., 2022). Measures to evaluate implementation of the policy by school principals must be established to advance gender mainstreaming in the monitoring of gender equality initiatives in the workplace. Purposive recruitment of more women to principal level should contribute to sensitisation of the education sector to breastfeeding needs given that women dominate the sector yet are a minority at principal level (Davids & Waghid, 2020).

Our study findings emphasised persisting resource inequalities between previously disadvantaged schools (quintile one to three) and affluent schools (quintile four and five). Consistent with the United Nations' infrastructure development recommendations (Morgan et al., 2020), we suggest that the South African public education sector adopts an inclusive and gender-sensitive approach in school infrastructure development. For example, include a private family room as part of school designs or remodel existing sick bays to be multi-purpose 'non-work' rooms where mothers can express breast milk. In a context where there are limited resources for permanent facilities to support breastfeeding at work, the education department could provide portable breastfeeding booths to schools with poor infrastructure to assist principals in facilitating breastfeeding at work (Vilar-Compte et al., 2021). Paid breastfeeding breaks without access to supportive infrastructure limits principals' ability to support breastfeeding and perpetuates ignorance of the legislation. Countries with legislated breastfeeding facilities, i.e. those that have explicit instructions on the type of physical space to avail for breastfeeding mothers, have shown less ignorance of breastfeeding legislation and improved breastfeeding at work practices (Cripe, 2017; Ickes et al., 2021). Finally, teachers are powerful and important role models for young learners. Schools that are supportive of work-family responsibilities such as breastfeeding at work have the potential to dismantle masculine workplace norms and destigmatise breastfeeding. Young learners (especially boys), in breastfeeding-friendly schools, may become sensitised to breastfeeding at work and

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become supportive co-workers and leaders contributing to positive progress towards global nutrition targets and workplace gender equality.

### ***Limitations and future research directions***

The study has a few limitations. Some of the research interviews were conducted virtually or telephonically due to the COVID-19 pandemic. This may have hindered observations of the interviewee's body language and facilities at the schools. Extra effort was made to establish rapport and ensure that participants felt comfortable, and probing was employed to confirm their perspectives. While the focus was on teachers, there is a need for more research from non-teaching employees from the education sector, such as support or grounds staff, to identify possible divergent experiences as they may not be constrained by teaching job demands. Future research should include a more diverse sample by government departments and the private sector to understand transferability of our findings to other workplaces. The education sector is a distinct workplace that differs from other service providing government departments in terms of job type and flexibility however issues identified in this department such as lack of personal office space, and socio-economic and cultural influences, are likely to be found in other departments. Transferability and application of the study findings should be limited to LMICs with similar national cultural norms and demographics. A follow-up quantitative study would be beneficial to investigate socio-cultural and economic contextual factors as important FSSB antecedents or their moderating and mediating effect between FSSB and breastfeeding-related constructs such as mothers' self-efficacy to breastfeed at work.

### **Conclusion**

Our contribution through a context-sensitive qualitative inquiry demonstrated that the history of colonialism, apartheid, and entrenched patriarchal culture in South Africa informs the manifestation on FSSB for a complex work-family issue of breastfeeding at work. Focusing on teachers and principals' experiences in the public education sector of an LMIC in the global South, a novel finding was that the pervasiveness of GBV compromised mothers' access to FSSB, specifically when the principal was male. By underscoring local contextualities, we extend plural ways of understanding FSSB to help dismantle Northern universalisms and advanced FSSB theorising by showing how a range of socio-cultural and economic factors influence the accessibility and application of FSSB for supporting breastfeeding at work. Finally, we recommended gender-sensitive and social justice focused training for supervisors, and gender mainstreaming in social policy to advance workplace support for breastfeeding in particular and gender equality at work in general.

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## Appendix C: Interview Guide for Senior Managers for Paper 1



### Introduction

We are a team of researchers working on the challenge of breastfeeding in the workplace. When we refer to breastfeeding in the workplace it includes expressing milk, having breastfeeding breaks, a private space and storing breastmilk at work. We are conducting this study in the context of the very low breastfeeding rates in South Africa that have significant social and also economic implications. We would like to understand your views on this topic.

I am \_\_\_\_\_ and will be asking you most of the question and my colleagues will also ask a few questions if they are curious about something you have said and would like to know a bit more.

