School of Management Studies

Experiences of breastfeeding support at work: A qualitative study among clothing factory workers in South Africa.

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COMPULSORY DECLARATION:

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works of other people has been attributed, and has been cited and referenced.

Signature: Signed by candidate Date: 7 February 2020

Abstract

South Africa had the lowest exclusive breastfeeding rates in the world in 2012 at 8%. This increased to 32% in 2016 but the progress is still slow. Return to work is one of the main reasons working women stop breastfeeding. A descriptive qualitative research design was used to guide this study, which explored support for workplace breastfeeding. This study focused on a vulnerable group of low-income women working in clothing factories in Cape Town, a female dominated industry in South Africa. The research aimed to develop an improved understanding of breastfeeding support at work for these women. Given South Africa's legacy of colonialism and apartheid, these women are mainly black and poor. High poverty rates in this context often mean that they return to work soon after childbirth because of economic necessity, placing further constraints on breastfeeding. The study's findings confirm that despite legislated maternity protection and breastfeeding breaks, the enforcement of these laws is very low. In investigating the ways low-skilled, low paid women in clothing factories navigate this situation, four key themes emerged: 1) their workplaces are designed for men and machines; 2) they receive limited workplace breastfeeding support; 3) there is a lack of communication and transparency about breastfeeding at work and 4) their social and economic context plays a role in their ability to breastfeed at work. With these findings, low-cost recommendations for improving workplace support for breastfeeding are presented.

Keywords: Breastfeeding at work, low-income workers, South Africa.

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Note on format. This paper follows the format prescribed by the Department of Organisational Psychology at the University of Cape Town and the 6th edition of the Publication manual of the American Psychological Association.

Introduction

As critical factors in improving child survival, The World Health Organisation (WHO) recommends the initiation of breastfeeding within the first hour after birth as well as the practice of exclusive breastfeeding (EBF) for the first six months after birth (WHO, 2011). To further promote this recommendation, the WHO set a global goal for 2025: an EBF rate of 50% for all infants (WHO, 2016). EBF is defined as providing no food or liquid other than a mother's breast milk for the first six months after an infant's birth (WHO, 2011). The health benefits of EBF for infants include reduced mortality and morbidity as well as increased cognitive development (WHO, 2014). EBF also improves the health of mothers by reducing their risk of pre-menopausal breast and ovarian cancer as well as Type 2 diabetes (WHO, 2014).

South Africa agreed to the WHO's recommendation on breastfeeding by signing the Tshwane Declaration in 2011. Accordingly, government committed to and called on all stakeholders (including managers and employers), to support and strengthen efforts to promote EBF (Tshwane Declaration, 2011). The Tshwane Declaration acknowledges that breastfeeding practices in South Africa remain problematically low. Recognising that EBF has a significant influence on reducing child mortality and improving malnutrition, the declaration acknowledges that EBF has not been given the necessary attention it warrants (Tshwane Declaration, 2011). Furthermore, section 87(1)(b) of the Basic Conditions of Employment Act (BCEA) 75 of 1997 on the protection of employees during pregnancy and after the birth of a child, is consistent with the WHO's maternity protection and breastfeeding recommendations. These entitle employed mothers to four consecutive months of maternity leave and recommend that "arrangements should be made for employees who are breast-feeding to have breaks of 30 minutes twice per day for breast-feeding or expressing milk each working day for the first six months of the child's life" (Department of Labour, 2003, p. 3).

Although South Africa's breastfeeding initiation rates are high (75-97%), its EBF rate was the lowest in the world in 2012 at 8% (Siziba, Jerling, Hanekom, & Wentzel-Viljoen, 2015; UNICEF, 2012). While this rate has improved (32% in 2016), it remains below the WHO's goal, and in fact the EBF rate drops from 44% for infants aged 0-1 months to 23.7% for infants aged 4-5 months (National Department of Health, 2017). This noticeable decrease in EBF coincides with the time in which most mothers in South Africa must return to work, and is consistent with findings from the international literature which shows that one of the main reasons for early cessation of EBF is the mother's economic need to return to work (Chuang et

al., 2010; Gielen, Faden, O'Campo, Hendricks, Brown, & Paige, 1991; Heymann, Raub, & Earle, 2013; Kimbro, 2006; Waite & Christakis, 2015).

Breastfeeding at Work

Breastfeeding at work has been defined as allowing women to take breastfeeding breaks upon their return to work. These breaks can be used to either breastfeed their infants or express and store breastmilk (Weber et al., 2011). Whilst there is a plethora of literature examining the factors promoting an enabling environment for EBF (Bradford et al., 2017; Cripe, 2017; Hauck et al., 2016; Paddock, 2017; Steurer, 2017; Yimyam & Hanpa, 2014), these studies address the problem of low EBF from a health systems and services, family, and community perspective with very few acknowledging breastfeeding as a workplace issue (Rollins et al., 2016). Furthermore, the literature predominantly focuses on the breastfeeding experiences of highly educated professionals and white women in advanced economies. (Bai & Wunderlich, 2013; Brown, 2014; Chezem, Friesen, & Boettcher, 2003; Fein, Mandal, & Roe, 2008; Sattari, Serwint, Neal, Chen, & Levine, 2013; Waite & Christakis, 2015; Weber, Janson, Nolan, Wen, & Rissel, 2011). The existing literature has therefore provided little insight for the Western Cape region in South Africa, where 43% of those who are employed have few skills and are in low-income roles (Western Cape Government, 2017). The clothing and textiles industry is the second largest employer of this low-skilled, low-income employed population within the Western Cape, and is female dominated (89%), presenting an interesting context in which to locate such a study (Treasury, 2018).

The Western Cape Clothing and Textiles Industry

Historically, the industry has been at the centre of the Western Cape's manufacturing sector, but between 2000 and 2013, over a 100 000 jobs were lost within the industry due to an increase in textile imports from China (Treasury, 2018; Vlok, 2006). Since 2014, the industry has experienced consistent employment and sales growth (Treasury, 2018). The improvement in the industry has been due to a combination of interventions such as best practice research, shared learning, the introduction of lean manufacturing principles and a government-supported programme to help modernize machinery (Cape Clothing Cluster, 2019). These improvements have resulted in the industry once again playing an essential role in the socio-economic development within the province (Treasury, 2018).

The industry is highly unionized, with the Southern African Clothing and Textiles Workers' Union (SACTWU), being the largest union. More than twenty years ago, SACTWU

started a worker's health programme to provide awareness education about HIV and Aids. This programme has now evolved into a comprehensive programme that provides the full continuum of care. Within the Western Cape, there are 183 clothing and textiles companies affiliated to SACTWU. The overall workforce within these companies is 15 963, and 14 149 (88.6%) of this workforce are SACTWU members. More importantly for this study, is that approximately 89% (14 207) of the workforce is female. These women are mostly in low-skilled positions, earning low wages, and black (Vlok, 2006). This triple oppression makes EBF a particularly complex challenge for mothers employed in this sector.

Low-Income Mothers and Breastfeeding

Gielen et al. (1991) found that low-income mothers have lower breastfeeding rates compared to higher earning mothers. This is because they tend to have little bargaining power due to the low-skilled nature of their work, and are easily replaceable by their employer (Murtagh & Moulton, 2011). Furthermore, these mothers have limited access to resources such as education, and consequently have little choice in their EBF experience due to their economic necessity to return to work (Siziba et al., 2015). This need to return to work not only has detrimental consequences for the health of both the mother and infant, but also has negative outcomes for the organisations that employ these mothers (Murtagh & Moulton, 2011). When mothers return to work early and cease EBF, their organisations tend to experience increased absenteeism rates, decreased productivity and decreased employee retention. This is mainly due to their infants falling ill and a distracted focus on their work due to their new role as a mother (Brown, Poag, & Kasprzycki, 2001; Payne & Nicholls, 2010; Smith et al., 2013; Waite & Christakis, 2015; Weber et al., 2011).

It is for the above reasons that this study aims to develop an improved understanding of support for breastfeeding at work amongst low-income mothers in the clothing and textiles industry in Cape Town.

Research Question

What are the breastfeeding at work support experiences of low-income workers employed in the clothing and textiles industry in Cape Town?

Answering this research question will better inform workplace policies and practices to support working mothers, and more specifically low-income workers in the clothing and textiles industry, to exclusively breastfeed their infants. This support will be beneficial in three ways. Firstly, infants will receive the nutritional and health benefits of EBF. Secondly, mothers

will receive the health benefits of EBF while still being able to economically provide for their families. Finally, the benefits to the employer of providing a work environment that is enabling of mothers breastfeeding have been shown to outweigh the costs (Alstveit, Severinsson, & Karlsen, 2010; Hirani & Karmaliani, 2013; Meyer, van der Spuy, & du Plessis, 2007; Payne & Nicholls, 2010; Tsai, 2014; Weber et al., 2011). If breastfeeding at work is supported, women are more likely to have lower absenteeism rates as their babies will experience fewer and less severe illnesses. Furthermore, employed women are more likely to be able to concentrate on their work which will result in higher levels of productivity (Weber et al., 2011). Employee retention and job satisfaction are also likely to increase, which can save an organisation significant money and time in recruiting and training new workers (Waite & Christakis, 2015). Lastly, being a breastfeeding-friendly workplace enhances an organisation's image, which provides it with public recognition as an employer of choice (Smith et al., 2013).

Structure of the Dissertation

This introductory section introduced and contextualized the study, presented the aim and research question, and outlines the structure of the dissertation. Section Two reviews the relevant extant literature relating to breastfeeding and employment. It focuses on the conceptualization of breastfeeding in the workplace and the business case for breastfeeding. Barriers and enablers to workplace breastfeeding are also highlighted. The research method applied to this study and the rationale behind the chosen research design is articulated in Section Three. Sections Four and Five present the findings of this study. Section Four focuses on the workplace motherhood experiences, whilst Section Five explores the participants' suggestions for both management and their union. These two sections also discuss the findings in light of existing literature and provide recommendations based on the context of this study. The dissertation concludes with Section Six, which provides a summary, limitations of this study and recommendations for future research.

Literature Review

This section reviews the literature on breastfeeding and employment. The literature search procedure is firstly outlined to describe the approach taken to identify the relevant literature. Thereafter, the review is arranged into four sections. First, breastfeeding at work is conceptualized. Second, an overview of theories and models that can be used to help understand breastfeeding in the workplace is provided. Thereafter a business case for breastfeeding is presented. Lastly, existing literature relating to the barriers to and enablers of breastfeeding at work is reviewed.

Method of Searching for Literature

Numerous procedures were employed to identify literature relevant to breastfeeding at work. Several databases were searched including EBSCOhost (Academic Search Premier, Business Source Premier, PsycINFO) as well as Google Scholar and JSTOR. A Boolean keyword search strategy was conducted in the above databases using various combinations of the following keywords: breastfeeding and work, breastfeeding and support, low-income workers and breastfeeding, breast feeding support and South Africa. The initial literature search was carried out from February 2018 until April 2018. Thereafter, follow up searches were conducted monthly. A Google Scholar alert was set up with the keywords: breastfeeding and work. This feature enabled the ongoing automated searching of academic journals and books. An alert was sent when new results were found that matched the search keywords. This facilitated a continuous literature search throughout the research process. Furthermore, the reference lists of relevant articles were examined to identify additional relevant articles, and citation searches were conducted on relevant articles. A total of 130 articles were identified within the searches and used for this research study.

Conceptualising Breastfeeding at Work

Weber et al. (2011) defined breastfeeding at work as allowing women to take breastfeeding breaks upon their return to work. Breastfeeding at work is a complex term though, that includes expressing and storing breastmilk at work (Weber et al., 2011). Current literature shows that working mothers' resort to expressing breastmilk in the toilets or their cars due to a lack of workplace support (Gattrell, 2019). In order for mothers to be able to breastfeed at work, several complexities need to be understood in gaining a robust understanding of what breastfeeding at work means.

Breastfeeding: the "good mother's" choice. The physical and psychological importance of breastfeeding has been well-established for many years. It has been described as the "gold standard" of nourishment for infants because of its optimal combination of nutrients as well as its ability to become an individualised medicine for an infant (Victora et al., 2016). In addition to its infant nutritional value, breastfeeding also provides the mother with health benefits such as reduced risk of diabetes, breast and ovarian cancers (Gatrell, 2019; Krol & Grossmann, 2018; Rollins et al., 2016; Victora et al., 2016). Research also suggests that breastfeeding has a considerable effect on a child's cognitive and behavioural development as well as the mental health of both the mother and child (Krol & Grossmann, 2018).

Given the extensive benefits of breastfeeding, literature suggests that women who choose not to breastfeed open themselves up to criticism as they are seen to be going against the discourse of a 'good mother' (Gatrell, 2019; Gatrell, 2013; Marshall, Godfrey, & Renfrew, 2007; Murphy, 1999; Turner & Norwood, 2013). Scholars have defined a 'good mother' as selfless, responsible and adherent to expert advice (Murphy, 1999; Payne & Nicholls, 2010; Turner & Norwood, 2013). Thus choosing to breastfeed is regarded as a key indicator of the 'good mother' (Gatrell, 2019; Marshall et al., 2007; Murphy, 1999; Payne & Nicholls, 2010).

This phenomenon of women being classified as 'bad mothers' for not breastfeeding is heightened by two factors: i) the extreme public health promotion of breastfeeding and ii) women's increased participation in the labour market (Gatrell, 2019).

The public health promotion of breastfeeding stems from research that shows that the surfeit of physical and psychological health benefits associated with breastfeeding also enhance economic outcomes for both governments and organisations. This is done through breastfeeding's potential to lower health costs and increase employee productivity (Atabay et al., 2015; Gatrell, 2019; Rojjanasrirat, 2004). Thus, the promotion of breastfeeding is a valuable economic resource for governments and has resulted in a significant public health focus on the promotion of breastfeeding. Internationally, the WHO has defined breastfeeding as "the normal way of providing infants with the nutrients they need for healthy growth and development". In 2012 the WHO set a global target to increase the rate of exclusive breastfeeding in the first six months up to at least 50% by 2025 (WHO, 2014). Increased breastfeeding rates have also been described as a tool to achieve goal three of the 2030 Sustainable Development Goals (SDGs): good health and well-being. Nationally, South Africa released the Tshwane declaration of support for breastfeeding in 2011, and the country's National Development Plan for 2030 also discusses the importance of breastfeeding in promoting health and wellness to reduce local maternal, infant and child mortality rates (National Planning Commission, 2012).

Against this background however, the South African Quarterly Labour Force Survey Quarter 2 for 2019, shows that more than half (53.5%) of the South African female population is employed (Statistics South Africa, 2019). Employed women often return to work after the birth of their child due to personal choice or economic need (Turner & Norwood, 2014). Bagaly (2018) reported that nearly 80% of South African women between the ages of 20 and 50 are mothers. This essentially means that mothers who wish to continue breastfeeding are forced to seek support for a feminine need in a traditionally masculine workplace environment (Gatrell,

2019; Gatrell, 2013; Turner & Norwood, 2013, 2014). In South Africa this predicament is intensified due to many women being in low-income work, which is characterized by limited autonomy and bargaining power (Murtagh & Moulton, 2011). Most women in South Africa are therefore expected to navigate some experience of breastfeeding at work. In most cases this navigation means giving up breastfeeding to return to work (Sibiza et al., 2015).

Although the South African government's efforts to promote breastfeeding are underpinned by scientific evidence and good intentions, their efforts to enforce legislation concerning workplace support for breastfeeding are lacking (Martin- Wiesner, 2018). Mothers are told by public health care professionals to breastfeed their infants exclusively for the first six months of their lives, yet the BCEA (Act No. 75 of 1997), only legislates four months of maternity leave. This places the employed mother who wishes to continue EBF in a difficult scenario when she returns to work. She is required to juggle EBF with a return to full-time employment. This is a repetition of the ongoing paradox women face as they simultaneously pursue work and motherhood roles: being a 'good mother' versus being a 'good worker' which are seemingly mutually exclusive without certain adaptations and workplace support.

Breastfeeding at work: The good mother, good worker battle. Breastfeeding at work has been defined by many authors as allowing women to take breastfeeding breaks upon their return to work (Bai, Wunderlich, & Fly, 2011; Cooklin, Rowe, & Fisher, 2012; Dodgson, Chee, & Yap, 2004; Fein et al., 2008; Hawkins, Griffiths, Dezateux, & Law, 2007; Sattari et al., 2013; Weber et al., 2011). Mothers can either use their break to express breastmilk at work or if they are in a close proximity to their child they can use their break to feed their child in different ways (Fein et al., 2008; Weber et al., 2011). These include going home to feed their child, or they could have a child minder who brings their child to their workplace for a feed. Alternatively, the mothers could be employed at an organisation with on-site child-care facilities. This definition can be expanded with the International Labour Organisation's (ILO) recommendation (number 191 of 2000), that states that where practical, employers should provide breastfeeding facilities with suitable hygienic conditions at or near the workplace (Addati, Cassirer, & Gilchrist, 2014). Such facilities should include a quiet private room equipped with a comfortable chair, a breast pump, a sink and a fridge with the sole purpose of storing expressed breastmilk (Bai et al., 2011; Dodgson et al., 2004; Sattari et al., 2013). In South Africa, the BCEA's guidelines for good practice recommends two 30-minute breaks per day to express breastmilk under suitable conditions, at least until the infant is six months old.

Consistent with this recommendation, this study defines breastfeeding at work as allowing women to take regular breaks to express milk at work.

Given the BCEA guidelines for good practice, it would be expected that South Africa would have satisfactory breastfeeding rates, yet South Africa's EBF rate was the lowest in the world in 2012. More recently it has improved to 32% (only 24% for infants at four to five months old) in 2016 because of efforts from the healthcare sector, but the workplace as an important site for supporting breastfeeding among working mothers is still neglected (National Department of Health, 2017, Siziba et al., 2015, UNICEF, 2012). Despite existing policies relating to breastfeeding in the workplace, authors such as Cripe (2017) and Kirby and Krone (2002) suggest that such low EBF rates persist as a result of ineffective breastfeeding workplace policies and support.

Breastfeeding decisions do not occur in a vacuum, and there are many factors that influence a mother's choice. However, within the workplace mothers face the dilemma of simultaneously being a 'good worker' and a 'good mother' (Gatrell, 2019; Gatrell, 2013; Murphy, 1999; Turner & Norwood, 2014). A good worker is one who is dedicated to their work, willing to put in extra hours and prepared to sacrifice their personal life for the good of their organisation. In addition, for low-skilled, low-income workers, a good worker is characterised by listening to orders and working like a machine (Ridgeway & Correll, 2004). These characteristics go against the discourse of a good mother and leave women balancing two opposing priorities.

Theoretical Framework

Limited research on breastfeeding and employment exists, and even less on low-income employment (Gatrell, 2019). van Amsterdam (2015) recognized breastfeeding and employment as a valuable focus for organisational research. The existing breastfeeding and employment literature rarely make use of organisational psychology theories. Rather they have focused on the theory of reasoned action (TRA) (Fishbein & Ajzen, 1975), the theory of planned behaviour (TPB; Ajzen, 1991) and self-efficacy theory (Bandura, 1977) to explain breastfeeding behaviours (Bai, Lee, & Overgaard, 2019). TRA is used to predict how individuals will behave based on their pre-existing attitudes and behavioural intentions. TRA postulates that in order to change the behaviour of an individual, one has to uncover and modify the underlying beliefs that exist within the individual (Bai et al., 2019; Fishbein & Ajzen, 2011). However, the TRA has a limitation in that it does not account for environmental

constraints nor personal control factors (Fishbein & Ajzen, 2011). This resulted in another component being added to the TRA to improve the framework: perceived behavioural control. This modified TRA is known as the TPB (Lau, Lok, & Tarrant, 2018).

TPB (Ajzen, 1991) posits that an individual's behaviour is shaped by their behavioural intentions. Behavioural intentions are a function of an individual's attitude toward a behaviour, the subjective norms concerning the performance of the behaviour, and the individual's perception of how easily the behaviour can be performed (Ajzen, 1991). In breastfeeding literature, the TPB proposes that women are more likely to breastfeed when they have sufficient knowledge regarding the importance and benefits of breastfeeding, and when they believe that breastfeeding will result in valuable outcomes. Their confidence and perceived ability concerning their ability to breastfeed, as well as the opinions of significant others also play a role in determining their breastfeeding behaviours (Yeon K. Bai et al., 2019; Chezem et al., 2003). TPB has been used in breastfeeding research to show that women who intend to exclusively breastfeed are about twice as likely to achieve their EBF goals in comparison to women who do not intend to exclusively breastfeed (Chezem et al., 2003; Dodgson et al., 2004).

Self-efficacy theory (Bandura, 1977) states that expectations of self-efficacy determine whether coping behaviours will be initiated, how much effort an individual will exert with these coping behaviours and how long the effort will be sustained (Bandura, 1977, 1982). Based on Bandura's theory, Dennis (1999) developed the breastfeeding self-efficacy theory (BSET) and validated the breastfeeding self-efficacy scale. The theory posits that self-efficacy expectations can influence a mother's judgments regarding her ability to initiate, persevere in and continue breastfeeding. The breastfeeding self-efficacy scale can be used to identify women with high or low breastfeeding confidence (Dennis, 1999).

These theories mentioned above have been used to help explain women's breastfeeding intentions and behaviours by better understanding their self-efficacy concerning breastfeeding. Although these theories are widely used within breastfeeding literature, they were not suitable for the current study, which hopes to explore women's breastfeeding experiences. This study has focused on organisational psychology theories and models to extend current knowledge on breastfeeding at work, and that can be appropriately used in a study context of low-income clothing factory employees. These theories will be utilised later in this section to discuss

specific phenomena of breastfeeding at work, such as absenteeism and organisational commitment. Table 1 below is a brief summary of the theories and models used in this study.

