Exploring managers' and supervisors' experiences of supporting breastfeeding at work: A qualitative study among clothing factory workers in South Africa

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A dissertation submitted in partial fulfilment of the requirements for the award of the degree of Master's in Industrial/Organisational Psychology

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2021

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Abstract

This study focuses on understanding supervisors' and managers' experiences of supporting breastfeeding support at work in the context of clothing factories in the Western Cape, South Africa. Return to full-time employment after maternity leave is the leading cause affecting mothers' breastfeeding decisions. A qualitative, exploratory research design was used. Secondary qualitative data from 17 in-depth semi-structured interviews with supervisors and managers were analysed using a thematic analysis approach. Three major themes emerged: *Influence of supervisors' socio- cultural beliefs and personal experiences on support orientation; Navigating productivity, mothers' breastfeeding needs, and co-worker emotions; and the nature of maternity and breastfeeding conversations*. Drawing from the study findings, implications for managerial practices and policy recommendations are proposed to advance managerial and supervisory support for breastfeeding at work in low-income workplaces.

Keywords: *Breastfeeding at work, supervisor support, manager support, working mothers, low-income context South Africa*

Acknowledgement

This piece of work marks my seven-year journey of academic, personal, and spiritual growth. Looking back in 2014, I left home – my beautiful island of Mauritius – to embark on a mission of achieving my educational goals and career aspirations in South Africa. While life has had its interesting way of guiding me through my stay in Cape Town, my experience as a student at the University of Cape Town has been full of challenges. Yet it unfolded as the most rewarding and satisfying adventure.

It is worth noting that completing this dissertation coincided at a time where my mental health took a devastating blow, which made me recognise and realise the importance of social support. Ironically, my dissertation dealt with the exploration of workplace social support for breastfeeding at work among low-income workers in South Africa. It was at this particular time when my eyes truly opened to issues of privilege in terms of access to mental health resources and solid support structures in South Africa. I realise that inadequate financial and emotional support entailed serious implications for motherhood and continued to evoke suffering from lower-income mothers when combining both work- and family roles. *Mzansi* to me, so far, was described by chic coffee spots, incredible fauna and flora and warm people, but it quickly became clear to me that *Mzansi* was also sitting on a 'hotpot' cooking a mix of structural imbalances and discrimination – which I hope will be re-calibrated in the years to come.

To Associate Professor Ameeta Jaga, my academic supervisor (and international research star), thank you for being an inspiration, a mentor, and an elemental critique throughout my writing. Thank you for facilitating this academic journey and imparting your expertise that helped me improve on my skills in many ways. Your competence, wisdom, and work ethic have been truly inspiring. I would also like to extend my appreciation towards the UCT International & Refugee scholarship for their financial support as well as to my university classmates who significantly contributed to my learnings.

Thankful thoughts go to my parents who never stopped believing in me, always pushed me to finish what I started and helped me build resilient traits. I miss you and I am most grateful for your support so far. I am who I am because of you both.

'Le mieux pour la fin', my warmest gratitude to all my friends who joined me for regular study sessions, for believing in my potential, and providing unconditional support. This dissertation would not have been possible without you. Thank you, Miché September, Gopal Reekoye, Navnit Seeburrun, Tatiana Bheekhoo (remote support friend) for making me fall more passionate for what I do. Thank you to everyone who helped in one way or the other.

Most importantly, I acknowledge the grace of the *Almighty* for keeping me focused and guided amidst the uncertainties I had to experience along the writing journey. I am convinced that your plans always triumph.

Lastly, this acknowledgement would not have been complete without sharing Parkinson's Law of time, which has been incredibly instrumental in helping me stick to my goals:

'Work expands to the time allocated to it'.

Definitions

Breastfeeding and the World Health Organisation (WHO)

When delving into the topic of breastfeeding at work, it is important to maintain accurate and consistent use of standardised breastfeeding definitions and indicators to understand women's breastfeeding behaviours. Breastfeeding behaviour at work commonly includes bringing the child or the infant to work or expressing breastmilk (by hand or with a pump) (World Health Organisation [WHO], 2003). Table 1 outlines a list of common breastfeeding definitions as established by the WHO (2003), and the definition of exclusive breastfeeding (EBF) should be used in strict accordance with the WHO definition.