\_\_\_\_\_ will be taking some notes and observing. Would that be ok?

Also, we would like your permission to audio record the conversation please so that we have the opportunity to go back and listen to any aspect in detail to help improve our understanding of this challenge. Would that be ok?

I am going to begin by asking you some demographic question:

- What is your current position?
- How long have you been in this position?
- Highest educational qualification?
- What is your gender (you may prefer not to say)?
- Do you have children? If yes, how many? And how old is each child?
- How old are you (you may prefer not to answer)?

### Interview questions

1. Can you please tell me about your work role? (Establish what they do / nature of activities / which part of the business)
  - i. Do you supervise a team of people? (If yes establish how many, and gender composition, age - young / older team for childbearing years, and tenure of team – how long they have been there on average)
2. Have you had any experience with any of your employees having a baby?
  - i. Did you have a conversation about breastfeeding with them before they went on maternity leave or once they returned from maternity leave?
  - ii. Who initiated that conversation?
  - iii. In your view, who's responsibility is it to initiate such a conversation?
3. Was there any support for breastfeeding at work when the employee returned from maternity leave? What did it look like?
  - i. Ask the following specifically if they didn't mention, do you allow breaks for breastfeeding mothers?
  - ii. And if so, are they provided in addition to lunch breaks, are they paid, could they breastfeed or express milk for their baby at work, was there a private space, was there storage space for the breast milk?
4. What are your views on women workers breastfeeding or expressing milk at work?
5. Do you think that there are any benefits of supporting a breastfeeding mother when she returns to work to continue feeding her baby? (Benefits for mother, baby, organisation, society, economy)
6. What are those benefits? List some of them. [Could we ask, and what do you think are some of the problems and costs? (Because they may have preconceived misconceptions that its high cost)]
7. Have you had any experience of breastfeeding outside your workplace e.g. own child, family / community members, colleagues (not direct reports)
8. In your view, what could be realistically done in the workplace to support breastfeeding mothers
  - i. Probe actual recommendations – any associated barriers (actual or perceived)
9. Are you aware of any policies or guidelines on breastfeeding mothers in the workplace?
  - i. Internal policies or guidelines
  - ii. Legal
  - iii. National

10. Who else do you think plays a role in this challenge? (Family, spouse, government, co-workers?)
11. Lastly, is there anything that could be done to help you to provide more support for pregnant workers and breastfeeding mothers (e.g., possible incentives)?

## Appendix D: Interview Guide for Mothers for Paper 1



### Introduction

We are a team of researchers working on the challenge of breastfeeding in the workplace. When we speak about breastfeeding in the workplace it includes expressing milk, having breastfeeding breaks, a private space and storing breastmilk at work. We are conducting this study in the context of the very low breastfeeding rates in South Africa that have important social and also economic implications. We would like to understand your views and experiences on this topic.

I am \_\_\_\_\_ and will be asking you most of the question and my colleagues will also ask a few questions if they are curious about something you have said and would like to know a bit more.

\_\_\_\_\_ will be taking some notes and observing. Would that be ok?

Also, we would like your permission to audio record the conversation please so that we have the opportunity to go back and listen to any aspect in detail to help improve our understanding of this challenge. Would that be ok?

I am going to begin by asking you some demographic question:

- What is your current position? Is it part time or full time? And how many hours a week do you work? (Probe if any shift work?)
- What is your highest educational qualification?
- How many children do you have? And how old is each child?
- How old are you? (you may prefer not to answer)
- What is your home language?
- How do you travel to work and back home? How long does it take to get to work in the mornings and home in the evenings? (Probe where they live?)