Table 1

Summary of theories and models used in this study

Theory	Author	Date	Description
Conservation of resources (COR) theory	Hobfoll	1989	According to the COR theory, individuals have a basic motivation to obtain, retain, and protect resources that they value. Objects, conditions, personal characteristics and energies are the four categories of resources that the theory has outlined. If an individual is threatened with resource loss, loses resources or fails to gain resources that will experience psychological stress. A lack of resources will usually result in an individual making defensive attempts to conserve their remaining resources (S. E. Hobfoll, 2001).
Job-demands resource model	Bakker and Demerouti	2007	An occupational stress model that can be used to predict employee burnout and engagement. The model assumes that the causes of employee wellness can be classified in to two categories: job demands and job resources. The model suggests that two simultaneous processes occur: 1) the health impairment process, this is when high job demands deplete an employees' mental and physical resources which leads to exhaustion and health problems, and 2) the motivational process whereby job resources foster employee engagement and extra-role performance (Bakker & Demerouti, 2007).
Role theory	Katz and Kahn	1978	Postulates that roles are based on demands or expectations about appropriate behaviour. These depend on factors including an individual's assumptions, role identity and culture (Katz & Kahn, 1978). Role conflict may arise when there is conflict between the roles corresponding to

Theory	Author	Date	Description
			different statuses, for example working mother (statuses: mother and worker) (Greenhaus & Beutell, 1985) .
Social exchange theory	Emerson	1976	Theorizes interactions between two parties is an exchange process. Each party weighs the potential benefits and risks of the interaction. If the risks outweigh the benefits, the parties will end the interaction (Emerson, 1976).

Note: Theories and models are listed in alphabetical order.

Workplace Benefits Related to Supporting Breastfeeding at Work

A review of the literature showed that several benefits which accrue to businesses are associated with supportive workplace breastfeeding practices. These include reduced absenteeism, higher retention rates, increased employee productivity and loyalty, increased job satisfaction and an enhanced corporate image (Brown et al., 2001; Chow, Wolfe, & Olson, 2012; Meyer et al., 2007; Payne & Nicholls, 2010; Smith et al., 2013; Tsai, 2013; Waite & Christakis, 2015; Weber et al., 2011). Each of these will be discussed in turn.

Reduced absenteeism. Breastfeeding provides invaluable health benefits to the infant and the mother. The infant is fed the optimal nutrition which includes antibodies that provide an increased resistance to infections, and therefore fewer incidents of illness and hospitalisation (Rollins et al., 2016; Victora et al., 2016). The reduced incidents of illness and hospitalisation result in a reduction of the time mothers are away from work due to their child being sick (Brown et al., 2001).

In a longitudinal quasi-experimental study by Cohen, Mrtek, and Mrtek (1995), the authors compared the rates of absenteeism directly related to child care between 59 breastfeeding mothers and 42 formula feeding mothers. Twenty-eight infants did not fall ill during the one-year course of the study, of which 86% (24 infants) were breastfed and 14% (4 infants) were formula fed. In addition, of the 40 cases of illness that caused mothers to be absent for one day, 25% were breastfed babies and 75% were formula fed babies (Cohen et al., 1995).

Since Cohen et al. (1995) conducted their study there has been no further research into the relationship between absenteeism and breastfeeding. Subsequent authors have relied and drawn on the findings reported by Cohen et al. (1995) to substantiate their arguments in favour

of workplace support for breastfeeding (Brown et al., 2001; Cripe, 2017; Rojjanasrirat, 2004; Smith et al., 2013; Weber et al., 2011). In South Africa, Meyer et al. (2007) also relied on Cohen et al.'s (1995) study. The over reliance on a single study to validate the effect of breastfeeding on absenteeism is problematic especially because Cohen et al. (1995) noted limitations of a non-experimental design that cautioned against the generalisation of their findings to other contexts. In their study, participants were self-selected according to the feeding choices that they had made and so there was not a true control group. Furthermore, the two groups were not equal in size, as there was a high prevalence of breastfeeding within the companies sampled (Cohen et al., 1995).

Although no literature refutes the relationship that Cohen et al. (1995) reported between absenteeism and breastfeeding, further research is needed to better understand breastfeeding and absenteeism.

Higher retention rates. Scholars have shown that mothers are more likely to return to work after childbirth if their workplace offers them a supportive breastfeeding environment (Cohen & Mrtek, 1994; Eldridge & Croker, 2005; Payne & Nicholls, 2010), which in turn reduces or eliminates the costs spent on recruiting and training new employees. Recruitment and training also take time so additional revenue is usually lost during the process, which would also be eliminated if retention improves (Health & Services, 2008). Ortiz, McGilligan, and Kelly (2004) reported a 94.2% retention rate of maternity employees amongst five corporations in North America with a corporate lactation programme. Ortiz et al.'s (2004) study focused on breastfeeding duration but it did have limitations regarding their sampling strategies because it did not include all pregnant employees, rather only those who chose to partake in the corporate lactation programme. The consideration of sample and accessible population is relevant in the current study, as the extant literature neglects the context of low-income women, especially within the South African context.

Increased employee productivity, loyalty, and job satisfaction. Brown et al. (2001) found that management perceptions of providing breastfeeding support includes decreased productivity due to the employees being away from their work to breastfeed or express. However, several more recent studies have linked breastfeeding support programmes at work to increased levels of productivity, job satisfaction and loyalty from employees (Eldridge & Croker, 2005; Payne & Nicholls, 2010; Smith et al., 2013; Waite & Christakis, 2015; Weber et al., 2011). These findings can be explained using social exchange theory (Emerson, 1976).

According to the theory it is rational to assume that workplace breastfeeding support can be mutually beneficial for both employer and employee (refer to Figure 1 below). Employers could provide cost effective breastfeeding support mechanisms that have a negligible effect on productivity. In exchange for providing these support mechanism, employers would experience benefits such as reduced absenteeism and increased employee productivity (Spitzmueller et al., 2018; Tsai, 2013).

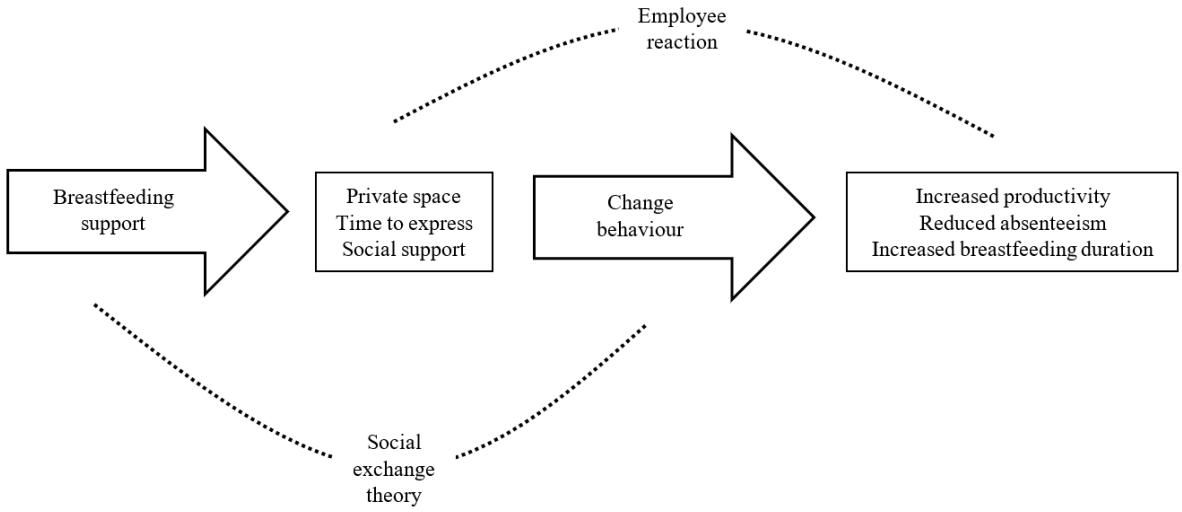

Figure 1. Social Exchange Theory model. How the social exchange theory could play out in organisations, adapted from Beal III, Stavros.

A review by Eldridge and Croker (2005) discussed how Australian companies who are accredited as breastfeeding-friendly workplaces, experience greater employee loyalty. They suggested that the increased loyalty is due to the employees' recognition and gratitude towards the family-friendly intervention.

The association between workplace breastfeeding support and job satisfaction was studied for the first time by Waite and Christakis (2015). Their study surveyed 531 female employees in North America to measure their perceptions of workplace lactation support. They reported that an increase in job satisfaction may be experienced by mothers who receive lactation support. Sources and types of support could vary from more supportive managers and co-workers, to a greater amount of time provided to mothers for breastfeeding.

Since the publication of the above study, Scott, Taylor, Basquin, and Venkitsubramanian (2019) and Whitley, Ro, and Choi (2019) have released findings that support Waite and Christakis (2015).

Scott et al. (2019) explored the relationship between job satisfaction, breastfeeding duration and workplace support (managerial, organisational and co-worker support). They analysed data from a cross-sectional survey of employees who had breastfed within the past three years (Scott et al., 2019).Their findings indicated that both managerial and organisational support increased job satisfaction and prolonged the duration of exclusive breastfeeding. Unlike the findings reported by Waite and Christakis (2015), they found no significant relationship between job satisfaction and co-worker support with overall breastfeeding duration. In a similar vein, Whitley et al. (2019) analysed survey responses to the Infant Feeding Practices survey from 488 women in North America. They reported that women who experienced work related breastfeeding problems at three months postpartum, also reported lower levels of job satisfaction.

Positive workplace reputation. Creating a breastfeeding-friendly environment in the workplace can generate media recognition, which in turn can improve the reputation of an organisation. An improved reputation can better a company's chances of recruiting talent (Health & Services, 2008). Brown et al. (2001) conducted focus group studies among human resource professionals across different industries in Austin, Texas. They reported that managers identified workplace breastfeeding support programmes as a marketing tool that could help recruitment. Furthermore, the managers explained that if companies that are considered industry leaders implement such programmes, other companies will follow suit (Brown et al., 2001).

The evidence presented in this section suggests that although the business case for breastfeeding is appealing, its case is heavily based on the findings from only a few studies within a professional context, with white women or in advanced economies (Cohen & Mrtek, 1994) (Cohen et al., 1995) (Ball & Wright, 1999). This is problematic as these studies are at least twenty years old and the authors reported methodological limitations that prevented inferring causality and generalising the findings to other contexts especially in the Global South where environmental experiences can be different from those in the United States. Furthermore, Turner and Norwood (2014) argued that the business case for breastfeeding uses increased profits to justify organisational support for breastfeeding. Turner and Norwood (2014) suggest that this could prevent organisations from fully supporting breastfeeding as their actions would be profit-driven as opposed to an attitude change towards workplace support for breastfeeding.

In the South African context, qualitative research is urgently needed for understanding this phenomenon in the context of low-income women, where many women do not have the choice to be selective when finding work and have distinct lived experiences. They may choose an employer or return to work out of economic necessity, regardless of the provision of breastfeeding support at the workplace (Siziba et al., 2015).

Workplace Barriers to and Enablers for Breastfeeding

A review of the literature revealed several barriers and enablers to breastfeeding at work. This section presents each in turn to help improve our understanding of this complex phenomenon. The review below however relies heavily on international literature conducted among middle class and white samples.

The JD-R model (Bakker & Demerouti, 2007) helps to illustrate how enablers of breastfeeding can lead to improved levels of employee engagement, job satisfaction and loyalty. Conversely, barriers to workplace breastfeeding can cause a depletion of employees' mental and physical resources which in turn can lead to exhaustion or burn out (see Figure 2; Bakker & Demerouti, 2007).

Workplace climate and facilities. Anderson et al. (2015) argued that workplace breastfeeding policies are not enough to encourage mothers to continue breastfeeding after they return to work. They reported that interpersonal communication regarding these policies played an important role in mothers' decisions to continue breastfeeding.

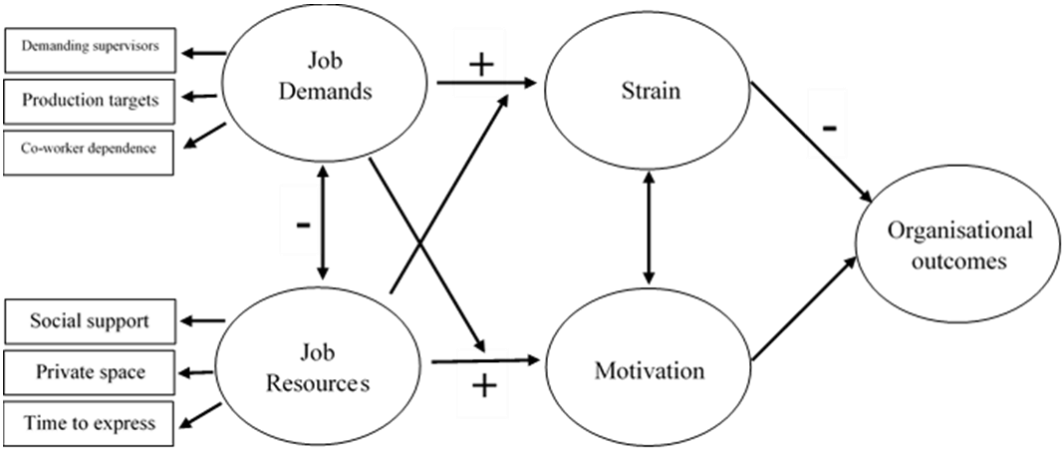

Figure 2. Job-Demands Resources model. Adapted from Bakker and Demerouti (2007).

Employers and managers' values and attitudes toward breastfeeding at work can shape the climate experienced by mothers and in turn, can have an effect on their decision to breastfeed at work. Employers often overestimate the financial implications of supporting

breastfeeding in the workplace to be large or unaffordable, creating a perceived barrier (Brown et al., 2001). Other researchers have found that although employers do not associate large costs with breastfeeding support, they see little value in establishing support for breastfeeding (Libbus & Bullock, 2002). These authors analysed survey data from 85 employers in America. They found that only between 18-25% of male and female employers (dependent on the question) saw value to supporting workplace breastfeeding. They attributed this finding to the lack of personal experience of the respondents with breastfeeding as well as the respondents not viewing support for breastfeeding at work as a mechanism for improving productivity (Libbus & Bullock, 2002).

Brown et al.'s (2001) qualitative study used focus groups consisting of human resources personnel to explore employers' knowledge, attitudes and practices towards breastfeeding at work. The findings showed that employers were concerned with the liability implications regarding storing breast milk on their premises. They were worried what would happen if the milk was tampered with at work and the child was harmed. Moreover, they were concerned about the health regulations regarding storing breast milk on their premises (Brown et al., 2001). Interestingly, no other study in this review identified workplace liability as a barrier to implementing breastfeeding.

***Workplace facilities*.** A considerable amount of literature published on the barriers and enablers of breastfeeding at work has included workplace facilities (Brown et al., 2001; Chen, Wu, & Chie, 2006; Murtagh & Moulton, 2011; Weber et al., 2011). The International Labour Organisation (Addati et al., 2014) suggests that where possible, employers should provide suitable hygienic facilities for breastfeeding at or near the workplace (Addati et al., 2014). Rojjanasrirat (2004) argued that a private physical space (and not, for example, a toilet) is important for successfully expressing or breastfeeding at work.

Bar-Yam (1998) identified four essential elements for successful workplace breastfeeding: space, time, support and gatekeepers. She further provided definitions for a range of workplace lactation support. She described workplace support for lactation as one of four potential levels of lactation support ranging in levels of equipment and cost: 1) Lactation programme which includes a designated equipped space, breast pumps, lactation counseling, available time and optional on site or near site childcare facilities. An equipped designated space is a room that has electrical outlets and a comfortable chair, and that has good ventilation and lighting. The room could also have optional extras such as a fridge, reading material,

enjoyable music and room dividers. 2) Lactation support, which includes a designated equipped space, breast pumps and available time. 3) Lactation awareness which is a designated space with no equipment and 4) no organisational support (Bar-Yam, 1998). Apart from the elements and levels of breastfeeding support, Bar-Yam (1998) also reported on how the existence of workplace breastfeeding support can affect the interaction between two roles (worker and mother) that women play. When there is organisational support for breastfeeding, female employees perceive that their employer values them within both of their roles i.e. as mothers and workers. However, when there is no organisational breastfeeding support and an employee still chooses to breastfeed at work, she is letting her employer know that she cannot be classified or separated according to her different roles (Bar-Yam, 1998).

More recent literature provides a similar definition to Bar-Yam's (1998) one for workplace support for lactation. Rollins et al. (2016) explains workplace facilities for breastfeeding to include childcare facilities, a private space, a comfortable chair and a fridge. It is noted that workplaces could provide more than this too. The ILO's 2014 publication, *Maternity and paternity at work: Law and practice across the world,* stated that from 159 countries with information, just 50 countries (31%) had legislation regarding the provision of breastfeeding facilities at work. Furthermore, in Africa, only eight countries have mandatory provisions for breastfeeding facilities at work, of which South Africa is not included (Addati et al., 2014). These statistics could highlight the lack of legal incentive to motivate organisations and could explain the limited amount of studies that look specifically at workplace facilities and breastfeeding, both internationally and within the African context.

The effect of workplace facilities on breastfeeding outcomes were evaluated in a study by Dabritz, Hinton, and Babb (2009) in which the authors found that provision of breastfeeding rooms and time to express milk increased breastfeeding by 25% at six months. They found that access to workplace facilities differed by race and education level of mothers. This is relevant within the South African context given its high levels of racial and socio-economic inequality (Siziba et al., 2015). In the US, mothers of minority races and mothers with lower education levels were less likely to have access to workplace facilities than white mothers with higher education levels (Dabritz et al., 2009).

Workplace breastfeeding facilities for low-income mothers in South Africa has not been exclusively examined in the literature. However, Netshandama (2002) used a qualitative research approach to explore the breastfeeding practices of young working African women in

Limpopo province, South Africa. “A need for support, facilities and resources that benefit a woman who is breastfeeding at work” emerged as a theme (Netshandama, 2002, p. 25). Participants spoke about how breastfeeding facilities seemed like an impossibility as their workplaces did not even have enough bathrooms for employees. They also mentioned that their male employers did not take their breastfeeding requirements seriously and that they did not trust them to assist them with breastfeeding. Although this study is nearly 20 years old, these findings are still considered relevant given that no legislation has been passed enforcing breastfeeding facilities to be provided at work. Many South African women within the clothing and textiles industry still have male bosses and there has been no further South African literature suggesting that there has been a change in workplace breastfeeding facilities (SACTWU, 2018). It can be assumed that many South African women are still lacking breastfeeding facilities at work especially in work settings with largely low-skilled workers.

More recently, Waite and Christakis (2015) evaluated the association between workplace lactation support and job satisfaction within a hospital and at a large corporate company in America. They found that even though the large company had a workplace lactation programme that provided facilities for breastfeeding, mothers only reported that time to breastfeed was significantly related to job satisfaction. The authors suggested that this could be because women find it challenging to find the time to express milk at work. This study consisted of mainly older, white, highly educated women who received paid maternity leave. Furthermore, the women from the large company were primarily full-time salaried employees with a high level of flexibility in their daily schedules, yet they still struggled to express during work hours at a company that provided facilities.

The idea that low-skilled, low-income employed South African women may find it challenging to juggle breastfeeding and work is supported by studies that have looked at factory workers who have access to lactation facilities within an Asian context (Chen et al., 2006; Tsai, 2013). These employed women have little flexibility in their work and are strictly monitored by their supervisors. The studies showed that mothers working in a manufacturing environment were less likely to use the facilities than mothers working in an office environment, highlighting that the nature of the job plays a role in determining whether provided facilities can act as a support to breastfeeding or not. The JD-R model could also be used to demonstrate how the limited resources that low-income, low-skilled women have access to might cause a health impairment process (Bakker & Demerouti, 2007). This could lead to a decrease in organisational outcomes such as productivity or employee engagement.

The evidence presented in this section suggests that workplace facilities help to extend breastfeeding duration, however the nature of the mother's work and time given to use the facilities can negate the benefits of the employer providing breastfeeding facilities (Chen et al., 2006; Tsai, 2013; Waite & Christakis, 2015).

Formal policies: Maternity leave legislation. Several studies thus far have linked the early cessation of EBF with a lack of maternity benefits provided to the mother (Bai, Middlestadt, Peng, & Fly, 2009; Dodgson et al., 2004; Doherty et al., 2012; Guendelman et al., 2009; Hawkins et al., 2007; Johnson, Kirk, & Muzik, 2015; Mirkovic, Perrine, Scanlon, & Grummer-Strawn, 2014; Sattari et al., 2013; Skafida, 2012). The lack of paid maternity benefits results in the mother having an economic need to return to work (Siziba et al., 2015). Maternity legislation varies between countries and thus it is difficult to generalise findings from a specific country to the South African context.

In South Africa, maternity legislation is regulated by the BCEA and maternity leave compensation is partially compensated for by the Unemployment Insurance Act, (Act No. 63 of 2001) (UIF). Working mothers are entitled to four consecutive months paid maternity leave. The payments are calculated at the rate of 66% of the employee's earnings, subject to the current maximum threshold of R12 478. Mothers are required to take at least six weeks maternity leave, after which they can choose to return to work earlier than the specified four months. Companies are thus required by law to provide a minimum of four months consecutive leave and then may provide women with additional maternity benefits at their discretion. After returning to work, mothers are entitled to two 30-minute breaks a day for either expressing or breastfeeding until their child is six months old (Basic Conditions of Employment Act, 1997). The legislated four months maternity leave thus poses a barrier to adhering to the WHO's recommendation of six months EBF, if workplace support is not provided.