Table 1

Definition of key terms used in this dissertation

Terms	Definition
Exclusive breastfeeding (EBF)	Feeding an infant only breastmilk, no other solids, liquids and not even water except for prescribed medication, vitamins, and mineral supplements for the first six months of an infant's life
Breastfeeding at work	Continuation of EBF after return to work from maternity leave, i.e., combining breastfeeding and work using the following options: a) Pump breastmilk in advance so that the infant can be fed in her absence, b) Bring the infant to work with her should there be on-site childcare facilities, and c) Travel to the infant and feed him/her during work breaks. In the case of South African workplaces where bringing the child to the workplace does not constitute a norm, this study refers to breastfeeding as the act of 'expressing breastmilk during breastfeeding breaks' as a specific behaviour of interest.
Basic Conditions of Employment Act (BCEA) (No. 75 of 1997 as amended)	Purpose of advancing economic development and social justice in South Africa. Primary objectives are to 'give effect to the right to fair labour practices referred to in section 23(1) of the Constitution' by establishing and making provision for the regulation of basic conditions of employment.
coloured	The term 'coloured' in Southern Africa denotes an individual of mixed racial ancestry and relates to identities of an often marginalized coloured community (Adhikari, 2009)
Low-income worker	Weekly wage earners earning less than R4500 per month (Republic of South Africa, 2017)
Mixed feeding	Feeding an infant breastmilk and other fluids and solids such as *pap* (maize meal)
Supplementary feeding	Transition from EBF to complement breastmilk with solids and fluids, usually between the ages 6 and 18 −24 months
Supervisor support for breastfeeding	Tasked with providing workplace support for breastfeeding by organising lactation breaks, provision of space and milk storage and management of worker concerns and facility operations

Chapter 1: Introduction

Breastfeeding remains an ideal and cost-effective source of nutrition for optimal infant growth and development especially in low-and-middle income countries (LMICs) such as South Africa (Rollins et al., 2016). Not only does breastfeeding yield short- and long- term health benefits to infants and working mothers (see Horta & Victora, 2013 a,b), but breastfeeding also substantially contributes to achieving the United Nation (UN)'s 2030 Sustainable Development Goals (SDGs) agenda (e.g., SDG 3 concerned with promoting well-being and ensuring healthy lives for all at all ages). However, despite a host of evidence-based economic, health and societal benefits of breastfeeding conferred to the working mother, her infant, and the community at large (Hansen, 2016), breastfeeding rates in LMICs remain sub-optimal (Olufunlayo et al., 2019). As such, public health agencies worldwide have merged forces to increase the incidence and sustained duration of breastfeeding. For instance, the World Health Organisation (WHO) stipulated two global public health recommendations: 1) Infants to be exclusively breastfed for the first six months of life to achieve healthy growth and 2) Infants older than six months to receive adequate and safe nutrition while maintaining breastfeeding up to two years of age (WHO, 2016).

Nevertheless, low breastfeeding rates in South Africa remain a pressing concern given pervasive poverty, disease burden, and undernutrition associated with limited resources, economic and cultural differences (du Plessis, Peer, Honikman, & English, 2016; Horwood et al., 2018; Still, Marais, & Hollis, 2017). Return to full-time maternal employment after childbirth is consistently cited as the leading factor influencing breastfeeding initiation, duration, and cessation rates both within the global (Pérez-Escamilla, 2020; Spitzmueller et al., 2016) and South African context (Doherty et al., 2012; du Plessis et al., 2016). In keeping up with the WHO's recommendations, the World Alliance for Breastfeeding Action (WABA) aims to foster a cohesive breastfeeding movement at an international scale to create enabling work environments to support and sustain recommended breastfeeding practices. Likewise, South Africa has declared breastfeeding a national priority and adopted the Tshwane Declaration of Support for Breastfeeding (Department of Health, 2011) which actively calls on all stakeholders including civil society, public sector, and employers to promote, protect, and support breastfeeding and the rights of breastfeeding employees. Yet, despite ratifying global targets to improve national breastfeeding rates, EBF rates in South Africa for the first six months of life remain far below the WHO global target of 50% (Horwood et al., 2018).