### Interview questions

1. Can you please tell me about your work and what you do? (Establish what they do / nature of activities / which part of the business)
  - i. How long have you been in this position? And at WCG?
2. I am going to ask a few questions about when you were pregnant and when you returned to work after maternity leave:
  - i. When did you tell you manager that you were pregnant?
  - ii. How long is the maternity leave that the organisation offers? Is it paid? How long did you take? How old was your baby when you returned to work? Did you claim from UIF if not fully paid? If no, why not?
  - iii. Did you have a conversation about breastfeeding with your manager before you went on maternity leave or once you returned from maternity leave? Who initiated the conversation?
  - iv. In your view, who's responsibility is it to initiate such a conversation?
3. Did you breastfeed your child/ren? If no, which feeding method did you use and why? (If yes, establish details around duration of exclusive breastfeeding, how – expressed milk, where and when, and experiences)
  - i. Was there any support for breastfeeding at work when you returned from maternity leave? What did it look like (e.g. information, breaks, private space, storage, co-workers, role models, family, friends, partner, church, childcare arrangements in/near work, paid help)? If yes, did you make use of any of these?
  - ii. If lack of support – How did you manage to breastfeed your baby? How do you feel about this lack of support? Does it influence your approach to your work or your feelings toward WCG? and, if yes, how?
4. Do you think that there are any benefits of supporting a breastfeeding mother when she returns to work to continue feeding her baby? (Benefits for mother, baby, organisation, society, economy)
5. What do you think could realistically be done by your employer to better support women who want to continue breastfeeding after returning to work? Why do you say these could help? Do you know any mothers in other companies who have been supported?
6. Are you aware of any policies or guidelines on breastfeeding mothers in the workplace?
  - i. Internal policies or guidelines?
  - ii. Laws? If yes, how did you hear about these?
  - iii. National policies, guidelines?

7. Are there any other issues which you think are important in the context of this study which we have not discussed?

**Appendix E: Ethical Approval - University of Cape Town****Faculty of Commerce**

Private Bag X3, Rondebosch, 7701  
2.26 Leslie Commerce Building, Upper Campus  
Tel: +27 (0) 21 650 4375/ 5748 Fax: +27 (0) 21 650 4369  
E-mail: [com-faculty@uct.ac.za](mailto:com-faculty@uct.ac.za)  
Internet: [www.uct.ac.za](http://www.uct.ac.za)



@Commerce UCT



UCT Commerce Faculty Office

26/08/2019

Bongekile Mabaso

School of Management Studies

University of Cape Town

REF: REC 2019/008/068

**Exploring supervisors' needs to facilitate support for breastfeeding  
at work in the South African public sector.**

We are pleased to inform you that your ethics application has been approved. Unless otherwise specified this ethical clearance is valid until 31 August 2020

Your clearance may be renewed upon application.

Please be aware that you need to notify the Ethics Committee immediately should any aspect of your study regarding the engagement with participants as approved in this application, change. This may include aspects such as changes to the research design, questionnaires, or choice of participants.

The ongoing ethical conduct throughout the duration of the study remains the responsibility of the principal investigator.

We wish you well for your research.

A handwritten signature in black ink, appearing to read 'JRousseau'.

Date:  
2019.08.26  
21:29:25 +02'00'

Jacques Rousseau  
Commerce Research Ethics Chair  
University of Cape Town  
Commerce Faculty Office  
Room 2.26 | Leslie Commerce Building

Office Telephone: +27 (0)21 650 2695 / 4375  
Office Fax: +27 (0)21 650 4369  
E-mail: [com-faculty@uct.ac.za](mailto:com-faculty@uct.ac.za)  
Website: <https://www.commerce.uct.ac.za/Pages/Ethics-in-Research>

**Appendix F: Ethical Approval - University of Cape Town (renewed date)****Faculty of Commerce**

**Private Bag X3, Rondebosch, 7701**  
2.26 Leslie Commerce Building, Upper Campus  
Tel: +27 (0) 21 650 4375/ 5748 Fax: +27 (0) 21 650 4369  
E-mail: [jacques.rousseau@uct.ac.za](mailto:jacques.rousseau@uct.ac.za)  
Internet: [www.uct.ac.za](http://www.uct.ac.za)

@Commerce UCT UCT Commerce Faculty Office

03/02/2021

Bongekile Mabaso  
School of Management Studies  
University of Cape Town  
REF: 2021/02/002

**Exploring supervisors' needs to facilitate support for breastfeeding at work  
in the South African public sector (Previously approved as REC 2019/008/068)**

We are pleased to inform you that your ethics application has been approved. Unless otherwise specified this ethical clearance is valid until 28-Feb-2022 .

Your clearance may be renewed upon application, and incorporates amendments up to and including those captured on 03-Feb-2021 .

Please be aware that you need to notify the Ethics Committee immediately should any aspect of your study regarding the engagement with participants as approved in this application, change. This may include aspects such as changes to the research design, questionnaires, or choice of participants.