In one of the first studies on breastfeeding and maternity benefits, Roe, Whittington, Fein, and Teisl (1999) described the relationship between employment and breastfeeding amongst 712 American women. Based on data from the Food and Drug Administration's Infant Feeding Practices Study, they reported that women made employment decisions first and then determined their breastfeeding behaviours. Furthermore, their findings suggested that returning to work within 12 weeks post-partum, caused the most significant decrease in the early cessation of breastfeeding. Their findings on white women with a higher education and income

level than the average American citizen however makes it more difficult to use to understand the experiences of low-income women in factory work in South Africa

Studies conducted since Roe et al. (1999) have provided further insight into understanding the relationship between maternity legislation and breastfeeding. Hawkins et al. (2007) reported on the effects of maternal employment on breastfeeding initiation. They analysed data from 6917 employed mothers from the Millennium Cohort Study and found that employed women were less likely to initiate breastfeeding than unemployed women. Mothers who returned to work within six weeks post-partum were the least likely to initiate breastfeeding, while those who returned within four months post-partum were less likely to breastfeed than those returning five or six months after birth. In addition, women who returned to work because of an economic necessity were 4% less likely to breastfeed (Hawkins et al., 2007).

Similar findings were reported by Cooklin et al. (2012) in their Australian cohort design study of 129 employed professional mothers aged 25-34 years. Their study aimed to explore the association between the mother-infant relationship and employment status. They found that mothers who returned to work within ten months post-partum had a shorter breastfeeding duration than those who returned later. While the sample size of their study can be considered too small for generalisability, they mention that their findings confirm other evidence showing decreased breastfeeding duration associated to employment status.

Thus, it appears that better maternity protection including longer, and paid maternity leave can improve breastfeeding at work and certain countries/states are making important changes to support this connection. At the start of 2001, maternity leave in Canada was increased from six months to a year, which presented an opportunity for researchers to examine the impact of extended maternity leave on breastfeeding duration. Baker and Milligan (2008), using data from the Canadian National Longitudinal Study of Children and Youth (biannual survey), found that increasing maternity leave resulted in an increase of over a month in breastfeeding duration. Furthermore, the number of mothers reaching the recommended EBF duration of six months increased by nearly 40%.

The state of California introduced partially paid family leave in 2004, which is predominantly used by mothers as maternity leave (Huang & Yang, 2015). In a similar fashion Huang and Yang (2015) explored the changes in breastfeeding practices within California before and after the implementation of paid family leave. Their findings reported two optimistic

results. First, EBF increased by 3-5 percentage points through the first three and six months and second, breastfeeding increased by 10-20 percentage points through the first three, six and nine months (Huang & Yang, 2015). In earlier research on California's introduction of partially paid family leave, Guendelman et al. (2009), using a multivariate regression model on a case study of 770 full time working Californian mothers, to assess whether maternity leave and other job characteristics affected their breastfeeding cessation. They found that short (6-12 weeks) post-partum maternity leave was associated with an early cessation of breastfeeding. More interestingly though, they identified that the negative effects of a short maternity leave are more strongly experienced by mothers with certain job characteristics, specifically those in subordinate positions and with limited job flexibility (Guendelman et al., 2009). Using the JD-R model, one could assume that the characteristics of these job stressors (limited flexibility or subordinate positions), might leave these mothers feeling as if they do not have access to sufficient resources and potentially hinder organisational outcomes (Bakker & Demerouti, 2007).

Literature concerning legislation, maternity leave and breastfeeding duration within the African context is scarce. Andargie, Assefa, and Alemu (2017) conducted a comparative cross-sectional study in Ethiopia (where maternity leave is two months) to evaluate the extent of EBF practices and the associated factors among both employed and unemployed mothers. Although their study did not focus exclusively on maternity leave, they found that unemployed mothers were more likely to breastfeed. They suggested that maternity leave duration in Ethiopia influenced mothers' abilities to EBF. Furthermore, the authors recommended that a revision of the maternity leave legislation occurs in order to enhance breastfeeding duration (Andargie et al., 2017).

Role theory could be used to understand these findings: women who did not have to juggle two roles (workers and mothers) were more able to focus on their role as a mother and thus were more likely to breastfeed. Work-family conflict, which occurs when "participation in the work (family) role is made more difficult by virtue of participation in the family (work) role" also helps explain the above findings (Greenhaus & Beutell, 1985). Similarly, COR theory could be used to help explain why employed mothers were less likely to breastfeed: employed mothers could potentially feel that their resources to maintain breastfeeding were threatened (i.e. they did not have the time nor facilities to continue breastfeeding at work).

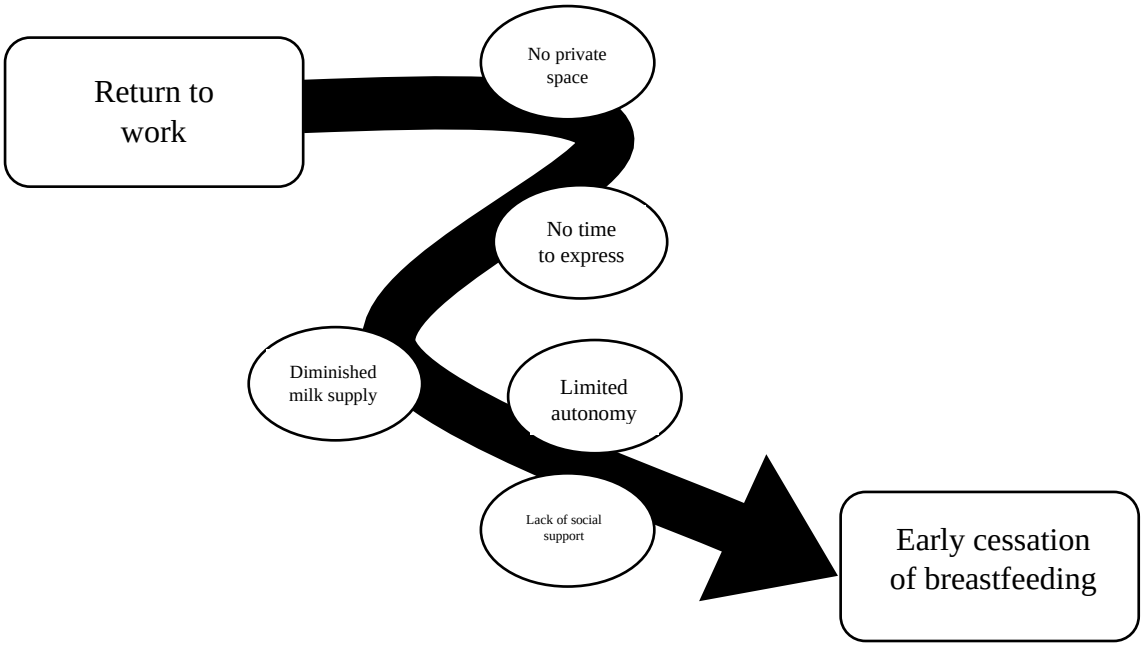

Figure 3. Conservation of resources theory: Downward spiral of resource loss adapted from Hobfoll, Tirone, Holmgreen and Gerhart 2016.

Because individuals who lack resources are more vulnerable to further resource loss, the employed mothers could have been faced with a downward spiral of resource losses which could have resulted in breastfeeding cessation (see Figure 3; Hobfoll, Tirone, Holmgreen, & Gerhart, 2016; S. E. Hobfoll, Halbesleben, Neveu, & Westman, 2018)

Social support: Manager and co-worker social support. Researchers have consistently shown that mothers who lack breastfeeding support from co-workers and managers struggle to continue breastfeeding regardless of other factors such as the nature of their job or breastfeeding-friendly policies (Cripe, 2017; Kirby & Krone, 2002; Turner & Norwood, 2014).

A recent qualitative study by Cripe (2017) reported that mothers thought that both managers and co-workers played a critical role in determining a mother's breastfeeding experience after her return to work. Participants spoke of colleagues who displayed jealousy and resentment towards mothers who continued breastfeeding after their return to work. Co-workers were jealous of the time that mothers received to achieve their breastfeeding intentions or resentful towards the mothers as they had to cover for them whilst they expressed milk. Furthermore, they pressurised mothers to stop breastfeeding by continually asking questions such as "Are you still breastfeeding?" (Cripe, 2017, p. 41). These findings are similar to Chen et al. (2006), who reported that mothers that worked in groups to achieve group performance-

related bonuses felt pressurised to stop breastfeeding in an effort to ensure that targets were met and bonuses were received.

Co-worker support has also been described as an enabler of workplace breastfeeding (Alstveit, Severinsson, & Karlsen, 2011; Dodgson et al., 2004). Mothers who perceived no co-worker support in Sattari et al.'s (2013) study examining work place predictors of breastfeeding duration amongst 130 physicians, had an average decrease in breastfeeding duration in comparison to mothers who did perceive co-worker support. Apart from acting as an enabler to workplace breastfeeding, co-workers who had successfully combined breastfeeding and working in the past also acted as a source of inspiration for new mothers as well as some of them being credited for laying the groundwork for future employees to continue breastfeeding after returning to work (Turner & Norwood, 2014). These findings could be better understood with the COR theory. Mothers with co-worker support could be deemed to have access to more resources than those with no co-worker support. Because individuals who have access to more resources are less vulnerable to resource loss and more able to gain resources, these mothers might have a higher likelihood of successfully combining breastfeeding with employment (Hobfoll et al., 2018). Figure 4 below, shows how this upward spiral or resource gain could occur.

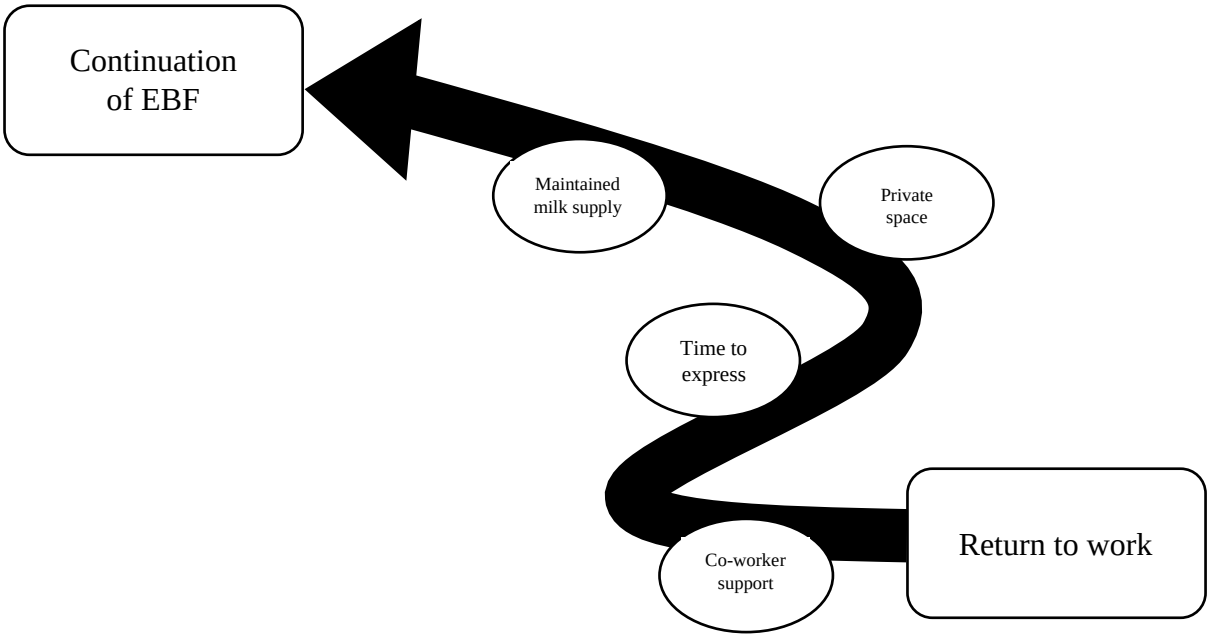

Figure 4: Conservation of resources theory: upward spiral of resource gain adapted from Hobfoll, Tirone, Holmgreen and Gerhart 2016.

Similar findings relate to support from managers when considering workplace breastfeeding, whilst a lack of support has been shown to be detrimental (Turner & Norwood, 2014). Managerial support in the literature has been investigated from different perspectives (Anderson et al., 2015; Chen et al., 2006; Cripe, 2017; Turner & Norwood, 2014). Chen et al.'s (2006) study investigated managerial support amongst both low and higher skills employees. They found that amongst low-skilled employees, managers acted as gatekeepers of the employees, which was found to hinder a mother's attempts to continue breastfeeding if the manager was not supportive (Chen et al., 2006).

Anderson et al. (2015) investigated managerial support in conjunction with the role that workplace communication plays. They found that there was a frequent lack of communication between managers and employees. Employees either did not voice their needs to supportive managers, which left the managers assuming that they were providing enough support. Alternately, managers did not let employees know what they were entitled to, leaving the employees unaware of what could empower the women to breastfeed in the workplace (Anderson et al., 2015).

Turner and Norwood's (2014) qualitative study discussed a mother's experience of a manager who thought that they were supportive yet still left the mother feeling embarrassed. The manager supported her efforts to express at work, but continuously introduced the mother as the person in the office who expressed breastmilk. This left the mother feeling embarrassed, as if her choosing to continue breastfeeding overshadowed all other features of her identity (Turner & Norwood, 2014). Another participant in the study described a boss who acted favorably yet continuously made jokes that undermined the mother's efforts to continue breastfeeding. Similar results were found by (Spitzmueller et al., 2016) who sought to identify the relationship between pregnant women's perceived employer support for breastfeeding and women's breastfeeding intentions. They found that negative remarks from supervisors about breastfeeding increased a woman's probability of breastfeeding cessation (Spitzmueller et al., 2016).

Netshandama (2002) noted that the manager's gender has an effect on the support mothers perceived. Women felt intimidated or embarrassed to ask their male bosses to accommodate workplace breastfeeding. These findings are concerning within the context of this study. The clothing and textiles industry is female dominated, but most managerial positions are held by men.

Managerial support plays an important factor in the facilitation and creation of a breastfeeding supportive work environment. Women who hold positions in which their managers act as gatekeepers are further disadvantaged if their managers are not supportive as they do not have the autonomy to leave their work station to express (Chen et al., 2006). Demographics and communication affect both the support that managers give as well as the support that mothers perceive.

Job characteristics and breastfeeding at work. Beyond the challenges pertaining to inadequate facilities and lack of support that women who breastfeed – or who might like to breastfeed- at work experience, the specific characteristics of the job has been found to either hinder or support the mothers' efforts to combine breastfeeding with work (Turner & Norwood, 2014). A number of studies have linked job flexibility, job security, and the job position (managerial or non-managerial) with a woman's ability to breastfeed after her return to work (Chen et al., 2006; Guendelman et al., 2009; Johnson et al., 2015; Sattari et al., 2013).

Chen et al. (2006) conducted their study at a Taiwanese semiconductor manufacturing company that employed over 10 000 people. The company was purposefully selected to allow the researchers to observe the influence of various working conditions on breastfeeding behaviours. The company provided mothers with both lactation rooms and breastfeeding breaks. The study's questionnaire was completed by 998 women, of which 819 (82.1%) were fabrication workers and 179 (17.9%) were office workers. The office workers worked eight-hour days and carried out jobs that were based on individual performance. Their financial reward bonuses were dependent on their own performance. In comparison, the fabricating workers had 12-hour shifts that could be during either the day or the night, and their financial reward bonuses were linked to the performance of their group's productivity. Additionally, their jobs were inflexible as they had to remove work wear before lactating and a substitute had to replace them whilst breastfeeding. Supervisors were described as gatekeepers that inhibited the fabricating workers workplace flexibility (Chen et al., 2006). Their findings showed that the effect of breastfeeding support was different for office workers and fabricating workers. The nature of the fabricating work was described as a potential reason as to these workers experienced lower rates of continued breastfeeding when compared to their office worker counterparts despite working for the same company, where they were all entitled to the same breastfeeding support measures. The cross-sectional nature of the study prevented the authors from inferring causality. Nevertheless, the study is one of few that provides insight into

the experiences of breastfeeding in a factory workplace context as well as a professional context within the same company. (Chen et al., 2006).

Chen et al.'s (2006) findings on the effects of job characteristics and breastfeeding duration is supported by Guendelman et al.'s (2009) study, which reported that the impact of a short maternity leave on breastfeeding cessation was stronger among non-managers and women with inflexible jobs. The above studies together with others from diverse settings imply that the nature of mothers' jobs plays a critical role in determining how they experience workplace breastfeeding support (Rojjanasrirat, 2004; Sattari et al., 2013; Turner & Norwood, 2014). Turner and Norwood (2014) explored workplace breastfeeding amongst caucasian women who all held jobs that they deemed flexible enough to combine with breastfeeding. They found that even in positions that were flexible, highly professional women described unsupportive managers and co-workers as a barrier to continued breastfeeding. They suggested that undermining the power of feeling supported by employers and co-workers is detrimental for organisations' or governments' plans to advance support for breastfeeding and employment (Turner & Norwood, 2014).

When considering that prior research has found that women from minority or marginalized groups receive reduced access to breastfeeding at work (Chen et al., 2006; Johnson et al., 2015), it is plausible that job characteristics intersect with class and race in the South African context for black low-income mothers breastfeeding at work experiences. The compounded barriers that factory workers in South Africa face to breastfeed at work has not been explored. The present study endeavors to understand how these women negotiate their maternal need to breastfeed against competing demands to perform at work for economic necessity.

Final Notes

This section provided an overview of the complexities of breastfeeding at work, all of which can affect mothers' experiences. The overview used past literature and theories that help make sense of the enablers and barriers for breastfeeding at work, including policies, practices and social support. A critical concern was highlighted in that there is limited South African research on breastfeeding in the workplace, and international literature focused mainly on the experiences of white professional samples. The experiences of black, low-income South African mothers working in the clothing and textiles industry have not yet been heard or understood. This has implications for what support the industry can provide to these women.

This study aims to advance our understanding of this topic in the particular context in the hope to inform appropriate and valuable breastfeeding support programmes for low-income mothers to breastfeed at work.

Method

This section begins by providing a rationale as to why a qualitative research design was used to research the breastfeeding at work experiences of women in the clothing and textiles industry in the Western Cape. It then describes the study context and participants, data collection procedures, and the ethical considerations. The next section focuses on the data analysis technique employed. Trustworthiness and rigour are subsequently discussed as the means to evaluate the qualitative research. Lastly, the role of reflexivity, subjectivity and power in the research process are presented.

The Qualitative Research Design

A descriptive qualitative research design was used to guide this study. Sandelowski (2000) describes a descriptive qualitative research design as providing a comprehensive summary of an experience in terms of the language used by the people who experienced it. It has been noted that often researchers attempt to conduct a qualitative study and incorrectly name their design (Lambert & Lambert, 2012; Magilvy & Thomas, 2009; Sandelowski, 2000). Magilvy and Thomas (2009), argued that novice researchers often fall prey to claiming that they have conducted a phenomenological study when in fact many of these studies have rather used a descriptive design. While a descriptive design has often been criticised as not being a sufficient design or for being the foundation of other designs such as grounded theory, some scholars have argued that it is an acceptable design, especially for a novice researcher (Lambert & Lambert, 2012; Magilvy & Thomas, 2009; Sandelowski, 2000). This, along with limited timeframes, are important factors which were considered in the current study. As a first-time qualitative researcher, I therefore chose a design that would successfully describe an experience whilst allowing myself to fully explore and appreciate the qualitative research process.

A naturalistic inquiry was employed for this descriptive design. A naturalistic inquiry is a general approach to research that sees the researcher studying people in their natural state (Sandelowski, 2000). This allows the data to emerge as it would if it was not under study (Lambert & Lambert, 2012; Sandelowski, 2000).

Study Context and Participants

This study forms part of a larger project on breastfeeding at work in the clothing industry in Cape Town. For this study, the organisational setting of two clothing factories located in this city was used. A purposive sample was selected (Creswell, 2011). Women were eligible to participate if they met two criteria: first, if they had a child younger than two years old and, second, if they had been employed by the factory whilst they were pregnant and returned to the same factory after their maternity leave. With regards to the first criteria on child's age, it has been shown that women accurately remember their experiences of both pregnancy and breastfeeding two years after the birth of their child (Bai & Wunderlich, 2013; Sattari et al., 2013). With regards to the second criteria, I wanted to understand how these particular factories potentially affected each mother's pregnancy, her feeding choices and her return to work experience. Only women who occupied non-managerial positions on the factory floor, such as machinists and line feeders, were sampled because the study was concerned with understanding the breastfeeding at work experiences of low-income mothers and incumbents of these jobs earn weekly wages.

The factories chosen were based on management buy in, union approval, and convenience. Management buy in assisted me to gain access to the employees, and with the logistical arrangements at the factories. After gaining management buy-in from a few factories, the first two factories that could accommodate the interviews with the mothers were chosen due to the time constraints of the current study.

A total of 15 semi-structured face-to-face interviews were conducted with low-income and low-skilled mothers. The factories will be referred to as factory one and factory two due to the confidentiality agreements which were entered into with these organisations. Factory one employs 280 staff, 214 (76%) are females and 66 (24%) are males. It produces clothing solely for its own retail stores through lean manufacturing processes[1]. Factory two employs 324 people, 313 females (97%) and 11 males (3%). It produces clothing for various retailers. Both factories are SACTWU affiliated factories. Factory one has a closed shop agreement with SACTWU, which means that being a union member is a requirement of employment. Factory two has an open shop agreement with SACTWU. This means that the majority of their

[1] Lean manufacturing is a process in which all forms of waste, including time, are eliminated in an effort to create as much value as possible (Naylor, Naim, & Berry, 1999).

employees have chosen SACTWU to represent all of the employees but being a member of SACTWU is not a requirement for employment.