Breastfeeding as a workplace issue

Research attention for breastfeeding has traditionally emerged from applied midwifery, nursing, and public health and community literature (Mahon-Daly & Andrews, 2002; Rollins et al., 2016). The cultural, social, and biological significance of breastfeeding have also been widely recognised across communities (Pérez-Escamilla, 2020). However, breastfeeding research from an organisational behaviour perspective only burgeoned within the last two decades, in response to the influx of female participation in the labour force (Chow, Smithey-Fulmer, & Olson, 2011; Gatrell, 2007; Litwan, Tran, Nyhan & Pérez-Escamilla, 2021). In this regard, the International Labour Organisation [ILO] (2012) maintains that workplace support and maternity protection are necessary if women are to both work and bear maternal responsibilities (i.e., breastfeed their infants) in decent conditions. This claim thus positions breast milk expression at work as an organisationally relevant workplace behaviour, which is necessary if working mothers wish to provide optimal nutrition to their infants upon return to work.

Supporting breastfeeding at work can mitigate lost productivity due to lower rates of absenteeism and turnover among mothers (Waite & Christakis, 2015), increased affective commitment and organisational loyalty (Cardenas & Major, 2005), and recruitment incentives for female employees (Mills, 2009). As children who are breastfed tend to stay healthier, organisations can capitalise on more affordable health insurances (Spitzmueller et al., 2016). In their study, Jantzer, Anderson, and Kuehl (2018) also noted that positive business outcomes such as improved employee morale and reduced dissatisfaction with management can be reaped through healthier, productive, and more motivated working mothers. Ultimately, supporting breastfeeding mothers at work can be considered an ‘investment’ due to its high potential to contribute to a productive labour force as well as economic development (Del Bono & Pronzato, 2012; Hansen, 2016).

Nevertheless, return to employment and the associated difficulties remain a global phenomenon impacting mothers who wish to successfully combine EBF and employment (Bai & Wunderlich, 2013). Breastfeeding as a workplace issue ranges from experiencing interpersonal difficulties (limited managerial/supervisor support) to logistical issues (lack of private, clean spaces and inadequate refrigeration facilities) (Cripe, 2017; Tsai, 2014). Early research focused on the cost-benefit analysis of supporting breastfeeding at work (Cohen, Mrtek, & Mrtek, 1995), employer knowledge of the potential benefits of breastfeeding (Bridges, Frank, & Curtin, 1997; Witters-Green, 2003), the barriers and enablers of

breastfeeding at work (Dodgson, Chee, & Yap, 2004; Dunn, Zavela, Cline, & Cost, 2004; Libbus & Bullock, 2002), and manager perspectives toward workplace breastfeeding support (Chow et al., 2011). Findings from the aforementioned research commonly unpacked how managers' and supervisors' experiences and views on breastfeeding at work influenced the availability and uptake of workplace breastfeeding practices amongst breastfeeding mothers.

Nevertheless, despite progressive legislation and family-friendly workplace policies enacted in favour of breastfeeding at work globally (Steurer, 2017), some studies claim that policies alone are insufficient in managing radical transformational changes towards breastfeeding inclusivity in organisations (Anderson et al., 2015; Baxter & Chesters, 2011). Moore (2020) identified organisational barriers such as lack of managerial support and a work culture that is unsupportive of family-friendly work practices to play a major role in employees' reluctance in taking up their entitlements afforded by workplace policies. Viljoen (2015) described a similar landscape evident within South African workplaces, which require managers, line supervisors and other organisational members to change their mindset and shift their views towards the act of breastfeeding and breastfeeding support in the workplace. This emphasises the notion that breastfeeding initiation and sustainment are not limited to individual-level choices and circumstances only (Grant, 2016). Rather the promotion, protection, and support of breastfeeding practices reflect a collective societal responsibility (Pérez-Escamilla, 2020). For mothers to successfully reconcile breastfeeding and work, Spitzmueller et al. (2016) underscore that the exact requirements and support structures that facilitate breastfeeding at work need to be understood, and positions supervisor work-family support as a form of workplace social support to advance breastfeeding rates among working mothers.