The ongoing ethical conduct throughout the duration of the study remains the responsibility of the principal investigator.

We wish you well for your research.

2021.02.03  
22:09:34 +02'00'

Jacques Rousseau  
Commerce Research Ethics Chair  
University of Cape Town  
Commerce Faculty Office  
Room 2.26 | Leslie Commerce Building

Office Telephone: +27 (0)21 650 2695 / 4375  
Office Fax: +27 (0)21 650 4369  
E-mail: [jacques.rousseau@uct.ac.za](mailto:jacques.rousseau@uct.ac.za)  
Website: <https://www.commerce.uct.ac.za/Pages/Ethics-in-Research>

## Appendix G: Permission from Government Department

### Approval from the Department of Education



Directorate: Research

[Audrey.wyngaard@westerncape.gov.za](mailto:Audrey.wyngaard@westerncape.gov.za)  
 tel: +27 021 467 9272  
 Fax: 0865902282  
 Private Bag x9114, Cape Town, 8000  
 wced.wcape.gov.za

**REFERENCE:** 20190910-9024  
**ENQUIRIES:** Dr A T Wyngaard

Ms Prudence Mabaso  
 Obz Square  
 125 Main Road  
 Observatory  
 7925

**Dear Ms Prudence Mabaso**

**RESEARCH PROPOSAL: EXPLORING SUPERVISORS' NEEDS TO FACILITATE SUPPORT FOR BREASTFEEDING AT WORK IN THE SOUTH AFRICAN PUBLIC SECTOR**

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **13 September 2019 till 04 May 2020**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number?
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

**The Director: Research Services  
 Western Cape Education Department  
 Private Bag X9114  
 CAPE TOWN  
 8000**

We wish you success in your research.

Kind regards.  
 Signed: Dr Audrey T Wyngaard  
**Directorate: Research**  
**DATE: 11 September 2019**



Directorate: Research

[Audrey.wynngaard@westerncape.gov.za](mailto:Audrey.wynngaard@westerncape.gov.za)

tel: +27 021 467 9272

Fax: 0865902282

Private Bag x9114, Cape Town, 8000

[wced.wcape.gov.za](http://wced.wcape.gov.za)**REFERENCE:** 20190910-9024**ENQUIRIES:** Dr A T Wyngaard

Ms Prudence Mabaso  
Obz Square  
125 Main Road  
Observatory  
7925

**Dear Ms Prudence Mabaso****RESEARCH PROPOSAL: EXPLORING SUPERVISORS' NEEDS TO FACILITATE SUPPORT FOR BREASTFEEDING AT WORK IN THE SOUTH AFRICAN PUBLIC SECTOR**

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **05 February 2021 till 30 September 2021**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number?
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

**The Director: Research Services  
Western Cape Education Department  
Private Bag X9114  
CAPE TOWN  
8000**

We wish you success in your research.

Kind regards.

Signed: Dr Audrey T Wyngaard

**Directorate: Research**

**DATE: 04 February 2021**

## Approval from the Department of Social Development



Research, Population and Knowledge Management

tel: +27 21 483 4512

15 Dorp Street, Cape Town, 8000

Reference: 12/1/2/4

Enquiries: Clinton Daniels

Tel: 021 483 8658/483 4512

Ms P. Mabaso

6117 Obz Square

125 Main Road

Observatory

Cape Town

7925

Dear Ms Mabaso

**RE: APPROVAL TO UNDERTAKE RESEARCH IN THE WESTERN CAPE DEPARTMENT OF SOCIAL DEVELOPMENT**

1. Your request for ethical approval to undertake research in respect of *'Exploring supervisors' needs to facilitate support for breastfeeding at work in the South African public sector* refers.
2. It is a pleasure to inform you that your request has been approved by the Research Ethics Committee (REC) of the Department, subject to the following conditions:
  - That the Secretariat of the Research Ethics Committee be informed in writing of any changes made to your proposal after approval has been granted and be given the opportunity to respond to these changes.
  - That ethical standards and practices as contained in the Department's Research Ethics Policy be maintained throughout the research study, in particular that written informed consent be obtained from participants.
  - The confidentiality and anonymity of participants, who agree to participate in the research, should be maintained throughout the research process and should not be named in your research dissertation or any other publications that may emanate from your research.
  - The Department should have the opportunity to respond to the findings of the research. In view of this, the final draft of your research dissertation should be sent to the Secretariat of the REC for comment before further dissemination.