Procedure

There are three membership roles of qualitative researchers which have been defined: (i) peripheral, (ii) active and (iii) complete. A peripheral member researcher is a member who does not participate in the core activities of the group being studied (Dwyer & Buckle, 2009). I considered myself a peripheral member researcher in the current study as I was not employed at the factories, nor had I experienced pregnancy and breastfeeding. Although I was an outsider, I tried to familiarise myself with the factories and their employees. I visited the factories together with my supervisor and accompanied by a SACTWU Worker's Health Programme Trainer during World Breastfeeding Week in 2018. The trainer took us to the cafeteria during teatime and introduced us to the factory employees. I briefly described the study to the employees including the criteria for participation and explained how I would return to interview potential participants over the coming weeks. Interested and willing participants were encouraged to indicate their willingness to the shop steward who would inform the factory manager. At first participants were hesitant to volunteer as they did not want to spend their personal time outside of work hours being interviewed. However, after it was explained to them that the interviews would be conducted at the workplace during working hours, a number of women volunteered to participate.

The factory managers and I then arranged suitable times to conduct interviews with the women who had volunteered to participate. All the interviews took place in an unused office at each factory during work hours, to ensure privacy.

Before scheduling the interview, it was established what language the participant would prefer the interview to be conducted in. Afrikaans, English and isiXhosa were accommodated for as these are the three major languages spoken within the two factories. The researcher was proficient in English and Afrikaans. All women chose to conduct their interviews in English, and a few spoke a bit of Afrikaans during their interviews. Although no participants chose to conduct their interview in isiXhosa, if anyone had chosen to, an isiXhosa speaking experienced qualitative researcher would have conducted the interview.

Participants

The participants' demographics can be seen in Table 2 Appendix A. Participants ranged in age from 25 to 44 years (with a mean age of 31.5). Thirteen of the 15 women classified

themselves as coloured (86.67%) and two women classified themselves as Black/African (13.33%). All participants could be described as working class. Their positions in the factories included line feeder, machinist, trainee supervisor, dispatch packer, sorter and lay up. Four women (26.67%) reported that they had completed Grade 12 with the remaining eleven (73.33%) not having completed high school. All participants reported that they work full time (8-and-a-half-hour day) and ten participants (66.67%) indicated that they also choose to work overtime to supplement their incomes. They all indicated that they relied on public transport to travel to and from work. Daily travel time ranged from 20 minutes to three hours, with an average daily traveling time of one and a half hours.

Data Collection

Semi-structured interviews. In this study, semi-structured interviews were employed as the research instruments. Britten (1995) defines semi-structured interviews as interviews with a loose structure that contain open-ended questions that require further exploration. This interviewing style allowed both me and the interviewee to diverge from the semi-structured questions to pursue an idea in more depth or to explore a new idea completely, depending on the flow and direction of the conversation.

The questions were created to encourage participants to express in their own words their experience of breastfeeding at work, and in some instances where mothers did not breastfeed after returning to work that experience was probed. The first part of the interview consisted of closed-ended questions to attain some biographical and work details such as number and ages of their children, job title and hours of work per week. By starting with these questions, it was hoped that each participant would feel more comfortable and that a rapport between myself and the participant could begin to develop (Braun & Clarke, 2013). After the first part of the interview there were five open ended interview questions. The typical open-ended questions asked were: (i) What was your experience of being pregnant at work? (ii) Tell me about how you fed your baby from birth and during your child's first six months (iii) Can you tell me about your return to work after your maternity leave? (iv) What do you think could be realistically done by your employer to better support mothers who want to continue breastfeeding after returning to work? Probing questions were used with each main question to further explore and to better understand what participants had said. Probes included questions such as: Why do you say these could help? Have you and your colleagues ever spoken to the union about this? After developing the interview guide, a pilot interview was conducted at a different but similar factory to the two used for the main study in order to identify any problem

areas in the interview guide. Given that there were no problems detected, no changes were made to the guide (see Appendix B).

The interviews took place during September and October 2018. Interviews ranged between 30 minutes to an hour and all were recorded on a digital voice recorder with prior consent from the participants having been obtained. Prior to starting each interview, the informed consent form was explained (see Appendix C) and participants were asked to sign it if they gave their consent. The informed consent form covered important information pertaining to ethical research conduct, including that their participation was voluntary, they could withdraw at any stage, their identity will be hidden by using a pseudonym, and that the interview would be recorded if they gave their consent. The consent form also shared with the participants mine and my supervisor's names and contact details. After the interviews were concluded, each participant received a tin of biscuits as a gesture of appreciation for their willingness to be interviewed.

All 15 interviews were transcribed verbatim by either myself or a professional transcription company. I checked all the transcriptions to ensure that they were an accurate representation of the interview recordings.

Ethical Considerations

I obtained ethical clearance from the University of Cape Town's Faculty of Commerce Ethics in Research Committee, in August 2018 (REC 2018/008/076) (see Appendix D). Furthermore, permission for the study was obtained from SACTWU, the SACTWU Worker Health Programme and the two factory managers. The American Psychological Association (APA) provides guidelines for ethical research when conducting research with human participants. This guideline highlights five key ethics principles: (a) a respect for persons and their autonomy, (b) beneficence and nonmaleficence, (c) justice, (d) trust, and (e) fidelity and scientific integrity (APA, 2010). Throughout my research process, these ethical principles were continuously taken into account to ensure all participants were treated in a sensitive and ethical manner.

Beneficence and non-maleficence were ensured by emphasizing to participants that if they felt distressed or uncomfortable, they could immediately end the interview or resume the interview after a period of time if they needed a break. Furthermore, I attempted to remain aware of signs of distress from the participants. Although it did not occur in this study, the planned response to a distressed participant was to stop the interview and refer the participant

to a suitable source of assistance, such as a counsellor or a member of the SACTWU Health Worker Programme.

Rosenthal and Rosnow (2008) recommend debriefing at the end of an interview to allay any negativity the interview may have created and to ensure that the participants leave the interview feeling dignified and knowing that they have helped create value and did not waste their time. In this study, careful attention was paid to both briefing and debriefing participants. To avoid generating false hope, it was explained that although the aim of the study is to identify ways in which clothing factories can help support breastfeeding, this support is not guaranteed to be implemented after the study.

After the interview, during the debriefing, it was emphasized to participants that their personal experiences will be used to help create a better understanding of support for breastfeeding at work. Participants were also given the chance to ask questions at the end of the interview. A few participants asked that they receive information regarding the outcome of the study and the potential implementation of a support programme. It is therefore planned that after the full study is completed there will be a further debrief. This will include an explanation of the findings of the study and if implemented by the SACTWU Health Worker Programme, a description of that support programme.

Analysis of Data

Thematic analysis was used to analyse the data. Thematic analysis is arguably the most widely used form of qualitative analysis, yet it has been criticised as being poorly explained , with very little literature to guide researchers in how to conduct it (Braun & Clarke, 2006; Nowell, Norris, White, & Moules, 2017; Roulston, 2001). Nevertheless, it is viewed as the ideal analysis technique for first time qualitative researchers as it provides core skills that can be transferred to many other qualitative analysis techniques (Braun & Clarke, 2006). In addition, it is an advantageous analysis method as it allows researchers to examine participants' perspectives and identify any similarities or differences (Braun & Clarke, 2006). Thematic analysis was selected given that it is my first qualitative study and it was an appropriate technique to compare and better understand the breastfeeding experiences of women in the clothing and textiles industry.

Braun and Clarke's (2006) step-by-step guide for embarking on thematic analysis was followed in an effort to conduct a rigorous analysis.

Phase 1: Data familiarization and transcription. The first four interviews as well as the pilot interview were transcribed verbatim by me. Braun and Clarke's (2006) transcription notation system for verbatim transcription was followed. The remaining eleven interviews were transcribed using the same system by professional transcribers. Although I did not transcribe all the interviews, I created a sense of familiarity with the data by checking the transcriptions against the audio files. I immersed myself in the data by reading and re-reading the transcriptions and taking note of any initial ideas.

Phase 2: Creating a coding frame. Continual repeated reading of the data allowed me to further familiarize myself with the data as well as identify initial patterns in the data. An inductive approach to coding[2] was employed which meant the coding frame was developed around the content within the data (Braun & Clarke, 2006). The data were coded manually in NVivo version 12. A separate case[3] was created for each interview. The cases were named in chronological order as "Interview 1", "Interview 2", etc. Each data item was tagged and named by selecting the text allocating it to a specific node[4]. Data under each code[5] could be generated in NVivo, which allowed me to review and refine my coding by un-coding data that did not fit accurately or re-coding data into a more suitable node. Codes included: "limited understanding of female bodies"; "could not achieve production"; "at work to do their job"; "supervisor support" and "train baby for return to work" (see Appendix E for a full list of codes). I followed advice given by Braun & Clarke (2006), which included coding for as many potential themes as possible and keeping a little of the surrounding data to ensure that context is not lost.

Codes arose from the data, although it should be noted that I remained aware that I was familiar with the breastfeeding at work literature, and hence knowledgeable of themes that had emerged from existing literature (Cripe, 2017). To prevent myself from imposing ideas from existing literature onto the data, I endeavored to remain cognizant of this potential risk throughout my coding process. For example, I reminded myself that my sample operates in a different social context in comparison to samples in current literature. This approach enabled me to view the data through a new lens and identify unique codes. An example of a unique code was "journey to claim maternity benefits".

[2] Coding is the process of identifying important sections of text in the data set and attaching labels to allocate them to a specific theme (King, 2004 as cited in Nowell et al., 2017).
[3] A case is a unit of observation in NVivo.
[4] A node is the same as a code (see definition below) (Wainwright & Russell, 2010).
[5] A code is used by a researcher to provide meaning to different parts of the text (Leech & Onwuegbuzie, 2011).

Phase 3: Developing, reviewing and defining themes. After coding and collating the initial codes, I sorted the various codes into potential themes[6]. A semantic level of thematic analysis was used to interpret the significance of the emergent themes as well as their broader meanings and implications in relation to existing literature (Braun & Clarke, 2006). Themes were reviewed based on the data within the theme and distinction between the themes. Patton (1990) suggests that the data within a theme should cohere together in a meaningful way whilst there should also be a clear and identifiable distinction between the various themes.

A review of the themes resulted in some themes merging into others or themes being removed completely if there was insufficient data. Initially I had "at work to do their job" and "could not achieve production" as two themes. These themes were incorporated into a broader theme labelled "Limited workplace support, communication and transparency". Defining the themes included trying to identify the 'essence' of each theme by establishing what part of the data the theme captured and what 'story' the theme was telling within the overall story of the data (Braun & Clarke, 2006). After continuous reviewing of the themes I created three themes to capture the breastfeeding journey at work. I used the following titles to clearly indicate to the reader the content of each theme: (1) Workplaces designed for men and machines (2) Limited workplace support, communication and transparency, and (3) Breastfeeding at work in the social and economic context of black women in South Africa.

Phase 4: Writing the analysis. After finalising the themes, I endeavored to write the analysis in a manner that best described the experiences of breastfeeding mothers in the clothing factories in Cape Town. I hoped that through my analysis I could convince my readers on the validity and value of the research (Braun & Clarke, 2006). I made use of the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines to ensure that the results were reported in an explicit and detailed manner to enable transparency and trustworthiness (Tong, Sainsbury, & Craig, 2007). The COREQ is a 32-item checklist for interviews and focus groups. It has three domains: research team and reflexivity, study design, and analysis and findings. While writing the analysis, I frequently checked whether there was consistency between what I was presenting and the findings. Additionally, I included descriptions of diverse cases and discussed minor themes.

[6] A theme encompasses the nature of an experience by bringing together various fragments of the experience resulting in it capturing something important in relation to the research question (Nowell et al., 2017).

Evaluating Qualitative Research

Qualitative research is often questioned by positivist researchers because both validity and reliability cannot be measured, unlike in quantitative research (Shenton, 2004; Tobin & Begley, 2004). Reliability and validity are the two critical components of rigour, which is considered the gold standard of research. Thus by ignoring reliability and validity, rigour is rejected (Tobin & Begley, 2004). Davies and Dodd (2002) argued that use of this term to evaluate qualitative research is problematic as objectivity, replication, reliability and validity are all considered elements of rigour. As a result, qualitative research appears disordered or non-rigorous when evaluated against the scientific rigour inherent in the conventional or quantitative paradigms. This is turn diminishes the credibility of qualitative research, due to its often flexible and contradictory nature (Davies & Dodd, 2002). In response to this critique, scholars have developed frameworks to help ensure that rigour can be achieved and that the research can be deemed trustworthy (Davies & Dodd, 2002; Nowell et al., 2017; Shenton, 2004).

Considering that this study sought to be rigorous and accepted as trustworthy, the framework for this study was informed by the criteria outlined by Lincoln and Guba (1985). Credibility, transferability, dependability and confirmability are needed to establish trustworthiness, which in turn will allow external stakeholders to legitimize and give recognition to the research (Nowell et al., 2017).

Credibility[7]. I attempted to attain credibility through prolonged engagement, member checking, and peer debriefing. Visiting the factories beforehand to introduce myself was an attempt to develop a sense of familiarity with the employees and increase my engagement with them to encourage a sense of trust to develop between myself and the participants. It was hoped that having an introductory interaction with the participants during World Breastfeeding Week would alleviate distrust or fears that they may have and increase their comfort during the interviews. Member checking occurred throughout the interview. I frequently asked the interviewee if I was understanding them correctly and I requested clarification when needed. At the end of each interview I summarised what I had understood from the interview and gained assurance from the participants that I had accurately captured their perspectives. Throughout the research process I checked in with my academic supervisor to ask her opinion on my ideas and to discuss insights with her as required. My supervisor also coded two of my interviews

[7] Credibility is defined as how accurately the research represents the participants' experiences of the phenomenon being explored (Creswell & Miller, 2000).

and together we discussed our codes and coding accuracy to enhance credibility. Credibility was further enhanced by making research decisions that aimed to answer the research question in the most enlightened manner as possible. For example, participants of various ages, with differing numbers of dependents were chosen from more than one factory to increase my exposure to different experiences of breastfeeding at work. This enabled me to tackle the research question with a rich variation of data (Graneheim & Lundman, 2004).

Transferability[8]**.** With regards to transferability, I provided a detailed description of the sample and its context, my data collection process as well as my analysis process (Graneheim & Lundman, 2004; Malterud, 2001). I included extracts from the data within my findings to increase the reader's ability to determine whether the findings were transferable to other contexts (Graneheim & Lundman, 2004).

Dependability.[9] I sought to demonstrate dependability by clearly documenting every step of my research process and thus creating an audit trail that another researcher may be able to follow (Nowell et al., 2017). I saved the recordings of the interviews, the verbatim transcripts, as well as a reflexive journal documenting my thoughts throughout the process (see Appendix F for an extract from the reflexive journal; Malterud, 2001; Nowell et al., 2017).

Confirmability.[10] In order to achieve a level of confirmability, I clearly explained the reasoning behind the choices I made throughout this study including when I chose to alter a previous decision or an element of the research design (Nowell et al., 2017). Furthermore, I received advice from my supervisor to ensure that my interpretations of the data was a useful and accurate representation of the data.

Lastly, in order to demonstrate rigour in my research, I followed Davies and Dodd's (2002) reconceptualisation of the term, which requires reflexivity and reflection from the researcher in order to produce insightful findings.

Reflexivity, Subjectivity and Power

Reflexivity has increasingly become a key strategy in generating knowledge through qualitative research (Berger, 2015). It refers to a researcher's awareness and acknowledgement of the role they play in the research process (Berger, 2015). Qualitative research is enhanced through the use of reflexivity as it requires the researcher to consider how their background,

[8] Transferability refers to the generalizability of inquiry, however this is on a case to case transfer basis only (Tobin & Begley, 2004).

9 Dependability allows readers to evaluate the research process. It is considered dependable if it is logical, traceable and there is a clear audit trail of the process (Tobin & Begley, 2004).

[10] Confirmability is used to refer to findings that are free from the researcher's imagination or personal opinions and is instead derived explicitly from the data (Tobin & Begley, 2004).

positions, interests, biases, opinions, preconceptions or behaviours affect their interpretations of the data and to have a better understanding of the role they play in the creation of knowledge (Berger, 2015; Jootun, McGhee, & Marland, 2009; Malterud, 2001; Primeau, 2003). Utilising reflexivity in the research process challenges the notion that research should remain objective (Berger, 2015). Furthermore, scholars have argued that failure to utilise reflexivity results in subjectivity as the reader is not aware of the researcher's role in the interpretations (Berger, 2015; Jootun et al., 2009; Malterud, 2001).

This awareness and reflexive process should occur throughout the research process, starting from the formulation of the research question through to the data collection techniques and questions, as well as the interpretation of the data (Berger, 2015; Jootun et al., 2009). While most of my reflexive work is detailed in the sections that follow, I will briefly describe how I came to embark on this study and the reflexive work I completed during the data collection process.

Undergoing this research study is a requirement of me completing my master's degree. I chose to complete my master's degree to help me pursue my career goal of becoming a registered industrial psychologist. I chose this topic specifically as my father has worked within the clothing and textiles industry in Cape Town for the past 30 years. Thus, I am somewhat familiar with the industry and eager to study mothers' experiences which could potentially result in beneficial changes to future mothers' experiences.

I attempted to remain reflexive when creating my interview guide and throughout the interviewing process. When creating the interview guide, I constantly questioned the actual question by asking myself why I was asking that question and why I was using the words that I had chosen. Throughout the interviewing process, I took notes and dedicated a period of time to reflect on each interview afterwards. I discussed the interviews with my supervisor to hear her perspective and made changes to my insights where necessary.

After conducting my pilot interview and discussing it with my supervisor, I realised that I had unnecessarily enhanced the power differential between myself and the interviewee by conducting the interview in the board room and sitting across the desk from the participant in a manner characteristic of a formal job interview. I subsequently decided to create a more relaxed and potentially less intimidating environment for future interviews by sitting next to the participants with no table between us.

Power within interviews is usually hierarchal in the sense that the interviewer holds the power (Braun & Clarke, 2013). This is usually because the interviewer is seen to be an expert within the topic being discussed (Braun & Clarke, 2013). In an attempt to reduce the impact of this, my supervisor suggested that we introduce ourselves with simply our names as opposed to her title or my status as a student at a highly ranked tertiary institution. I remained aware that my status as a white post-graduate student could have created a power imbalance, as many of the participants had not completed secondary education or did not have access to tertiary education. Furthermore, I was aware that this status provides me with employment privileges that the participants do not have access to. I felt this most intensely during an interview when a participant discussed her dreams of completing high school (she was attending night classes) so that she could one day study fashion design. I initially judged her for not having "stuck out" high school when she was younger, but after reflecting on it both during and after the interview, I realised that I could not relate to why she chose not to complete school based on my life experience. I then made a note not to interpret her data with a lens of judgment and instead viewed it as her unique story as opposed to her poor life choice (Berger, 2015).

Berger (2015) warns researchers to not overcompensate and become patronising when interviewing participants who you have previously judged. Although I do not think I did this, I noticed that I would say things such as "cute" after a participant mentioned to me the age or gender of their child. That is not a response I would generally make in my everyday life and I feel that it could have come from me pitying the experiences of the women I was interviewing. I attempted to stop doing this during the interviews and remained aware of it during interpretation.

Being a female of similar age to many participants seemed to reduce the power differential during interviews as participants felt that we could relate to one another as women. This was evident when participants would discuss issues such as painful nipples when breastfeeding or unsupportive partners and end their statements with "you know how it is…" or "you know what I mean…". However, as a childless female who has neither experienced breastfeeding nor an unsupportive partner, I could not actually relate to the pain they were describing. I chose to agree with them when they said "you know what I mean…" to help foster trust during the interview. I also did not want to turn the focus of the interview on to myself by explaining that in fact I did not share their experiences.

Lastly, because I have a close relationship with my father, I had to ensure that I focused solely on the women's experiences. I conducted the pilot interview at the factory where he works, and I found myself becoming defensive towards him when the participants spoke

negatively about management. I wanted to explain where management was coming from, although I had to hold myself back from doing so. This was not a concern when conducting my research interviews as I had no affiliation to the factories selected and tried to distance myself from management's perspective, and instead focus on the women's lived experiences. In addition, I continued to focus on the women's experiences throughout the interpretation process.

In conclusion, this section described the research method used in this study as well as the rationale behind the elected research design. A detailed description of the analysis process was provided, and an evaluation of the research was presented which included the consideration of reflexivity, subjectivity, power and ethics.

Results and Discussion

The aim of this study was to develop an improved understanding of breastfeeding at work for low-income mothers working in the clothing and textiles industry in Cape Town. This section provides a summary of the interpretations from the thematic analysis out of the data. The section is divided into the three themes that were identified: (1) workplaces designed for men and machines, (2) limited support, communication and transparency, and (3) the effects of the social and economic context on breastfeeding at work experiences.

Theme 1: Workplaces Designed for Men and Machines

All participants went through their pregnancies whilst working full time and then returned to work within three months after their babies were born, a month earlier than the legislated maternity leave. Physical struggles experienced by the women, a lack of understanding of female bodies and high production targets emerged as factors that could have influenced the participants' breastfeeding intentions and experiences.

Physical nature of jobs. Physical challenges that participants faced usually occurred due to the nature of their work, leading to limited autonomy at work and additional challenges. Participants who described physically painful experiences while pregnant were involved in work that required them to carry heavy boxes or fabric bundles, or their job prevented them from sitting down or standing up. Maria, a layer-up at factory two, and Thandi, a machinist at factory one, shared their experiences of these physical challenges and its impact on their pregnancies:

> Maria: Just tired. It's exhausting, your feet is swollen up and stuff like that. Yes, you just gain weight, and then we have to stand and walk all day. It's exhausting, it's painful actually.