Supervisor support for breastfeeding at work

Of the different types of workplace supervisor support deemed effective in reducing work-family conflict among employees, the literature demarcates between general supervisor support (House, 1981) and supervisor work-family support (Kossek, Pichler, Bodner, & Hammer, 2011). Compared to general supervisor support defined as employees' perceptions that supervisors care about their general well-being on the job (Kossek et al., 2011), supervisor work-family support is believed to be more useful in studying and understanding supervisor support for breastfeeding at work due to its focus on family-supportive supervisor behaviours (FSSB) (Hammer, Kossek, Anger, Bodner, & Zimmerman, 2011). More specifically, supervisor work-family support relates to perceptions of supervisory helping behaviours that

denote supervisors care about an employee's ability to experience positive work-family relationships (Hammer, Kossek, Yragui, Bodner, Hanson, 2009; Hammer et al., 2011). This care is usually demonstrated through positive attitudes such as empathy with one's desire for balancing work-family lives and the provision of useful social interactions and resources to enable such endeavours.

Other reasons underpinning the salience of supervisors as key sources of workplace social support in advancing breastfeeding at work are listed. First, supervisors are argued to act as 'gatekeepers' to the utilisation of work-family policies owing to their unique positions in the organisational hierarchy (Dinour & Szaro, 2017; Spitzmueller et al., 2016). In addition, due to being perceived as agents of an organisation, supervisor actions and the extent of supervisor support provision are indicators of organisational intention, which often dictate the importance attributed to organisational work-family culture (Batt & Valcour, 2003; Moore, 2020). Third, by virtue of their leadership positions, both supervisors and managers can promote or hinder the work climate of breastfeeding support by either formally or informally supporting or discouraging breastfeeding employees, managing or avoiding issues arising among co-workers, or by adhering or ignoring company policies on breastfeeding (Tsai, 2014). Similarly, lack of support from supervisors and managers are reported as major barriers to breastfeeding initiation, duration, and sustainment (Atabay et al., 2014; Chekol, Biks, Gelaw, & Melsew, 2017). Amongst others, this includes impediments arising from supervisors' previous work experiences or perceptions that expressing breastmilk or the presence of infants in the workplace may negatively impact the mother's working hours and work productivity (Chow, Smithey, Fulmer, & Olson, 2011; Murtagh & Moulton, 2011).

Oftentimes, supervisor-held negative views can impede mothers' access to work-family benefits, in turn resulting in a 'provision-utilisation gap' of family-friendly policies among low-income mothers who require the most assistance (Agarwala, Arizkuren-Eleta, Del Castillo, Muniz-Ferrer, & Gartzia, 2014; O'Driscoll & Brough, 2010). Supervisors' perceptions (positive or negative interpretation of breastfeeding at work based on individual knowledge of the benefits or negative consequences of breastfeeding) together with their previous experiences with lactating mothers can explain their willingness to provide workplace breastfeeding support or not (Clifford & McIntyre, 2008; Suyes, Abrahams, & Labbok, 2008). Moreover, some managers may perceive breastfeeding support to yield little value to their business if they possess limited knowledge of the wide range of benefits of breastfeeding (Libbus & Bullock. 2002).

Breastfeeding in the South African context

Despite achieving high breastfeeding initiation rates within the first hour of birth of 75-97 % (Siziba, Jerling, Hanekom, & Wentzel-Viljoen, 2015), EBF rates in South Africa among infants aged under six months were found to be low at 31.6 % in 2016, although it is considered a substantial improvement from the previous estimate of 8% EBF rates in 2012 at six months (South African Demographic and Health Surveys [SADHS], 2016; UNICEF, 2012). For the past fifteen years, EBF rates in South Africa were hampered due to the aggressive promotion of formula feeding associated with fears of HIV transmission from breastmilk, which also increased the risk of death from malnutrition, pneumonia, diarrhoea, and other health complications (Doherty et al., 2012). However, policy change on the distribution of free formula, legislation on the code of marketing of breastmilk substitutes, and Prevention of Mother-to-Child Transmission of HIV programmes (Jackson et al., 2019) enabled EBF rates to be maintained at 23.7% for infants aged 4-5 months. This remains the case even when considering that the 4-5 months' period coincides with mothers' need to return to work after maternity leave.