REC Approval: P. Mabaso. Period of Approval: 14 November 2019 to 13 November 2020

- That the Department be informed of any publications and presentations (at conferences and otherwise) of the research findings. This should be done in writing to the Secretariat of the REC.
- Please note that the Department supports the undertaking of research in order to contribute to the development of the body of knowledge as well as the publication and dissemination of the results of research. However, the manner in which research is undertaken and the findings of research reported should not result in the stigmatisation, labelling and/or victimisation of beneficiaries of its services.
- The Department should receive a copy of the final research report and any subsequent publications resulting from the research.
- The Department should be acknowledged in all research reports and products that result from the data collected in the Department.
- Please note that the Department cannot guarantee that the intended sample size as described in your proposal will be realised.
- Logistical arrangements for the research must be made through the office of the relevant Regional Manager, subject to the operational requirements and service delivery priorities of the Department.
- **This approval is valid for a period of 12 months starting on 14 November 2019 and expiring on 13 November 2020.** A progress report regarding the status of your research must be submitted to the REC Secretariat one month prior to the date on which the REC approval expires. If data collection has not been completed within this period, it is your responsibility to timeously submit a request for an extension of this approval.
- **The Secretariat must be notified once you have completed data collection in the Department.**
- Failure to comply with these conditions can result in this approval being revoked.
- Please provide written acceptance of these conditions and recommendations within 5 working days of the receipt of this letter.

Yours sincerely

 **GD Miller**  
Ms M. Johnson

Chairperson: Research Ethics Committee

Date: 21 NOV 2019

## Appendix H: Consent Forms for Supervisors



### Informed consent form

Gooday

My name is Bongekile Mabaso, a PhD student at the University of Cape Town. I am conducting a study entitled: **Exploring supervisors' needs to facilitate support for breastfeeding at work in the Western Cape Government**. This study builds on earlier work in the area that showed that supervisors are important role players in supporting breastfeeding at work. Breastfeeding rates are low in South Africa especially amongst working mothers and that has negative health, social and economic implications. I would like to discuss with you what you think supervisors can realistically do to support mothers to continue breastfeeding after returning to work and what supervisors would need to provide this support. If you choose to be part of this study, your participation will consist of an interview that might take approximately one hour.

In order to capture your insights in your own words the interview will be audio recorded and your insight will remain confidential and anonymous. I will need some of your demographic information, which will purely be used for this study and will be treated with confidence and anonymity. Participation in the study is voluntary and you can withdraw at any point without stating a reason, when you choose to withdraw any information collected from you will not be used at all.

For any enquires related to the study please feel free to contact my supervisor, Dr Ameeta Jaga or me.

Contact details: Ms Bongekile Mabaso      [MBSBON012@uct.ac.za](mailto:MBSBON012@uct.ac.za)      083 969 2629 OR  
Supervisor: Assoc Prof Ameeta Jaga      [Ameeta.jaga@uct.ac.za](mailto:Ameeta.jaga@uct.ac.za)      021 650 3423

**Kindly complete**

By signing below, I acknowledge that I have read and understood the above information. I am aware that I can discontinue my participation in the study at any time.

Signature and full names of participant: \_\_\_\_\_ Date \_\_\_\_\_

I believe the participant is giving informed consent to participate in this study

Signature of researcher: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix I: Consent Forms for Mothers



### Informed consent form

Good day

My name is Bongekile Mabaso, a PhD student at the University of Cape Town. I am conducting a study entitled: **Exploring supervisors' needs to facilitate support for breastfeeding at work in the Western Cape Government**. This study builds on earlier work in the area that showed that supervisors are important role players in supporting breastfeeding at work. Breastfeeding rates are low in South Africa especially amongst working mothers and that has negative health, social and economic implications. I would like to discuss with you your breastfeeding experiences as a working mother and what you think supervisors can realistically do to support mothers to continue breastfeeding after returning to work. If you choose to be part of this study, your participation will consist of an interview that might take a maximum of an hour.

In order to capture your insights in your own words the interview will be audio recorded and your insight will remain confidential and anonymous. I will need some of your demographic information, which will purely be used for this study and will be treated with confidence and anonymity. Participation in the study is voluntary and you can withdraw at any point without stating a reason, when you choose to withdraw any information collected from you will not be used at all.