> Thandi: You're sitting the whole day, and that time is the time you're supposed to at least stand and walk, you see. Exercise and read too. As you see, we spend 8.5 hours here. By the time you get home, we don't even have the time to walk around or what, you see. The back will be too much sore of sitting down, and the pressing of the machine.

Maria and Thandi were both describing physical challenges due to their inability to choose how they work. Their limited workplace autonomy means that they cannot simply stand or sit when they choose to relieve their bodies of their discomfort. They are required to either sit or stand depending on their role and need to receive permission if they would like to do otherwise. Although these women were not yet breastfeeding, their limited autonomy and inflexible work already affected their workplace experiences of motherhood during pregnancy. These experiences of their pregnancy and lack of autonomy of how and when to do their work could influence a mother's feeding choices as it would be difficult for Maria or Thandi to envision a return to work that supported breastfeeding breaks.

The women's experiences also pointed to a lack of understanding of female bodies in clothing factories. It seemed though that the supervisor could help to make a difference. Two participants mentioned having to carry heavy loads. Bernadette, a sorter at factory two, had a supervisor who provided her with support to alleviate the physical challenges she was facing. Gretel, a dispatch worker at factory one, received no sympathy and had to ask to receive assistance.

> Bernadette: The work we do, the bundles you must pick up, it's very heavy. She [the supervisor] will always ask someone, "Don't you want to pick up the bundle for her? Tie my work, put it on the table when it's finished." Stuff like that. A pregnant person can't pick up heavy stuff, and things like that, so it always made my job easier for me.

> Gretel: Difficult, it was difficult, especially the boxes part, picking it up. Ja, it was heavy boxes, the weighing of the boxes mostly, twelve kilos and then ja, it must be picked up… Yes, I did ask to be moved, because it was getting a problem, the tummy and the boxes and ja, working…my back…I asked them to. So, she removed me.

The vast differences in the support that Bernadette and Gretel received, could be explained by both their specific work environment and the gender of their supervisors. Gretel works in dispatch; she is one of two females who work in that space. Her work is very physical and requires her to move heavy items throughout the day. Bernadette works as a sorter in a cutting room. Although Bernadette's work requires picking up bundles, she can still conduct her main task of sorting without picking up the heavy bundles. A lack of understanding of female bodies was displayed by Gretel's male supervisor who failed to see that carrying heavy loads was unsuitable and challenging for a pregnant employee. This limited understanding was

reinforced later during the interview when Gretel responded to whether her male colleagues have children:

> Ja, most of them, yes, ja, the one doesn't have a child, the manager have children. They never see it like a women's point of view, because they're not carrying that child at the moment. So, they don't understand, actually I think up till now they don't understand, because they don't know how it feels to carry a baby. Like I said they say here pregnancy is not a sickness.

Gretel's colleagues' lack of personal experience and general unfamiliarity with pregnancy could have led to their limited understanding of their pregnant colleague's needs. Statements like "pregnancy is not a sickness", display insensitivity and a lack of understanding. Although pregnancy is not considered an illness, it does cause a woman to experience substantial physical changes and challenges. Her pregnant body could be considered cumbersome and the strain of pregnancy could affect her ability to carry a heavy box or bundle. The different experiences of Gretel and Bernadette illustrate that there are no consistent support mechanisms in place and that the women had to individually navigate the support that they received. Some women, like Bernadette, received assistance. Her female supervisor showed compassion and support by stepping in and modifying her job to accommodate her pregnancy. While Gretel spoke up and asked for her role to change when she did not receive support, other participants chose not to ask for assistance whilst pregnant. When asked if she requested support, Pamela, a line feeder at factory one, said:

> I would say, I didn't want to complicate things. Maybe, they're going to say no, pregnancy's not a sickness, so that's one of the reasons I didn't wanted to go or made a fuss of it.

Pamela not wanting to make a fuss about her lack of support could be attributed to her low organisational status within the factory. It could also be explained by economic insecurity resulting in her fearing that complaints could result in her losing her job, or it could be due to fear of reprisal.

The nature of clothing factory work meant that the women struggled to find time to express milk, as all time was accounted for to ensure maximum production. Furthermore, when they did manage to make time to express they were rushed and had to express in a toilet cubicle, which can be considered a challenging space. This is encompassed by Nicky's explanation:

> You can't sit there and take your time, because the next person wants to come to the toilet, then you have to-- You understand? …There's two toilets for one line. One person goes at a time at the back, and one at the front, because it's a long line. When I go, then I just say, "Listen, I'm going to the toilet." Then, someone else goes after me, so you don't have time to sit there and do whatever.

Nicky described how there are only two toilets per line. This creates an additional challenge for these women. Besides being forced to maneuver within a small cubicle, they are also under time pressure whilst expressing. If they take longer than usual, the next person waiting for the toilet could get frustrated. Although no other article considered in this study mentioned the same problem with limited toilet time, many articles discussed how inflexible working schedules act as a barrier to continued breastfeeding (Hawkins et al., 2007; Johnston & Esposito, 2007; Waite & Christakis, 2015). Furthermore, Lauer, Armenti, Henning, and Sirois (2019) reported that access to a private space to express is significantly related to the individual's workplace industry. Women who are employed in a professional industry are more likely to have access to a suitable place to express their breastmilk. These findings help explain the challenges that these women face in the clothing and textiles industry.

The above findings support the literature that show a lack of autonomy and an inflexible work environment are barriers to workplace breastfeeding (Gatrell, 2019; Johnson et al., 2015; Johnston & Esposito, 2007; Smith et al., 2013; Steurer, 2017; Waite & Christakis, 2015). Inflexibility and a lack of autonomy could be felt even more severely within the South African context, as employees are cognizant that they are easily replaceable due to the low-skilled nature of their work and the extreme levels of unemployment.

Being aware of your replaceability and the limited employment opportunities, it makes sense that the participants within this study did not want to complain or 'make a fuss' about their workplaces. Instead, they believe that they should manage their pregnancies and breastfeeding experiences at work alone. This is in line with Turner and Norwood (2014) findings that explain how women believe that it is their responsibility to ensure that there are suitable conditions for them to continue breastfeeding. Furthermore, scholars have discussed how low-income workers often do not make use of breastfeeding facilities at the workplace due to fear of reprisal (Chen et al., 2006; Steurer, 2017; Tsai, 2013). According to their findings, it is logical to infer that low-income workers would not readily ask for pregnancy or breastfeeding support if this does not currently exist within their workplaces.

Focus on business priorities. Throughout the interviewing process, participants made reference to production targets. When describing their pregnancies, they mentioned how important productivity was and some of them also described how they were called in to return to work early during their maternity leave, presumably to help achieve production targets. Their narratives around their return to work focused heavily on production. When discussing whether they could continue breastfeeding, participants mentioned a lack of facilities, however they

emphasised how expressing takes time and they cannot lose time as it risks production. Asking if she considered expressing milk after returning to work, Sheila explained that it would not be possible due to time constraints:

> Here at work?...No, because what time? There's no time to do that, you see?...Teatime is too quick. It's only 15 - You can say it's about 10 minutes because by quarter to, you must

She continues to add that she only expressed on her first few days back at work to relieve her discomfort:

> Only the first day because my breast was just so big mos now, because it didn't- he didn't drink on me. And the second day as well, so I went to the toilet and I would just press out for, because it made a hole on me [laughs]…It was during my toilet time, so I would go to the toilet, so I had to express. It did drip, and so I had to put it in a pad.

Literature has pointed to the relationship between job characteristics and breastfeeding behaviours. Job autonomy, physical working conditions, and inflexibility have all been shown to be related to how successfully a woman can continue breastfeeding after her return to work (Guendelman et al., 2009; Spitzmueller et al., 2018). The women in this study have limited to zero job autonomy – they cannot make decisions as to how and when they carry out their work. They are bound by specific timeframes and specific methods of work. As Sheila mentioned above, she has to take her breaks during specific times. She could only relieve herself when the need arose. The expressing she carried out was for relief and to mitigate the risks of her leaking breastmilk, and not to provide food for her baby. Gretel also explained how factory work provides limited workplace autonomy and is inflexible in terms of when women can leave their workstations:

> No, because why, you see, the hours is working forty-two point five hours, you get your teatime and you get your lunchtime. Teatime you want to eat, lunchtime you want to eat. So, there isn't going to be other times and the other times is for work. So, for you to take a half an hour out of your working forty-two point five hours, to express, that's not going to happen, because production…it's about that stuff in every workplace, if the bosses consider it, they will allow it maybe like "Ladies take half and hour, go home and go and express your milk and whatever…" but I don't think it will…it will clash with the hours you must be productive. Because they're working out a plan of the hours for the day and the week. So, automatically that won't actually fit in. Maybe it will, maybe it won't, because every half an hour is a loss of money if you do nothing. So, they will say if you stay out, they lose out money. So, I don't think it will…it will be a really good boss who will do that. I don't think many bosses will agree to that. Imagine expressing. I don't think that it will work in a factory unless you take your own hours. They will say take your own time and you can express yourself, your lunch, your teatime.

Gretel's explanation highlights how every minute of these women's workdays are accounted for. Using some of that accounted for time poses a risk to production targets being met. Ruby and Maria had similar experiences where they believed that their supervisors would not be happy with them expressing breastmilk as it would affect production:

> Ruby: You can't just must now do it out of your own, and start breastfeeding, giving milk here while everybody's working, waiting on you.
>
> Maria: No, we've got a lot of work, so the lines are waiting and stuff like that. I don't think she would be happy, with her walking to go out and stuff like that.

Ruby and Maria explained how others rely on the work they do in order to achieve their targets. The idea that women would not express milk to ensure that group targets are met was also seen to be an issue in similar findings from a Taiwanese semiconductor manufacturing factory (Chen et al., 2006). Furthermore, working with sore breasts could hinder production as explained by Maria:

> Yes, it does because while your breasts is sore, it does really, and you can't work properly. You can feel it's sore, it's heavy.

The lack of both autonomy and inflexibility was again seen when Pamela described a situation where she was initially advised to sit by a male supervisor, and then later told to ‘stand and work’ by her female supervisor:

> Yes. Where, that other man said, "No, sit there." Then, she asked me, "Who told you to sit down? Pregnancy's not a sickness, you must stand and work." Then, I was standing.

Such comments – in which supervisors’ express indifference towards pregnancy and command work – suggest that pregnant women are classified as a threat to production. Given the nature of factory work which requires employees to meet hourly targets, it is perhaps unsurprising that pregnant women are seen as a risk to production. Tiffany experienced being classified as a threat when her role changed from a machinist to a line feeder, when she could no longer meet her production targets:

> I couldn't give production on the machine because of the pressure. So, he took me off of the machine.

Tiffany’s situation illustrates the pressures pregnant women experience within a factory. They are perceived by management as an interference to the production targets. Besides Tiffany being moved into a lower organisational position, management also chose to move her in to a role that was more physically challenging. Anne, a machinist at factory two, describes how a machinist role is more suitable than a line feeder role whilst pregnant:

> It was fun, it was better than being a line feeder, because you know, a line feeder, you're up and down. All day on your feet, and then you get swollen feet and things like that but sitting was fine.

The above indicates that Tiffany's role change was purely to ensure that her inability to meet her targets did not affect the overall production. Management failed to consider the physical implications that Tiffany would face as a result of the role change. They also did not engage in a conversation with Tiffany, to try and find a solution that would allow Tiffany to be both comfortable and optimally productive whilst pregnant.

To alleviate stressors associated with production work, Alicia, a machinist at factory one, chose to forego a promotion due to her pregnancy:

> No she offered me a supervisor post that time, so when I came back it was a holiday in between, it was like Thursday was a holiday and Friday was work, she called me in on like the Friday to say that I did well in the test for the supervisors post. So, I told her but um unfortunately I can't take it because I only found out yesterday that I was pregnant, so.
>
> Why can't you take the supervisors post?
>
> Because it's a lot of stress.

Alicia's decision to sacrifice a promotion due to her pregnancy indicates a workplace environment that is unsupportive of motherhood. Her promotion would have resulted in increased autonomy and flexibility, yet she still chose not to take it. This might have been because she was aware of the additional strain that both her promotion and her pregnancy would place on her achieving her expected supervisory production targets. The additional pay and benefits were not deemed to be worth the additional stress that she would face when trying to reach production.

Tiffany and Alicia's accounts resonated with Gatrell's (2013) articulation of the workplace revising of mothers' positions. According to Gatrell's findings, many women find that their organisational positions are negatively 'revised' during their pregnancies or upon their return from maternity leave. Her findings also indicated that the changes could be either explicit or subtle. Subtle changes included being excluded from strategic decision making and being left with more operational work. Although the women in this study only partake in operational work, a change in position from a machinist to a line feeder is an explicit example of abjection (Gatrell, 2013). A line feeder can be considered as an assistant to the line. It is their duty to make sure that all the machinists have buttons, thread and materials. Their role is to save the machinists time by bringing them everything they need so that maximum sewing and therefore production can occur. Considering existing literature, it would be expected that the change in Tiffany's position would have caused her to feel disempowered or underappreciated. However, she did not mention feeling like that. This might be because of the

economic circumstances that she finds herself in, which leave her with limited employment prospects and unjustified gratitude for any form of employment.

Similarly, to Tiffany's lack of reaction to her role change, the production pressures that the women faced did not appear to invoke any strong reactions from them. Sheila, for example, identified that she was still required to meet her operational duties whilst pregnant. Although she thought that it was difficult, she accepted it and did not appear to expect anything else:

> I would say it was bad, it was only just- you have to still - to remain your operation, what you were doing. It's not like they're going to give you light duty, that was the hardest part.

Willingness to accept limited support whilst pregnant was echoed by Gretel who described how regardless of how one is feeling, you are required to 'just work':

> In all the departments, you must just work. It's not slavery but there's times you don't feel well, or you feel bloated or…but you must still do your daily tasks. They don't understand things like a little cramp. No, you must keep your daily production high.

Thandi displayed a similar narrative of acceptance:

> Yes, I try, but it won't be the same like when I'm not pregnant. You see, the pressure here, it will be too much, but you have to give it.

Like the women above and keeping in line with Tsai's (2013) study, low-income workers are more likely to accept the status quo and not attempt to seek fair treatment, which they are legally entitled to. This is most likely due to fear and economic insecurity within a tough economic market.

Strategies for returning to a masculine workplace: bottle training. More than a third of the women reported having 'trained' their babies during their maternity leave for their return to work. Detailed portrayals of this training emerged in the women's narratives of their feeding choice decisions:

> I actually wanted to give him bottle because with my first born, it was very sore, but he was demanding. He wants breast, and I find it nice to breastfeed, it's very nice. Then, I just go with the flow. I bought him a bottle because the nanny. How is the nanny going to feed him and whatever? He did latch to the bottle, but he still just wants to be breastfed.

Bernadette described the dilemma she faced during her maternity leave. She enjoyed breastfeeding but knew that her return to work would prohibit her ability to continue breastfeeding. She mentioned how her son 'just wanted to be breastfed', which might have made the 'training' of drinking from a bottle so much harder for her. She could have faced the 'good mother vs good worker' conflict when attempting to 'train' her son. The 'good mother'

argument could have caused her to believe that ‘training’ her son to feed with a bottle was wrong and that she should not be doing it. However, the ‘good worker’ narrative coupled with her economic situation could have left her feeling as if she had no other option than to ‘train’ her son for her return to work.

Anne might have felt a similar way:

> I had to make him get used to the nanny, and he was a big baby, so I thought to myself, "Okay, he's big-- He's not big enough, but he is strong, so he should get used to the person that's going to look after him." I said, he should go over [to being formula fed].

Anne justified the reasoning behind her decision to put her son on formula by saying that he was strong. She initially described him as ‘big’ but then paused and followed up by saying that he was ‘not big enough’. This could have been because she had doubts about her own decision or it could have been due to fear of judgement from me. Alternatively, Anne might have again found herself caught in the paradox of needing to return to work and wanting to breastfeed her son.

Pamela explained how she made her feeding decision based on her return to work:

> I decided breast milk and bottle, because I'm coming back to work, so I had to think of the person who's going to look after him, most of the time babies, because my breast milk isn't a lot. I decided, "No, rather put him on breast milk and bottle." That's what I did with him. […] I had to train he, and to let his body get used to formula milk also.

Thandi, a machinist at factory one, explained how expressing breastmilk after her return to work was never an option for her:

> Even if I express it, I'm not sure about the person I leave with milk. How is she going to keep the milk? Is it safe, because in the houses we stay, it's not the same. Yes, so that's why I never liked that idea. […] I won't be sure what will really happen, and mostly for us Africans holding the milk of another woman, no, that doesn't do well [laughs].

Pamela, Bernadette, Anne and Thandi’s need to consider the caregiver of their children is similar to Tanzanian women who struggled with child caregivers who do not like handling another women’s milk. This results in the caregivers not being willing to feed the infants with milk expressed by the mother (Mlay, Keddy, & Noerager Stern, 2004). Thandi explained how African women do not like holding the milk of another woman, which influenced her decision regarding expressing breastmilk. Pamela, Anne and Bernadette are coloured women and thus might not have the same feelings towards holding another woman’s expressed milk. However, each one of them also based their feeding decision on their child’s caregivers. This could have either been due to cultural reasons or it could have been due to their limited privileges which might have made them lack the confidence to enforce their choice.

Apart from Mlay et al. (2004), none of the other scholars considered in this study

discussed the impact that the child's caregiver has on the mother's feeding choices. This could be due to existing literature focusing mostly on white, highly educated, professional women (Bai & Wunderlich, 2013; Brown et al., 2001; Brown, 2014; Chezem et al., 2003; Fein et al., 2008; Waite & Christakis, 2015; Weber et al., 2011). Their privileges might shield them from having to consider the preferences of the caregiver. Whereas in the present study as well as the Tanzanian study, the participants are either culturally against expressing breastmilk or marginalised, and thus believe that they are subject to other's when making their feeding decisions.

Theme 2: Limited Workplace Support, Communication and Transparency

Participants were challenged to continue breastfeeding after their return to work in an environment with limited facilities, space or time. There appeared to be a general mistrust of employees at both the factories. The women also had to navigate the varying levels of management, supervisor and co-worker support that they received in a workplace that did not communicate about breastfeeding.

Facilities, space and time. Both factory one and factory two had limited facilities to help support breastfeeding women. Although factory one had a fridge on its premises, it was the communal fridge in the canteen that staff used for their lunches. Factory two had no fridge on their premises. Neither factory had a private room for women to express in, which left women resorting to expressing in the toilets, though some women at factory two reported that they had expressed in the sick bay. When asked what could be done, the participants had several suggestions:

> Nicky: Well, he [factory manager] has an office because the toilet is totally out, or in the canteen because no one would be there at that time of the day. So, the canteen would also work well, then automatically then you must write your name on your packet and put it in the fridge. So, yes.

Nicky's initial reference to the manager's office as a space to breastfeed was surprising. Suggesting someone else's workspace as a good space to express breastmilk, indicates a limited understanding of workplace constraints or realities. If the factory manager's office were to be used, it would mean that he would have to vacate the office to allow the expressing to occur. Literature suggests that a private space with a door that can be locked helps to facilitate workplace expressing (Chow et al., 2012; Dodgson et al., 2004; Payne & Nicholls, 2010; Steurer, 2017). By drawing on the findings from these articles, it could be argued that Nicky referenced the manager's office as it is the only space in the factory (apart from the toilets) that has a door that can be locked. Nicky then went on to state that the toilet 'is totally out' as a

potential space to express breastmilk. However, later in the interview, the following was mentioned:

> When you expressed the few times at work, where did you do it?
>
> In the toilet.

Nicky highlighted the disparity between where she would want to express and where she had to express. Her reference to the manager's office could indicate that she wants a private space with the ability to lock the door, however she does not have access to this and must settle for using the toilets. Gatrell (2019) has discussed this disparity, arguing that the expectation that women should express in a toilet is a form of abjection. Toilets are associated with human waste and germs and it is illegal for food preparation for human consumption to occur within a bathroom (Gatrell, 2019). Yet many workplaces provide no other space for women to express. This often results in women accepting the toilet as a space to express while taking special precautions to ensure that their expressed milk remains as safe as possible. The 'good mother' vs 'good worker' discourse is one explanation for this dilemma (Gatrell, 2013; Turner & Norwood, 2013). Nicky might have thought that fighting for a more suitable place to express breastmilk could affect her role as a 'good worker', leading her to accept the toilet as an adequate space for her to fulfill her role as a 'good mother'.

Gatrell (2019) explains how it is usually women with low social capital that make use of a toilet as a private place to express. This makes sense in the workplace, as professional women might have access to an office, whereas factory floor workers do not have the same privacy privileges. Besides Nicky's comment that the toilet is not an option for an expressing space, no other women in this study mentioned their dissatisfaction with having to use a toilet as a place to express. In fact, Tiffany mentioned the toilet as a possible place to express breastmilk:

> In a toilet, I had to go in the toilet, and then I do it. At the baby clinic, they gave us a cup with a lid, so you can put it there. Then, I had a cooler bag with me that I put it there in, but all the times, I had to throw it away because it was very hot when I came back from maternity leave.

It is unclear whether Tiffany suggests the toilet because she thinks it is a suitable option or if she feels that others should experience what she had to. However, perhaps she did not even consider other spaces as options.

Privacy was another factor that women mentioned when discussing ideal expressing spaces:

Ruby: I have no idea, somewhere we can [laughs] not show your tit to the whole world because that will. I don't know, where would you? I have no idea.