For any enquires related to the study please feel free to contact my supervisor, Dr Ameeta Jaga or me.

Contact details: Ms Bongekile Mabaso [MBSBON012@uct.ac.za](mailto:MBSBON012@uct.ac.za) 083 969 2629

Supervisor: Dr Ameeta Jaga [Ameeta.jaga@uct.ac.za](mailto:Ameeta.jaga@uct.ac.za) 021 650 3423.

**Kindly complete**

By signing below, I acknowledge that I have read and understood the above information. I am aware that I can discontinue my participation in the study at any time.

Signature and full names of participant: \_\_\_\_\_

Date \_\_\_\_\_

I believe the participant is giving informed consent to participate in this study

Signature of researcher: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix J: Information Sheet for Supervisors****Demographic information**

**Please can you provide us with some demographic information (Please place an X to indicate your response)?**

1. Participant's number: \_\_\_\_\_ (for researcher to complete)
2. Age \_\_\_\_\_
3. Gender  
Male  Female  Prefer not to answer
4. Racial group  
African  Coloured  Indian  White  Prefer not to answer \_\_\_\_\_
5. Marital Status  
Single  Married/living with a partner  Prefer not to answer
6. What is your highest educational qualification? \_\_\_\_\_  
Matric/Grade 12  College Diploma  Bachelor's degree  Post graduate degree
7. Government Department: \_\_\_\_\_
8. Employment level: \_\_\_\_\_
9. Number of years in a supervisory position: \_\_\_\_\_
10. Size of team that you manage? \_\_\_\_\_
11. Do you have children? \_\_\_\_\_
  - a. How many children do you have? \_\_\_\_\_
  - b. How old are your children? \_\_\_\_\_

## Appendix K: Information Sheet for Mothers

### Demographic information

Please can you provide us with some demographic information (Please place an X to indicate your response)?

1. Participant's number: \_\_\_\_\_ (for researcher to complete)
2. Age \_\_\_\_\_
3. Gender  
 Male  Female  Prefer not to answer
4. Racial group  
 African  Coloured  Indian  White  Prefer not to answer \_\_\_\_\_
5. Marital Status  
 Single  Married/living with a partner  Prefer not to answer
6. What is your highest educational qualification? \_\_\_\_\_  
 Matric/Grade 12  College Diploma  Bachelor's degree  Post Grad degree
7. Government Department: \_\_\_\_\_
8. Employment level: \_\_\_\_\_
9. Permanent or contract position: \_\_\_\_\_
10. Number of years working in the current organisation: \_\_\_\_\_
11. Date of birth of your last child: \_\_\_\_\_
12. How long in months were you off for maternity leave? \_\_\_\_\_
13. Was your maternity leave paid? \_\_\_\_\_

## Appendix L: Interview Schedule for Supervisors



### Supervisor's semi-structured interview questions

**Main objective:** To gain insight into supervisor's understanding of support for breastfeeding, their thoughts on what behaviours are necessary to facilitate breastfeeding support and how support can be rendered within the public sector.

**Note:** Working mothers refer to pregnant employees and workers returning to employment after maternity leave

#### SECTION A: Context and supervisor's personal experiences

1. Tell me about your experience with having managed a woman in your team who has been pregnant and returned to work.

**Probe:**

- i. In what ways did you provide information on issues relating to her maternity leave, breastfeeding breaks or space, before she went on leave? And after?
  - ii. What were any challenges?
  - iii. What was easy to do?
2. In what ways would you feel that supporting breastfeeding at work is important for:
- i. a baby;
  - ii. mother;
  - iii. department / organisation;
  - iv. the South African society?
3. In what ways do you think supervisors can support pregnant women and mothers to breastfeed at work? Elaborate.

4. Are you aware of any legislation to support breastfeeding at work?
  - i. Given the legislation, how could you implement it within your department?

If interviewee has children:

5. Did you (if female participant) – or your partner (if male participant)- breastfeed your children?
6. If yes, did you (if female participant) – or your partner (if male participant)- breastfeed after returning to work?
7. What were some of the challenges that you remember? (What helped? Can you use any of those learnings in supporting mothers that you manage?)