Pamela: Maybe, in the sick room because nobody come in there, for privacy.

Both Ruby and Pamela were uncertain as to what space could be used to express milk in their respective factories. However, both of them were concerned with privacy. Literature suggests that if women do not have access to a private space to express breastmilk, that they are less likely to continue breastfeeding after their return to work (Hirani & Karmaliani, 2013; Lauer et al., 2019). This was consistent with Ruby and Pamela's experiences. Although both chose to breastfeed their children, neither of them chose to express upon their return to work. Instead they supplemented their children's diets and breastfed when they were at home.

It was ironic that women had expressed milk in the sick bay or suggested the sick bay as a space to express milk. During their pregnancies they were expected to maintain their pre-pregnancy levels of production as 'pregnancy is not a sickness'. However, after their return to work, they were told to use a space intended for sick people to express milk. This is consistent with the 'abjection as practice' idea presented by Gatrell (2019).

Frankie described how not having a pump was a potential barrier to workplace expressing due to the limited amount of time she had to express:

You never hear people express at work. There's a teatime and a lunchtime, so short to express. Especially, we don't have a pump, I don't have a pump, and to do it with your hand, it takes a while.

She believes that a pump might assist her by speeding up the expressing process. However, Pamela explained how she would still express manually even if her workplace provided a pump:

For me, I won't. They say the breast pump, it make your tits flat after a while. So, I don't know, because I won't prefer a breast pump.

While some literature suggests that workplace provided breast pumps can act as a support mechanism for the continuation of breastfeeding (Bar-Yam, 1998), it is important to take into consideration the context of the study and these women's experiences and perceptions and how they are shaped by their cultural contextual beliefs. Pamela's reasoning behind not using a pump is based on her own beliefs, thus it is important to remember that most of the mothers in this study have limited knowledge or access to knowledge. As Pamela has not used

a breast pump, she is unfamiliar with it and her opinion on these pumps is presumably based on stories she has heard from others.

Management and supervisor support. Participants in this study received little to no support from management and their supervisors, however, some women reported either receiving or providing support to their co-workers. The support that the women explained that they received from their superiors was minimal. It included things such as being able to go to the toilet to express, or their supervisors asking them how their baby was when they returned to work. When asked whether her supervisor was supportive, Alicia said:

> Yeah, they do ask, the supervisor asks how's it with the baby and so. Well not every day. Only like one time.

Initially Alicia confirmed that her supervisor was supportive, but as she continued responding, her answer became less positive. This could have been because she was remembering that since her return, her supervisor has only made one enquiry about her motherhood experience. Participants thought that a supportive supervisor was someone who occasionally asked how they were coping after their return, or someone who permitted expressing at work. The exemplars below demonstrate how Primrose and Tiffany described ‘supportive’ supervisors:

> Primrose: She did, I think so. She definitely said that I can express milk, yes. Yes, she did say yes, I can express milk, and she's like, "I'm going to talk to the manager." I don't know if she did it. She did mention that, yes, she was going to talk to her.

> Tiffany: When you feel that you must need to express, you go to your supervisor, the supervisor says you can just go. Then she contacts [HR administrator], you clock out then you tell her you did make now a little long. Then [HR administrator] said no it's fine because you express yourself because you must.

For Primrose, the fact that her supervisor said that she could express milk means that she had supervisor support. She mentioned how her supervisor was going to speak to the manager about her expressing at work. However, she does not know whether her supervisor did do this as she did not follow up. Tiffany’s description of how her supervisor supported her expressing breastmilk, indicated a tedious process that depended heavily on the authorisation of others. Tiffany first needed permission from her supervisor, the supervisor would need to confirm that she could express with the human resources administrator who would then allow Tiffany to clock out from the factory floor to go express milk. Furthermore, if the expressing took longer than expected, Tiffany would also have to justify this with the human resources administrator. Although the support mentioned above would not be considered ideal in terms of the

ILO's recommendations or the BCEA's guidelines, the participants felt that the support was acceptable.

This phenomenon of women describing sub-par support as acceptable was described by Turner and Norwood (2014) as women considering workplace breastfeeding support as a 'privatized privilege'. They described how women considered themselves lucky if they received minimal support. They explained how participants in their study described their supervisors as supportive if they allowed them to express at work. Supervisors were still considered supportive even if they did not provide instrumental support for the expressing of breastmilk. They used the 'good worker' discourse to help explain this. Women who wish to uphold their identity as a good worker may feel more comfortable with a lack of physical facilities and little supervisor support (Turner & Norwood, 2014).

Katz and Kahn's (1978) notion of inter-role theory may help explain this phenomenon, in that the women's roles as workers would be based on what they think is appropriate workplace behaviour in terms of the expectations that they face. Their acceptance and gratitude towards the levels of support they receive could be attributed to their attitudes that expressing breastmilk is not an appropriate workplace behaviour. Alternatively, it could be that they believe that expressing at work would hinder their abilities to successfully meet their supervisors' expectations. However, using role theory you could assume that their roles as mothers might cause them to feel dissatisfied with the limited support that they receive. Surprisingly, no women in this study mentioned dissatisfaction with limited support for expressing breastmilk at work. This could be due to the above reasoning, but the complex systems in which these women operate also needs to be considered. These women face extreme socio-economic challenges in most aspects of their lives (health care, traveling and education), and thus they might be used to challenging and poor-quality conditions. Their job status coupled with their gender and race could potentially play a role in their willingness to accept the minimal support that they receive, as well as account for their reluctance to ask for additional support from their superiors.

Co-worker support.

Interestingly co-workers were found to be an important source of support for the participants:

Yes, me and my friend that I work with, she used to breastfeed, but her child is like 12 years old. She would always help because I didn't have no idea what to do, because it was my first-time breastfeeding. She would

> always help me, "Keep it like this." I didn't even know how to keep it, the breast, I didn't know. She would rub on the veins and she'd tell me, 'Just relax, it will come, and it will flow." She helped, she always helped me.

Bernadette described how her co-worker assisted her with expressing breastmilk at work. The co-worker provided physical help by showing her how to manually express milk, but she also provided emotional support by encouraging her to relax and assuring her that her breastmilk would come. Bernadette has subsequently been able to provide similar instrumental and affective support and assistance to some of her other co-workers:

> I would always give advice if I hear someone say, "It's so sore." I would tell them what I went through and, "Give it a couple of months. Take the time to give it a couple of months and see how it's going to work." For me, it was painful, but nice.

Sheila also narrated how she supported a fellow breastfeeding mother at work:

> I had to tell her what she must do with her breasts, "This whole brown thing must be in the baby's mouth." Not just so that you say, "No, he's not the taking the breasts." He must take the breasts.… I did show her in the toilet what she must do…It did help, she did say for me the night when she did do it, it was a little bit sore, but the week after that I did ask her. She said, no, she's breastfeeding now and she's giving bottle. She say when she gets at home, she just breastfeed the night for him. Then, it saves the milk mostly, but it makes sense.

During the interview, I noticed a sense of satisfaction in Bernadette when she described how initially she needed support, but subsequently she could provide the support. Using Bakker and Demerouti's (2007) JD-R model, it could be argued that Bernadette's initial breastfeeding struggles coupled with her job demands (ensuring that hourly production targets are met) could have left her feeling drained and overwhelmed at work. After receiving a job resource (colleague support that helped her express breastmilk), she might have started feeling better as these job characteristics interacted to determine a positive outcome. Aligned to COR theory and social exchange theory, this in turn could have facilitated her motivation to want to go over and above her job role to help support others at work with their breastfeeding struggles.

Contrary to the above experiences, scholars have discussed how co-workers can detrimentally affect a woman's workplace breastfeeding experience (Brown et al., 2001; Netshandama, 2002; Tsai, 2013; Turner & Norwood, 2014). Negative attitudes, jealousy and a lack of support have all been reported as barriers to breastfeeding that co-workers impose on mothers in the workplace. The findings of this study did not illustrate the negative aspects of co-worker support, and instead highlighted the powerful role that co-worker support could play.

Bernadette's willingness to support other co-workers after experiencing the benefits of co-worker social support speaks to the findings presented by Zhuang et al. (2018). They suggested that most co-workers are usually supportive and that workplaces should do more to

foster employees to support breastfeeding co-workers. Both above accounts of the support that was provided indicate that certain employees would be willing to provide beneficial and educational breastfeeding support.

Communication around Breastfeeding. A recurrent notion that emerged from the interviews was a sense that participants were afraid to talk to management about support for breastfeeding.

Two women from factory two described how they feared asking their manager whether they could express breastmilk at work:

> Nicky: If I had the guts to, I would, yes… Like I said, he can be moody sometimes. You never know what answer you are going to get when you maybe address him about that [breastfeeding], but where children are concerned, I think he is very soft. So, he won't actually… this is now what I will think "yes, the man will now so and so say" but then it is maybe not so bad as I thought it would be.
>
> Maria: I think I'm a bit of scared to talk to [manager] about stuff. He's different when you work with him, he's over his work, stuff need to be done, so I'm a bit scared to go to him and talk to him about expressing, "I need to go express now." What's he's going to say? He's going to say maybe - It's work, it's going to stand still and stuff like that.

Both Nicky and Maria articulated how they were afraid to discuss support for breastfeeding with their male manager. Nicky explained her fear by saying that their manager can sometimes be moody. She mentioned how she is unsure as to how he would react. Although she later mentions that he would probably not react as badly as she anticipates, she still would not 'have the guts' to ask him. Maria explicated her fear by describing how her manager is very work-focused and would most likely not want production to stand still while she expresses breastmilk. Social exchange theory posits that when a participant in a social interaction perceives the risks to outweigh the benefits, they will choose to end the interaction (Emerson, 1976). While neither Nicky nor Maria engaged in an interaction with their manager, they may have perceived the risks of discussing expressing breastmilk at work to outweigh the benefits. They could have felt that not knowing how he would respond coupled with his concern with workplace productivity were risks involved with this interaction. The benefits they might have considered would have been that he would have permitted them to express breastmilk. However, because they were already using 'toilet time' to express, this benefit would not have convinced them to go ahead with the interaction.

Furthermore, as discussed by Anderson et al. (2015) communication regarding breastfeeding can be challenging due to age, gender and power dynamics. All three of these forces could be at play if Maria or Nicky had to communicate with their manager.

Sheila from factory one similarly discussed how she and her colleagues are afraid to ask their male manager for breastfeeding support:

> I do know it. It's just something that I do know. I know if I'm going to go to the other lady now, to the other three ladies. They will say, "Rather you go ask." Then I say, "No. Why must I go ask?" "No, you go ask then you come back to us." They are scared from going and cannot bother asking.

Sheila's explanation highlights the fear that these women face when wanting to raise issues at their workplace. When probed as to why women in the factory felt that way, Sheila explained:

> It's the duration of time when they will come back to you. Sometimes, you don't somewhat feel to ask, because you somewhat know now, "Okay, this is now going to be a big thing." Then, rather just don't ask.

Sheila describes asking for support as something that is timely and not worthwhile. Her description of the time it takes for management to get back to you indicates that she has had or heard of previous experiences where management provided a delayed response. Her chosen response could be unpacked using social cognitive theory. Sheila might have observed others asking for support and not getting a response. Such an observation would have acted as a guide for her future decisions making process, resulting in her deciding not to ask for support (Wood & Bandura, 1989).

Gretel also explained how breastfeeding was not discussed in her workspace. However, she did not cite fear or previous experience as a reason for the lack of communication:

> No, God, they don't mention anything to do with that [breastfeeding]. They mention nothing to do with breastfeeding.

Based on Gretel's response above, it may be inferred that her supervisor does not believe that breastfeeding is a workplace issue. This is in line with the idea of 'bounded motherhood'(Turner & Norwood, 2013). Bounded motherhood refers to the manner in which breastfeeding practices are restricted within the workplace to ensure that perceived professionalism is upheld (Turner & Norwood, 2013). Gretel's supervisor might think that discussing breastfeeding at work would taint the standards of the factory and potentially affect production, which could be why he chooses not to consider or discuss breastfeeding with her.

Several studies have described effective communication as a supporting factor for breastfeeding in the workplace (Anderson et al., 2015; Chow et al., 2012; Steurer, 2017). Anderson et al. (2015) and Kirby and Krone (2002) discuss how without effective interpersonal communication, written breastfeeding policies may be ineffective. No written breastfeeding

support policies exist at either factory, and further the lack of interpersonal communication between participants and their superiors is even more concerning as research suggests that constructive interpersonal communication can enhance support for workplace breastfeeding (Anderson et al., 2015).

Mistrust of employees. The limited and inefficient communication concerning breastfeeding support practices at the workplace could be a potential reason as to why participants in this study described experiences wherein their employers did not trust them. Upon their return to work, the participants occasionally had to deal with a sick baby and were unable to work. Gretel recalls how when she had to take her daughter to the doctor, she faced backlash from the company receptionist when she called in to let her know that she would not be at work that day:

> Yes, but because she asked me once "Couldn't the daddy take her?". So I said, when I started here, so I told [HR], I don't have someone else to take my child. I feel comfortable when my child is sick, I'm going to take her myself, because the child needs her mother when she's sick. They do not want to understand that. You must get someone to take your child. So, there are many challenges if you have had a baby.

Gretel's narrative emphasises how 'they' do not want to understand the challenges she faces as a mother. When probed to find out if this is a common occurrence, Gretel provided the following:

> Ja, they ask you…because I phoned from the Health Centre just to tell them I was booked off again. That was twelve o'clock and ja. So, she [receptionist] asked me "Can I come work or send someone…" because she knows, the reason why she asked me is because she knows it's going to be a problem in my department, because I'm not there again. See, it's such things. She is just scared. That's why she asked me that questions, but she worked on my nerves, but this is because it is my department that has a problem when I am not at work. I have a child. I can't help it if… if the Lord gave them a pregnancy, they would die… them having children. You see, their wives take them…their children, they don't have to take their children. They don't have that responsibility. The child is sick, the child goes with the mother. They do not have that responsibility. So, I don't think they will ever understand what a mother goes through every day. They do not understand. That is how they are, but there's a lot of battle in your work area if you're a mother or from maternity leave. There are many battles that you must go through.

Although Gretel did not clarify whether or not this is a regular occurrence, she described how her male colleagues cannot understand the challenges she faces as a woman. She discussed how she did not think that they would be able to cope if they had the same responsibilities she does. Perhaps it is their unfamiliarity with motherhood responsibilities that fosters their mistrust. Women in this study described the lack of trust as a source of fear for them. Anne explained how she feels scared to stay away from work when her child is sick:

> Anne: …I take it from myself, if my child is sick, then I'm scared to stay out, because what is my manager going to say, am I now again absent? You know how managers are, they like to predict before the game, but then they don't actually know what's the real reason.

Anne's experience can be explained using the COR theory. Anne might consider the social relationship she has with her manager as a resource that she values. Her fear of staying out, even for a valid reason, could be due to her apprehension to damaging her social relationship with her manager (losing the resource). This threatened state would cause her psychological stress which in turn could affect her production abilities.

Similarly, the COR theory could be used to better understand the manager's perspective of the situation. He might consider Anne being at work as a resource that assists him in achieving his production targets. Her not being able to come into work would cause him to lose this resource which could create psychological stress for him.

According to literature's suggestions, it seems that these feelings of mistrust could be alleviated with good communication between relevant stakeholders (Anderson et al., 2015; Kirby & Krone, 2002). Practical suggestions as to how this could occur will be provided in the following section. However, even with a good communication system in place, the nature of factory work places additional burdens on mothers who chose to continue breastfeeding after their return to work. This is mainly due to a lack of autonomy and an intense focus on achieving hourly targets in order to meet business priorities (Spitzmueller et al., 2018).

Theme 3: Breastfeeding at Work in the Social and Economic Context of Black Women in South Africa

Participants workplace breastfeeding challenges were coupled with the challenges that they experienced in their personal lives. They were faced with financial struggles as well as a lack of support from their partners.

Economic and social struggles. In the current study, many of the women reported struggling from financial difficulties, and limited partner or social support during their maternity leave, which often resulted in them returning to work early.

Financial difficulties. In their accounts of the events surrounding their return to work, participants described how their dire financial situations resulted in them having to return to work. Socio-economic conditions surrounding claiming their UIF monies also exacerbated their situations. Alicia, described how she decided to return to work early instead of claiming UIF, which was a challenging process:

> That's actually the main reason why I came to work I didn't even finish my draws [from the UIF] because I couldn't leave the baby at home because he was not on bottle. I was breastfeeding so I had to take him with me and half past six I had to travel out of the house already with a baby and go stand in a long queue outside with the baby and there by Mitchell's Plain's one, they didn't let the mommies go in with the babies. You had to stand outside. t's difficult. It's very difficult to travel like public transport with a baby because the baby's heavy, you have to carry the bag. Now the baby's crying. Maybe he's wet, you understand what I'm trying to say? So it's not nice.

The challenges faced when claiming from the UIF appear to be particularly problematic for low-income women. Alicia's decision to breastfeed coupled with her reliance on public transport and the diminishing nature of UIF claims, resulted in her choosing to return to work early to receive her full wages instead. Alicia was not the only participant who chose to return to work early, Anne explained how she asked her employer if she could return earlier than planned:

> I phoned - I actually asked my supervisor, then she said I can come in... I missed him [her child] a lot though. With him, I didn't breastfeed him for too long, but I missed him.

Anne's response could suggest that she faced conflict upon her return to work. She describes how she missed her son upon her return. This conflict could be due to Anne's financial need to return to work. This could be linked to role theory.

Primrose, Gretel and Thandi all described financial difficulties during their maternity leave that echoes existing literature that discusses an economic need to return to work:

> Primrose: I was planning on staying at home, but you see, the finance problem is you need the money, so you have to go and work. I wasn't planning on coming to work anytime soon.
>
> Thandi: Like I said, mostly, I was first seeing a lot of challenges monthly, financially. That's why I have to decide, I must come a month earlier because I know the money I was going to get wasn't going to be enough for me to stay at home for six months.

Such experiences in which mothers are economically required to return to work, highlight the intersectionality at play in a women's breastfeeding experience. For these women, their race and socio-economic class overlap and create a situation in which they are disadvantaged in their attempts to adhere to the WHO's breastfeeding recommendations (WHO, 2014). This can be seen in Primrose's description above; she describes how she wanted to stay at home but due to her financial struggles she was forced to return to work. These experiences are in line with several studies that have illustrated that women who face financial difficulties either decide not to breastfeed- as they know that their return to work will be imminent- or stop breastfeeding due to an economic need to return to work (Chezem et al., 2003; Chow et al., 2012; Guendelman et al., 2009; Mirkovic et al., 2014; Mlay et al., 2004).

Partner or social support. A common view amongst interviewees was that mothers are meant to be the primary caregivers of children and thus their partners cannot provide valuable childcare support. Thandi shared her opinions regarding the role that fathers should play:

Children must be closer to mommies than daddies, because I'm the one who gave birth to the child, you see. The connection we have, is not the same as the father. Mostly, when they're sick, and men don't have questions with kids, because when they're sick, it's always in the arms, you must carry, you must feed. Men don't have patience with that, and for me, I see they don't do it properly.

Thandi believed that she should be closer to her children, and that her partner would be unable to properly care for their children if they were sick. Alicia shared similar opinions to Thandi. When asked if her husband would stay at home with a sick child Alicia explained:

His work wouldn't allow it, but I would tell him to stay at home, but I don't think in this whole wide world, a sick child cry for the dad. No, really? You know what my kids would do? I would be in the shower, the door would be closed, my husband would sit here. They will pass him and knock on the door for me to open a packet of chips.

The rhetoric of how a man helps was repeated by Thandi when asked if she thought her husband should be taught about breastfeeding:

The men, talking to my-- How he's helping first? Our men, they won't sit for that, because when they were brought up, they were brought up to take care of the family, so he won't be interested about breastfeeding. I don't know, maybe this is the time I change him. They can also learn, but for them, I don't know, yes [laughs].

Thandi using the term ‘our men’ indicates that she believes that black African men would not be willing to be educated about breastfeeding. Although Thandi mentions that perhaps she can change him, her previous narrative of children being closer to their mothers and her distrust in her partner’s childcare abilities, suggests that she might not believe that he would change. Both Alicia and Thandi’s beliefs that they should be the primary caregivers of their children, might be the reason why they do not see a need for their partners to change or be actively involved. This could be a cultural reason as many African cultures see the woman as the primary caregiver (Mlay et al., 2004).

Prior studies have noted the importance of partner support in both the decision to breastfeed and the continuation of breastfeeding (Guendelman et al., 2009; Meyer et al., 2007; Netshandama, 2002). It is therefore somewhat surprising that no participants mentioned partners as a reason for their feeding choice. When probed, two participants mentioned how they either ignored or argued against their partners’ opinions:

Liz: Uh huh I don't take note of him, no he must, whatever I say happens.

Sheila: He said, he must now- I must put him on the bottle because I'm going to come back to work, and who's going to look after him, and all that. I would tell him, "Look here, I'm going to put the child on the breasts because I'm going to be at home for five months. For that five months, just imagine all the money I did save from that milk that is so expensive, because it's R188 for a 1.8 kg milk.

Sheila's account details how she convinced her husband that she should breastfeed because of the financial benefits. Liz on the other hand, described how she was not interested in her partner's opinions regarding her feeding choices. It was interesting to note that Sheila again made use of the financial benefits of breastfeeding when convincing her partner as to why she should breastfeed. She did not mention any of the health benefits that both her and her child would receive from breastfeeding. This again emphasizes their financial situations that informs their feeding choices.

Gretel and Anne were the only two participants who had no partner support. Neither of them breastfed, which is in line with literature that suggests that single mothers are less likely to breastfeed (Guendelman et al., 2009).

A small number of those interviewed expressed that they had supportive partners. Nicky described how her partner was 'pretty awesome sometimes', and how he accompanied her to maternity checkup visits.

> He's pretty awesome sometimes, and sometimes, he can be simple, like stupid. It's his first child, and he accompanies me to every visit. Whenever I had to go the maternity, he was there. When we went for the scan, the first scan, he wasn't there, he was working, and the second one.

Although Nicky described her partner as supportive, her experience of this support after her caesarean section birth was vastly different to Alicia's:

> I actually [laughs] I don't know. I don't know how to answer that one also because at the end of the day, it's only, it depends on the mother herself. And the father, a big role, is also when the father is there to support the mother. But when a single mother is giving birth to a baby and she has no support that is also a big struggle. So I wouldn't know about struggling with babies because from the beginning till now the end I had the father with me. Like with my baby now I had a caesar and I was laying in bed for two weeks because I was sterilized also and it was very painful. I couldn't even stand up and the father was there to support me. He was washing the baby he was doing everything. Everything. I just had to lay there and recover. So I won't say it was difficult for me. Nothing was difficult and they he helped me with the breastfeeding put the baby on in the evening at night when the baby was crying and I was having pain he would take the baby. So you must actually ask someone who is a single mother about what she thinks about struggling and so but I had I had a lot of support that's all that I can say.

Nicky describes how her partner was 'there' after she had her caesarean section birth. She followed up by saying that her other children helped. This description suggests that perhaps Nicky's partner was not that supportive, and it was her older two children that assisted her with her newborn after the birth. In comparison, Alicia describes in detail the support that she received from her husband. Both these mothers chose to breastfeed their children. However, Alicia stopped breastfeeding upon her return to work whilst Nicky continued breastfeeding upon hers. Even though it appears as if Alicia has a more supportive partner, she still chose to stop breastfeeding after her return to work. This is contrary to what

literature suggests. It could be due to her work environment being less supportive than Nicky's or due to personal choice.

An engrained sense of subordination. Upon reflection of their motherhood workplace journeys (pregnancy, maternity leave and return to work), participants were unable to articulate how their experiences could have been improved. When they did give suggestions as to how they thought things could be improved, they immediately followed up with praise for their companies. This could be due to the inherent power differential between myself and the participant or their socio-economic standing.

> Uhhh, come to think of it, I didn't I never thought of such questions yet uh huh. Yoh I don't know, you asking me questions that I must think of. How can they support me, no man I don't know [laughs] I really don't know.

Liz's response to how she thought her company could have better supported her, suggests that she had not even considered that the lack of support that she experienced was problematic. Her comment 'you asking me questions that I must think of', implies that she had not taken time to reflect on her motherhood experience and that no one had asked her such a question before. This indicated the extent to which these women are marginalized. Their jobs are operational and neither require nor consider their opinions or thoughts. This, coupled with their low education levels, has resulted in them not being readily able to voice their concerns or opinions. It could also be the reason why Liz is shocked by my questions. She might not be used to people asking her for her suggestions. Likewise, Tiffany and Anathi were also unable to describe the support that they would have liked:

> Tiffany: I don't know to know.
>
> Anathi: I'm not sure maybe it's because my baby's not here.

Anathi mentioned that she might not be able to provide support suggestions because her baby was with her mother in the Eastern Cape.

Given that Tiffany was demoted from a machinist to a line feeder during her pregnancy, I also thought that she would be able to provide suggestions to ensure that things like that did not occur in the future. However as mentioned previously, she did not appear aggrieved by her role change. Tiffany's uncertainty as to how her experience could have been improved could be due to a few reasons: firstly, due to her low education level (Grade 10), she could feel that her employment opportunities are limited. This could be heightened by the high unemployment levels that South Africa is currently facing. Tiffany thus might be fearful to make suggestions that could inadvertently appear to criticize her workplace,

due to fear of reprisal. Or, Tiffany might genuinely be satisfied with how her pregnancy experience played out.

In their recollections of the overall levels of support that they received from their companies; participants were surprisingly positive. Despite the harrowing experiences that these women faced, they chose to describe their overall satisfaction with their companies as good. When asked how she would have felt if she had received more company support Frankie said:

> I really can't complain about the way I feel or felt of [factory two]. That first week, it was tough, but now I can work, and my breasts is full, I can carry it now.

Frankie acknowledges that she would have been happier with support and that her first week back was tough but then goes on to say how she cannot really complain. The women in this study appear to also view breastfeeding support as a 'privatized privilege' as Turner and Norwood (2014) define it. This is to be expected considering their socio-economic status and type of low-skilled employment. Tiffany also mentions how they believe that their companies are doing good:

> No, it's a good thing that they actually doing. Because most of the companies don't do that. You see. But this company give it [support for breastfeeding] if you ask. You tell the supervise she says it's fine you can go.

Participants' descriptions of their workplace pregnancy and breastfeeding experiences revealed a dichotomy. When women mentioned a negative experience, they quickly followed up with a contrasting statement that either justified or minimized their experience. When asked about her workplace pregnancy experience, Tiffany, a line feeder at factory one said:

> It was a very bad experience but okay [laughs].

Liz, a trainee supervisor at factory one responded with a similar dichotomy:

> Tiring [laughs] because it's tiring yeah it, but it was normal. It was like yeah, I must be here also to earn money, so it was uh normal, right. Just tired.

Literature suggests that interviewees often use laughter when expressing their problems (Macpherson, 2008). Laughter is usually used as a tool to either trivialize or distance themselves from their problems. Laughter allows the participants to cope with the challenges that they are discussing by translating their feelings of distress into laughter (Grønnerød, 2004;

Macpherson, 2008). This appeared to be the case in this study, as women faced many physical and productivity challenges and often laughed after describing them.

The findings from the women indicated that although they did receive some levels of support, the support was nowhere near to what international guidelines suggest in order to facilitate breastfeeding after their return to work. The lack of support begins when the women are pregnant already. They do not receive the necessary pregnancy support at work which sets the tone for the culture of support for mothers which in turn may influence their decisions on how they will feed their children after their return to work. Surprisingly, the women were mostly satisfied with the support that they received and did not mention lack of breastfeeding support as a reason to why they stopped breastfeeding. However, their descriptions of why they stopped breastfeeding taken in conjunction with what else they said indicates that the lack of support played a defining role as to why they stopped breastfeeding. The women are just unaware of what support they should be receiving and how they could go about achieving that support.

Reflections during the Research Journey

Throughout the research process I felt myself experiencing two main feelings: sympathy and privilege. The participants faced challenging situations which when hearing about caused me to sympathise with their situations as well as identify my own privilege which would sometimes result in feelings of guilt. These feelings of both sympathy and guilt were important for me to feel in order to heighten my awareness of the social and workplace struggles of others. The reflections below explain how I felt in certain situations and the steps I took to ensure that my feelings did not hinder the research process. I also discuss how I asked certain questions and how this might have made me come across to the participants.

Sympathy, Privilege, and Awareness

Throughout all the interviews I conducted, participants would often laugh when describing situations. I found myself feeling awkward when participants laughed after describing a bad experience. Initially I was torn between joining them in laughter or remaining grave to indicate that their challenges were serious and should have been addressed. After reflecting on these two options, I decided to join in on their laughter or smile in response. I chose this to help foster rapport between myself and the participant, as well as to prevent participants from feeling distressed if I did not laugh. I was worried that participants might take my lack of laughter as a judgement on them for minimalizing their workplace maternal challenges, which I wanted to avoid.

My awareness of my own privileges developed throughout the interview process. Prior to embarking on this research process, I only had personal knowledge of maternity leave experiences that were not marred by limited financial means. Close relatives to me who have recently been on maternity leave, filled their time with mother support groups or baby developmental groups. As an emerging industrial psychologist, this research process has highlighted to me the need for workplace support mechanisms to be put in place to help address the disadvantages that many women face during their maternity leave.

I identified my educational privilege when hearing of experiences describing limited autonomy and extreme gatekeeping during the interview process, I found myself being unable to relate to a workplace situation in which I would need permission to sit down, stand up or go to the bathroom. I identified this as a privilege that I have due to my professional qualification. I attempted to not pity or be patronizing after hearing such accounts.

When participants described how they chose to stay at home after maternity check-ups, I again found myself having to withhold judgement. I initially thought that taking a day off for a 30-minute check-up represented laziness and a poor work ethic. However, when hearing about the travelling logistics that these women must face, I realised that I had incorrectly judged them. As a privileged female with access to both private transportation and health care, I am unable to imagine the difficulties that these women face when having to attend maternity check-ups.

When hearing how the participants made feeding choices for their infants, I realized that due to my privileges I would most likely never make feeding decisions based on someone else. I recognize that as a white individual living in South Africa, I have led a privileged life which affords me the confidence to speak freely and assert my wishes. However, these women have not been afforded this privilege, and this could be the reason why many of them were unable to adhere to the WHO's recommended feeding guidelines for infants.

I found it incredibly difficult to relate to a participant that was unable to take care of her child, and then also unable to give suggestions for workplace support. I thought that she would have plenty suggestions as to how her work could have supported her, due to her having to leave her baby with family in another province. Initially in the interview when she mentioned that her mother takes care of her child, I had to actively refrain from judgement and remind myself that different situations and economic means require different parenting techniques. However, when she could also not provide suggestions, I found myself feeling angry. I had thoughts such as "the least you could do is have some suggestions". Although

I am still struggling to understand her reasoning behind not having suggestions, it could be that her education might have a role to play in it. I was privileged to receive an education that encouraged independent thinking, problem solving and voicing my opinions.

Furthermore, I cannot relate to how it must feel to be in an economic situation that requires you to leave your children living with relatives in another province. I can imagine that it must be quite an emotional experience which could have resulted in her choosing to distance herself from it. This could mean that she does not want to picture a scenario in which she could have possibly kept her children with her. This might be a reason as to why she is unable to provide ideas as to how her workplace motherhood experience could have been enhanced.

I found it sad that although these women's experiences had not been ideal nor even satisfactory, they still believed that their companies were doing good. Although, Turner and Norwood (2014) describe this phenomenon with the good worker discourse, I struggled to make sense of the women's narratives with this discourse. I felt that while participants did regularly make references to both being both a 'good worker' and a 'good mother', their socio-economic circumstances considerably altered their reflections on the workplace support that they received. Perhaps, their tough life circumstances have altered their expectations of organisational support. A lack of workplace breastfeeding support could pale in comparison to other challenges that they have faced. The intersectionality of them being women, black, poor and in low-skilled, low-wage work could have played a role in them no longer expecting support or them being willing to accept limited support. However, as a privileged, educated, white individual that is not a mother, I recognize that my life experience also inhibits me from fully understanding their reflections of their workplace motherhood experiences.

Interviewing Reflection

Although I tried not to express judgment throughout the interview process, I sometimes failed in this endeavour. I found that my judgment often came through in the form of repetitive questions. I would repeat what the participant said in a questioning manner. I often did this when participants said something that I found surprising or shocking. I would have to refrain and remind myself that my socio-economic circumstances have protected me from making such decisions. Furthermore, my education and access to information, allow me to make better informed decisions that could prevent potential harm.

Upon my reflection of questioning a participant on why she chose to forego a promotion, I realised that I asked my question in a manner that could have been interpreted as insensitive or judgemental. I could have asked the question in a more empathetic way, which might have resulted in the participant feeling more comfortable.

Recommendations and Concluding Remarks

This study explored the breastfeeding experiences of low-income workers employed in the clothing and textiles industry in Cape Town, South Africa. A range of experiences emerged, that emphasized the complexities of the challenges that these women face. The women's workplace experiences of breastfeeding at work were deeply influenced by job characteristics, workplace social support, and their socio-economic statuses. This study created a conversation around the clothing factory norms of limited breastfeeding support and the absence of enforcement of breastfeeding rights that women are entitled to. This section will discuss the study's contributions, implications and recommendations. It will begin by considering the theoretical contributions and then discuss practical implications of the study, including limitations and recommendations for future research.

South Africa's low breastfeeding rates, particularly at the age when mothers return to work, has increased the concern surrounding women's abilities to continue breastfeeding upon their return to work. This concern is heightened for low-skilled, low-income women. Thus, a more comprehensive understanding with which to better manage both the mothers and the employer's needs and expectations is required, along with practical insights which can be implemented by both the women and the employers in ways that are appropriate for the specific context.

Theoretical Contribution

The findings of this study relate to support for the conservation of resources theory (Hobfoll, 1989), role theory (Katz & Kahn, 1978), the JD-R model (Bakker & Demerouti, 2007) and social exchange theory (Emerson, 1976), helping to advance our theoretical understanding of this phenomenon from an organisational psychology perspective. Most previous studies on workplace breastfeeding have been from a health sciences perspective or conducted on white, professional samples from advanced societies. This study provides insights into low-income, low-skilled mothers' breastfeeding at work experiences, which are often lacking in the literature. Additionally, the present study focuses specifically on the clothing and textiles industry, a major employer of black low-skilled women in Cape Town.

The insights gained from this study therefore extend our understanding of the application of theories to this phenomenon within a unique subgroup and context.

Practical Implications

Although returning to work is a major reason why women stop breastfeeding, insights from this study as well as existing literature suggest that there are advantages to the mother, child and employer if support for breastfeeding in the workplace is provided. There appears to be a lack of understanding of these benefits and how they might play out in the organisations, resulting in very limited support currently in existence. The suggestions provided below are based on suggestions received from participants as well as existing literature. Some suggestions that participants provided were unrealistic in their specific context. One such suggestion was for employers to provide a free creche. Considering that there is currently no or limited support in place, suggesting to management that a creche should be provided might perpetuate the idea that breastfeeding support is expensive. This could lead to management not being open to other support mechanisms that could be provided. This section discusses practical and low-cost suggestions for managers of clothing factories to implement to improve mothers' perceptions of support for breastfeeding at work and in turn, can have beneficial employee and workplace outcomes. The suggestions have been split in to the three stages of an employed women's motherhood journey: (i) pregnancy, (ii) maternity leave and (iii) return to work.

Pregnancy. It was identified that many of the women in this study struggled when having to attend maternity check-ups at the clinics. They struggled to get time off from work as well as with the travelling logistics to get to the clinic. The factories could partner up with health care practitioners and provide their employees with monthly or bi-monthly maternity check-ups at the factory. They currently provide on-site HIV testing; a similar set-up could be arranged for maternity check-ups. Alternatively, supervisors within the factory could help employees best utilise the existing resources in conjunction with their policies.

Another issue that was identified was a lack of awareness of the nutritional benefits of breastfeeding. Although the participants were fully aware of the financial benefits, they could not comprehensively articulate the health benefits that breastfeeding provides to both mothers and babies. To address this, posters could be sourced from either the union's worker health programme or department of health, explaining the benefits of breastfeeding to the child, mother and business, and posted in an accessible area in the factory such as the canteen.

Many of the participants explained a tedious and ineffective process when registering and claiming the maternity leave UIF benefits. Two participants mentioned how UIF has online capabilities, but given that these women would not have access to online portals during their work day, or the knowledge on how to access these resources, the factories could provide the women with access to a computer in order to make use of the online facilities as well as guide the pregnant employee to complete the online forms. This would prevent the women from having to travel to the UIF offices and wait in long queues. The benefits of this suggestion could be closely linked to both social exchange theory and the JD-R model. Providing the women access to a computer to facilitate the UIF process would act as a job resource in the motivational process of the JD-R model. It would help foster employee engagement and potentially extra role performance which in turn would benefit the employer. Analysing the benefits of providing access to a computer for the UIF process with the use of social exchange theory would suggest that the women and management would weigh the potential benefits and risks of this interaction. If the risks outweighed the benefits, they would end the interaction. It could be assumed that both parties would think that the benefits outweigh the risks: the employees would benefit by having a smooth UIF process, this would leave them wanting to reciprocate. This might lead to increased levels of employee engagement or workplace productivity, which would be the benefit to the employer.

It was clear that the majority of the participants in this study were not aware of their workplace rights. They were not familiar with the BCEA code of good practice that mothers returning to work are entitled to two breaks of 30 minutes each to express milk or breastfeed until their infants are six months old. Managers, human resource managers or shop stewards could be communicating these rights better and ensuring enforcement of this code of good practice in the efforts of promoting good labour practice. This will help support the continuation of breastfeeding after their return to work and foster a climate of reciprocity where mothers feel valued and cared for by their employers and in return are likely to have increased commitment.

Lastly, women could be afforded the chance to have a conversation with either a human resources employee or supervisor at the workplace. The conversation could open up a safe space to talk about their breastfeeding needs. If possible, the supervisor or human resources employee could ensure the women that if they chose to continue breastfeeding after their return to work, that a plan would be implemented to help facilitate it.

Maternity Leave. During maternity leave a peer support group for mothers could be started through either the factory or the union. Meetings could be hosted at the union buildings. This would help mothers keep in contact with other women in the same industry which would keep them in contact with their status as a worker. The meetings could allow women the chance to share advice and perhaps provide them with social support, which they are often not receiving at home.

Return to work. Upon the women's return to work, supervisors could clearly explain to them how they can go about navigating breastfeeding in the workplace. The factories could elect breastfeeding 'champions' or buddies. They would be women who have managed to continue breastfeeding after their return to work. They would be able to explain how they successfully managed to breastfeed when they returned and could offer ongoing support.

Supervisors and managers should receive training on how to communicate about breastfeeding in the workplace as well as how to provide the necessary support to breastfeeding women.

Lastly, facilities should be in place for the women to be able to continue breastfeeding upon their return to work. This would include a private space with a chair in which they can express milk as well as a fridge that is allocated to storing only expressed milk.

Limitations and Recommendations for Future Research

Three main limitations arose within this study: (i) interviews were conducted at one point in time, (ii) only two factories were considered within the sample and (iii) interviews were carried out at the participants place of work. These three will be discussed in turn and a recommendation to help overcome it will be provided for future research.

All interviews were conducted at one point in time which was within two years after the birth of the mother's child. Although literature suggests that mothers can accurately recall breastfeeding experiences up to two years after the birth of their child (Kimbro, 2006), it would be useful for future research to be longitudinal in nature and for the researcher to conduct more than one interview with each woman at different points during their workplace motherhood experiences. This could prevent the women from potentially distorting their perceptions of the support they receive. Ideally, interviews could be conducted whilst they are pregnant, during their maternity leave and after their return to work. However, due to the time constraints of this study, this was not possible.

Only two factories were used as the sample of this study. Although this was done due to time constraints and limited access to clothing and textiles factories, it could be useful to

conduct interviews in factories of different sizes and resources, to explore whether particular factory characteristics facilitate or hinder breastfeeding in the workplace.

Lastly, the interviews were carried out at the women's places of work. This posed two problems. Firstly, a few interviews at factory two were time constrained due to production deadlines that needed to be met. The factory manager only allowed a maximum time of 40 minutes for the interview, placing pressure on the participants to return to their lines to meet production targets. This may have affected the richness of information that the women could share. Secondly, although the interviews were conducted in offices with a closed door, interviews were sometimes disrupted, which at times affected the flow of the interviews.

Despite these limitations, conducting the interviews at the factories during working hours was still the best option as women were not willing to participate if the interviews were conducted in their personal time and space outside of their work hours.

Future research could focus on the perceptions of other stakeholders such as co-workers of the mothers (i.e. the women in the factory who have to help support a breastfeeding employee) and union representatives including the shop stewards, to provide a holistic perspective of the challenges and potential forms of support for mothers that are breastfeeding at work.

Because existing literature focuses on white, professional women, it could be argued that additional research should be conducted on different sample groups. For example, this study focused on two factories and a predominantly coloured sample. The two African participants had vastly different social situations to the majority of the coloured participants. This suggests that experiences could differ based on race, class, culture or context. It would therefore be beneficial to explore workplace breastfeeding experiences across distinct groups, focusing on specific cultural or traditional beliefs that influence decisions to return to work and continue breastfeeding.

Conclusion

This study explored the breastfeeding experiences of low-income workers employed in the clothing and textiles industry in Cape Town, South Africa. After an analysis of the interviews, it emerged that mothers return to workplaces that are designed for men and machines. The physical nature of their jobs means that they have limited autonomy which coupled with an intense focus on business priorities means that they struggle to navigate breastfeeding at work. This is heightened by a lack of communication around breastfeeding and a sense of mistrust between managers and employees. Participants received varying levels

of support from their co-workers and supervisors, this meant that women within the same factory had very different experiences of breastfeeding support. The economic and social context of these women's lives also impacted their breastfeeding experiences.

It is hoped that this study will be considered an essential contribution to the existing research on breastfeeding support for low-income low-skilled black women in South Africa. Despite the plethora of research that exists on the benefits of breastfeeding, global and national rates of EBF still remain substantially below the WHO's target, especially among low-income black women (Siziba et al., 2015). This problem highlights the need for further research and context specific solutions for low-income black women trying to juggle breastfeeding and employment.

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Appendix A
Table

Table 2

Participant Information

Participant number	Pseudonym	Age	Race	Highest educational qualification	Position	Number of children
1	Tiffany	25	Coloured	Grade 10	Line feeder	One (1,5 years)
2	Anathi	33	African	Grade 12	Machinist	Three (10 months)
3	Alicia	35	Coloured	Grade 12	Machinist	Three (2 years)
4	Sheila	28	Coloured	Grade 10	Machinist	Three (1.5 years)
5	Liz	25	Coloured	Grade 11	Trainee supervisor	One (1 year 4 months)
6	Gretel	44	Coloured	Grade 12	Despatch packer	Three (2 years)
7	Thandi	35	African	Ordinary level	Machinist	Three (1 year 10 months)
8	Pamela	35	Coloured	Grade 12	Line feeder	Four (2 years)
9	Nicky	35	Coloured	Grade 10	Machinist	Three (6 months)
10	Bernadette	30	Coloured	Grade 11	Sorter	Two (1 year 6 months)
11	Maria	30	Coloured	Grade 10	Layer up	Two (1 year 11 months)
12	Primrose	33	Coloured	Grade 10	Machinist	Three (6 months)
13	Anne	28	Coloured	Grade 8	Machinist	One (3 years)
14	Ruby	26	Coloured	Grade 11	Line feeder	One
15	Frankie	31	Coloured	Grade 11	Machinist	One (8 months)

Note: Under the Number of children column, the age of the youngest child appears in brackets.