## **SECTION B: Family supportive supervisory behaviours**

### **1. Emotional Support**

- i. How would you feel about taking the time to learn about your female employee's need to combine breastfeeding and work? (Probe: -level of comfort and willingness?)
- ii. How could you create a comfortable and safe space to have conversations about combining breastfeeding and work? (Conflict resolutions? – NB- during pregnancy and upon return from maternity leave).
- iii. What support would you need (e.g., from your employer) to be able to carry out these conversation? (e.g Training or resources?)

### **2. Instrumental support**

- i. How would you feel about helping breastfeeding workers schedule their days to fit in their breastfeeding needs?
- ii. How could you go about providing this help? (probe on possible challenges and what would be easy)
- iii. How could you go about managing your team schedules to meet work goals while helping the mother to take her breastfeeding breaks?
- iv. What support would you need to be able to manage your teams work schedules and outputs while supporting breastfeeding employees?

### **3. Role model**

- i. What are your views on creating a family friendly environment as a supervisor?
- ii. Tell me how you manage/juggle your work and family demands? (What things at work do you specifically do that your employees can see to show that you are managing work and family commitment?) ...If nothing, then ask:

- iii. How do you think you could demonstrate work- life balance to your employees?
  - What would you need (e.g. from your employer) to be able to do this? (e.g. training)
  - What could be some of the challenges? (What would be easy?)

#### **4. Creative work–family management**

- i. Would you be willing to rethink how your department is organised to benefit employees and the organisation in support for breastfeeding at work?
  - How could you go about doing this? [(e.g. seek suggestions from employees about how work and breastfeeding can be combined). Thoughts on being considerate of other employees?]
- ii. What could be the challenges towards achieving that? What would be the easy way to do that?
- iii. What would you need (e.g. resources) to be able to successfully do this?

**Thank you for your time. Do you have any questions for me?**

**The end**

## Appendix M: Interview Schedule for Mothers



### Mother's semi-structured interview questions

**Main objective:** To gain insight into the nature of support supervisors can offer mothers to facilitate breastfeeding at work and how the support can be provided.

#### SECTION A: Mother's personal experience

1. Please tell me about your infant feeding choice. (What influenced it and when was it made? Was it different before you had your baby vs after you had your baby?)
2. Did you breastfeed your baby? If yes, when did you stop breastfeeding your baby (baby's age in months)? What was your main reason for stopping BF?
3. Did you breastfeed after returning to work? If yes, tell me about your breastfeeding experience after returning to work from maternity leave. (How did you manage that?)
4. What types of support did you receive at work whilst you were pregnant and/or after you returned to work to enable your breastfeeding at work?
  - i. What type of support was most useful?
5. In the absence of support, what would you have liked or would have been helpful to help you continue breastfeeding after returning to work?
6. What are your thoughts on the legislation to support breastfeeding at work? Are you aware of any legislation that supports mothers to breastfeed at work?

#### SECTION B: Family supportive supervisory behaviours from the mother's perspective

##### 1. Emotional Support

- i. How would you feel about talking to your supervisor so that he/she could learn about your need to combine breastfeeding and work? (Probe: -level of comfort. How would it be helpful)
- ii. What could make it easy for you to talk about challenges of combining breastfeeding and work with your supervisor? (NB- during pregnancy and upon return from maternity leave). How could that be done?
  - What would make it easier for you to have such conversations with your supervisor? What would be difficult / a challenge to do so?

## **2. Instrumental support**

- i. How would you feel about your supervisor helping to schedule your days to fit in your breastfeeding needs at work? How do you think this could be done?
- ii. What else could your supervisor do to help you to combine breastfeeding at work e.g. so that you can take breastfeeding breaks at work (How would that be helpful?)

## **3. Role model**

- i. In what ways does your supervisor demonstrate work–family balance? (is work–family balance important or unimportant to them)
  - How does this influence your views on breastfeeding at work?

## **4. Creative work–family management**

- i. In what way(s) could your supervisor make changes in your department to benefit everyone while supporting breastfeeding at work?
  - How would that be helpful for breastfeeding employees?
  - How could it be done?

5. Apart from your supervisor, is there anyone else, who you think plays an important role in supporting mothers to breastfeed at work?

**Thank you for your time. Do you have any questions for me?**

**The end**