Appendix B
Interview Guide

EMPLOYEE (MOTHER) INTERVIEW GUIDE

Hello

My name is Gina and I am a masters student at UCT. I am exploring breastfeeding in the workplace for my research study this year. When I talk about breastfeeding in the workplace I mean expressing milk at work, having breastfeeding breaks and having facilities at work that help mothers with their breastfeeding experience. I am conducting this study because breastfeeding has important health, social and economic outcomes. I am interested in understanding your thoughts and experiences on this topic.

I would also like your permission to audio record the conversation please so that I have the opportunity to go back and listen to any aspect in detail to help improve my understanding of this challenge. A reminder that your name will not appear anywhere when using this information. Would that be ok?

1. I am going to begin by asking you some questions about yourself:
    a. What is your current position?
    b. How long have you been in this position? And at this company?
    c. Is it part time or full time?
    d. How many hours a week do you work?
    e. Is there any shift work?
    f. How many children do you have? And how old is your youngest child?
    g. What is your home language?
    h. How do you travel to work and back home?
    i. How long does it take to get to work in the mornings and home in the evenings? Probe where they live?
    j. How long is a usual working day? (starting and ending)
    k. Can you please tell me about your work and what you do? (Establish what their day to day work life looks like / nature of activities / which part of the business / and their work space?
2. How was your experience of being pregnant at work?

Probes:

    a. When did you tell your manager that you were pregnant? (probe male or female manager)
    b. How long did you take maternity leave for?
    c. How old was your baby when you returned to work? When was this (month and year)?
    d. How did you feed your baby since birth? And then when you returned to work? (probe duration of exclusive breastfeeding, what “other” feeding looked like, if expressing, where, when, how was it stored and experiences in general)
    e. When did you make this decision on how you were going to feed your baby?

f. Does your employer inform staff about any available supports for breastfeeding at work?
g. Did you have a conversation with your manager about how you were going to feed your baby - before you went on maternity leave or once you returned from maternity leave? Who started the conversation?
h. Did you have to change your feeding intention once you returned to work?
i. In your view, whose responsibility is it to start such a conversation?

3. Can you tell me about your return to work after your maternity leave?

Probes:

a. What did support look like (i.e. information, breaks – paid or not?, private space, storage, co-workers, role models, family, friends, partner, church, social groups, social media, childcare arrangements in/near work, paid help)?
b. If lack of support –How do you feel about this lack of support? Does it influence your approach to your work or your feelings toward your company? and, if yes, how? How did you manage to breastfeed your baby?
c. Have you ever spoken about this (lack of support for breastfeeding) with a colleague?
d. Have you and your colleagues ever spoken to the union about this?

4. What do you think are the 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?

Probes:

a. Why do you say these could help?
b. Do you know any mothers in other companies who have been supported?

6. Is there anything the union could do to help you get the support you need to combine breastfeeding and work (e.g. speak to employer/manager about importance of breastfeeding; ensure there are no negative consequences at work for breastfeeding mothers if they ask for support)?

7. Are you aware of any policies or guidelines on breastfeeding mothers in the workplace (try establishing how they became aware of this information)?

a. Internal workplace policies or guidelines?
b. Laws? If yes, how did you hear about these?
c. National policies, guidelines?

8. Do you feel that there is anything that I have missed? Do you have any questions for us?

Thank you!

Appendix C
Informed Consent

Informed Consent Form

Hello!

My name is Gina Botha and I am a masters student at the University of Cape Town. I am conducting a study exploring breastfeeding at work. I am doing this study because South Africa has very low breastfeeding rates and this has important health, social and economic consequences. It is important that women have the opportunity to attend to their babies' needs while also continuing to work. My main focus lies in examining the role of workplace support in this context.

I would like to talk to you about your experiences and discuss with you what you think workplaces can realistically do to support mothers returning to work to continue breastfeeding.

This research has been approved by the Commerce Faculty Ethics in Research Committee at the University of Cape Town (UCT). Your participation in this study will consist of an interview and I will need approximately one hour of your time. If you agree, the interview will be audio recorded so that I can accurately capture your insights in your own words. Due to the nature of this study you will need to provide me with some form of identifiable information however, all responses will be confidential and used for the purposes of this research only, and your anonymity will be ensured. This means that your name will not appear anywhere. Your participation is voluntary. You also have the right to withdraw from the study at any time following which none of the information collected from you will be used.

Should you have any questions regarding the research please feel free to contact
Gina Botha:
Email: bthgin001@myuct.ac.za phone: 083 700 4462

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 _____

Date_____

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

1. What is your highest educational qualification? _____
2. What is your gender?

   ☐ Male

   ☐ Female

   ☐ Prefer not to answer

3. What racial group do you identify with?

   ☐ Asian

   ☐ African

   ☐ Coloured

   ☐ Indian

   ☐ White

   ☐ Prefer not to answer

4. In what year were you born? _____

Appendix D
Ethical Clearance

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E-mail: com-faculty@uct.ac.za
Internet: www.uct.ac.za
@Commerce_UCT UCT Commerce Faculty Office

14/08/2018

Ms Gina Botha
School of Management
Stuidies
University of Cape Town

REF: REC 2018/008/076

Dear Gina Botha

What are the experiences of breastfeeding at work for low income mothers in the clothing and textiles industry in the Western Cape?

We are pleased to inform you that your ethics application has been approved. We are pleased to inform you that your ethics application has been approved.
Unless otherwise specified this ethical clearance is valid for 1 year and 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.

Modie Sempu
Administrative Assistant
University of Cape Town
Commerce Faculty Office
Room 2.26 | Leslie Commerce Building

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E-mail: modie.sempu@uct.ac.za
Website: www.commerce.uct.ac.za<http://www.commerce.uct.ac.za/>

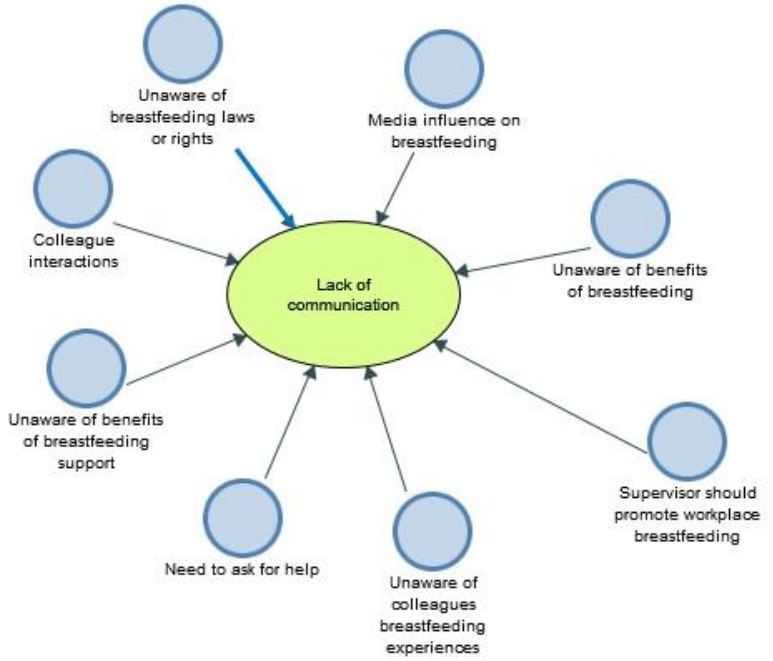
Appendix E
Code List

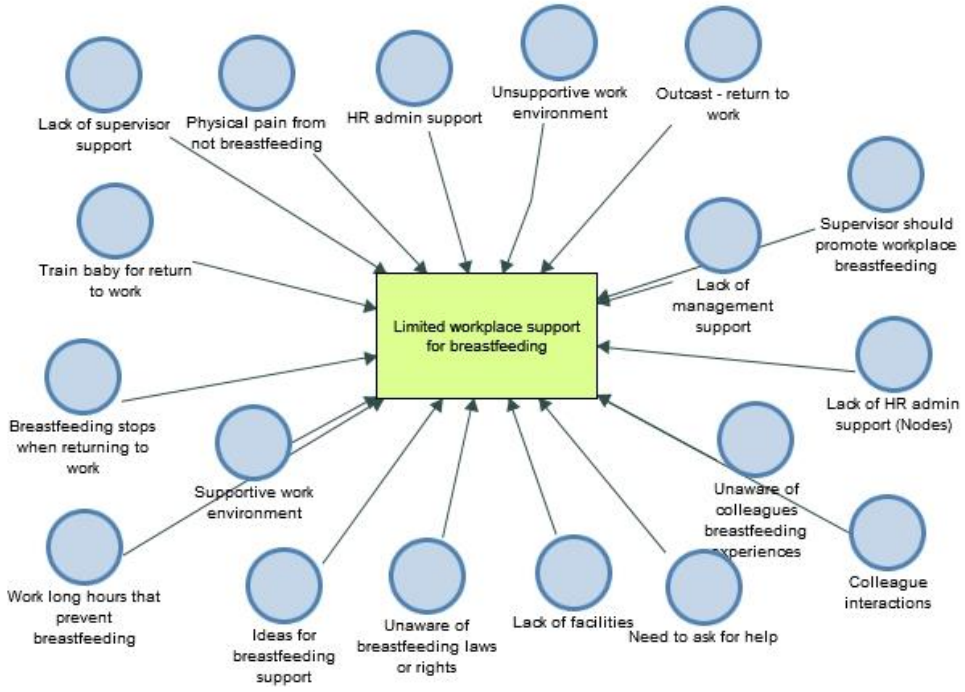
Code name	References
Additional financial support	12
'And you know...'	20
At work to do their job	41
Aware of colleagues breastfeeding experiences	10
Baby decides to give up breastfeeding	4
Baby didn't drink expressed milk	3
Back to normal after maternity leave	6
Believes work is doing good	7
Benefits of breastfeeding for the baby	44
Benefits of breastfeeding for the mother	12
Boredom during maternity leave	5
Breastfeeding is an illness	3
Breastfeeding is personal	9
Breastfeeding stops when returning to work	11
Breastfeeding struggles	24
Business case for breastfeeding	27
Business priorities	44
Challenging space - masculine environment	15
Colleague interactions	24
Could not achieve production	4
Distracted by baby	14
Early return to work	22
Economic benefits of breastfeeding	15
Economic or social situation	104
Entitled to breastfeeding support	6
Expressed at work	45
Gatekeeper	11
General trend of no breastfeeding support	1
Grateful for work	2
Health care facilities	20
HR admin support	28
Ideas for breastfeeding support	80
Improves production or job abilities	1
Indifferent attitude	6
Interviewer faults	10
Journey to claim maternity benefits	10
Lack of autonomy	17
Lack of communication around breastfeeding	25
Lack of facilities	44
Lack of HR admin support	2
Lack of management support	17
Lack of quality childcare	19
Lack of supervisor support	33

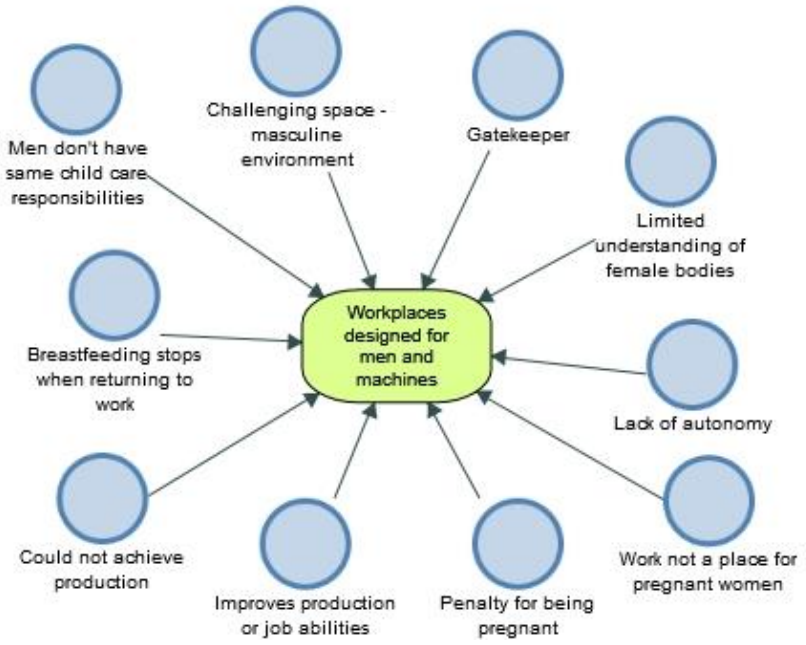
Laugh off her struggles	20
Limited understanding of female bodies	7
Manager support	5
Media influence on breastfeeding	5
Men don't have same childcare responsibilities	8
Milk dries up	2
Nature of the job	31
Need to ask for help	2
Need to return to work	9
No problem breastfeeding	6
Outcast - excluded because pregnant	1
Outcast - return to work	1
Partner support	34
Penalty for being pregnant	1
Physical pain from breastfeeding	11
Physical pain from not breastfeeding	27
Poor nutrition for baby	10
Position	15
Pregnant at work	58
Relationship with trade union	54
Reliance on public transport	24
Required to breastfeed	1
Required to stop breastfeeding	2
Resilience	2
Return to work	66
Role changes due to pregnancy	8
Sees men as bad influence on her children	1
Supervisor should promote workplace breastfeeding	7
Supervisor support	45
Supportive work environment	21
Tough to stop breastfeeding	2
Train baby for return to work	13
Unaware of benefits of breastfeeding	1
Unaware of benefits of breastfeeding support	3
Unaware of breastfeeding laws or rights	17
Unaware of colleagues breastfeeding experiences	10
Unaware of how to improve situation	14
Unsupportive work environment	47
Work long hours that prevent breastfeeding	4
Work not a place for pregnant women	28
Work provides time off from mothering	2

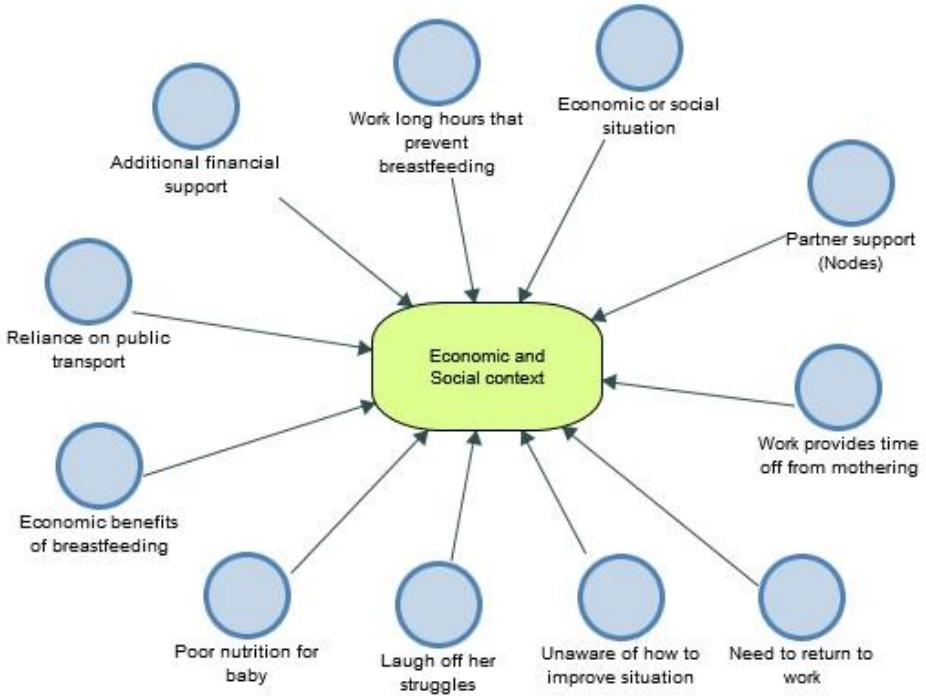
Appendix F

Thematic Maps

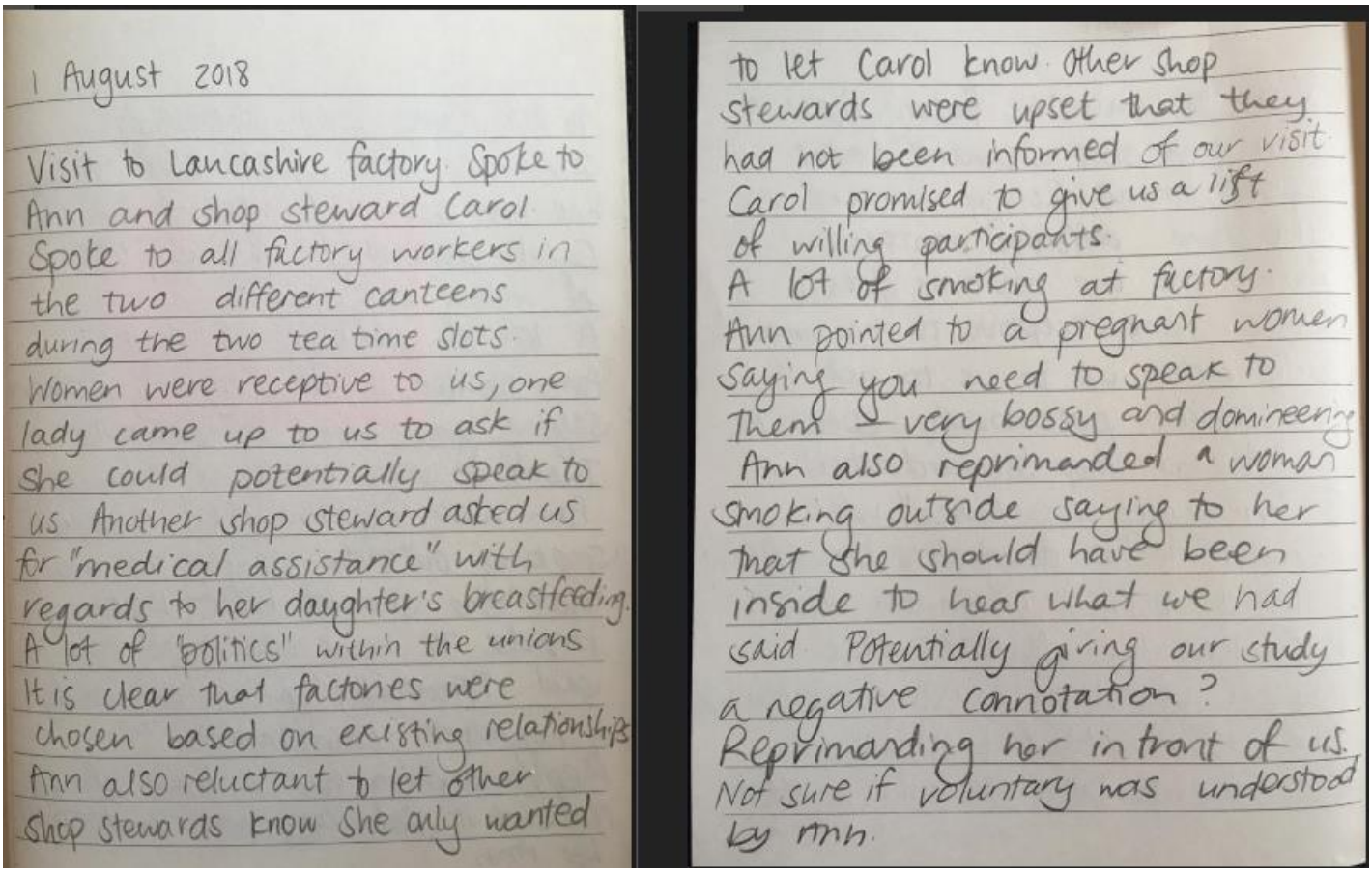





Men don't have same child care responsibilities
Challenging space - masculine environment
Gatekeeper
Limited understanding of female bodies
Breastfeeding stops when returning to work
Workplaces designed for men and machines
Lack of autonomy
Could not achieve production
Improves production or job abilities
Penalty for being pregnant
Work not a place for pregnant women


Additional financial support
Work long hours that prevent breastfeeding
Economic or social situation
Partner support (Nodes)
Reliance on public transport
Economic and Social context
Work provides time off from mothering
Economic benefits of breastfeeding
Poor nutrition for baby
Laugh off her struggles
Unaware of how to improve situation
Need to return to work

Appendix G
Reflexive Journal



1 August 2018

Visit to Lancashire factory. Spoke to Ann and shop steward Carol. Spoke to all factory workers in the two different canteens during the two tea time slots. Women were receptive to us, one lady came up to us to ask if she could potentially speak to us. Another shop steward asked us for "medical assistance" with regards to her daughter's breastfeeding. A lot of "politics" within the unions. It is clear that factories were chosen based on existing relationships. Ann also reluctant to let other shop stewards know she only wanted to let Carol know. Other shop stewards were upset that they had not been informed of our visit. Carol promised to give us a list of willing participants.

A lot of smoking at factory. Ann pointed to a pregnant women saying you need to speak to them! Very bossy and domineering. Ann also reprimanded a woman smoking outside saying to her that she should have been inside to hear what we had said. Potentially giving our study a negative connotation? Reprimanding her in front of us. Not sure if voluntary was understood by Ann.