Several factors contribute to low EBF rates in South Africa including unaccommodating workplaces, limited involvement of fathers in supporting breastfeeding, and pressures from community members to implement mixed feeding (Siziba et al., 2015). However, Jama et al. (2017) specifically highlighted that the high rates of breastfeeding initiation are not maintained given that many South African mothers resort to early breastfeeding cessation due to return to work. Although South African legislation provides four months of maternity leave, it is worth noting that paid maternity is not mandatory and is partially funded by the unemployment insurance fund (UIF). Surviving on this reduced income is unlikely for low-income South Africans mothers, who are thus forced to return to employment earlier than legislated four months' maternity leave (Siziba et al., 2015).

South Africa has adopted the *Code of Good Practice* under the Basic Conditions of Employment Act (BCEA) 75 of 1997 which stipulates that arrangements should be made for employees who are breastfeeding to have breaks of 30 minutes twice per day for breastfeeding or milk expression (whether by hands or electric pumps), each working day for the first six months of the child's life. Despite nationwide feminist-supported efforts to implement maternity protection and breastfeeding breaks in South African workplaces (Stumbitz & Jaga, 2020), the contextual reality remains that the provision of breastfeeding support including utilisation of breastfeeding accommodations remain most accessible to white-collar female workers (Mathur-Helm, 2018). Consequently, low breastfeeding rates continue to persist

among lower-skilled and less-educated South African employees (Horwood et al., 2018; Mabaso, Jaga, & Doherty, 2021). Given a South African context where low-income working mothers have limited access to resources to combine dual mother and worker roles, understanding how to advance workplace supervisory support for breastfeeding is key in supporting mothers' efforts to engage in EBF if they wish to do so.

The context of low-income clothing factory workers in the Western Cape. The South African clothing and textile industry is regarded as a strategic labour-intensive sector of manufacturing and remains a significant source of employment of women in low-income jobs in resource-poor communities for whom opportunities are limited (Tager, 2016). Women constitute 66.7% of the workforce in clothing factories, and 94% of these female workers are racially classified as black and/or coloured, the majority being single mothers holding jobs that support entire families on a single income (Mathur-Helm, 2018). Lambert and Henley (2007) defined lower-skilled workers as those who perform jobs requiring 'limited experience and formal education at the point of hiring, usually a high school certificate or less' (p. 3). Drawing from this definition, this study defines lower-skilled working mothers as those with limited education (i.e., a high school matric certification or less) and performing more routine work such as sewing, stitching, and machine operating.

The majority of these low-income women are not attracted to the labour market by economic demand per se. Rather, Mabaso et al. (2021) explained their return to paid, full-time employment after maternity leave predominantly emerges from financial necessity. Women who are relatively high in socioeconomic status (i.e., white-collar, professional, working mothers with partners) tend to experience relative ease of access to breastfeeding support at work (Ehrenreich & Siebrase, 2014; Gatrell, 2013). Comparatively, low-income mothers face challenges to access the same due to the nature of their skills being more easily replaceable, having limited resources, and reduced bargaining power to request their breastfeeding rights (Gatrell, 2019). Such circumstances imply that low-income working mothers are likely to experience higher levels of work-to-family conflict than their female counterparts and may therefore exhibit a greater psychological need for work-related support to continue breastfeeding (Guendelman, Kosa, Pearl, Graham, Goodman, Kharrazi, 2009). Likewise, Mathur-Helm (2018) highlights that low-income workers in South Africa would most likely require work-family support due to relatively low levels of coping resources (e.g., financial resources) from the family domain.

Research rationale

Despite known complexities associated with merging work and family roles (Michel, Mitchelson, Pichler, & Cullen, 2010), little research has attempted to fully explain supervisor support in helping low-income working mothers integrate breastfeeding at work. While some literature emphasised the impactful role of supervisor support in facilitating mothers' breastfeeding experience at work (Spitzmueller et al., 2016), other scholars documented supervisors' reluctance to acknowledge breastfeeding as a workplace issue (Tsai, 2014). Most studies investigating supervisor support within the work-family interface have been rooted in the context of the global North, which remain insensitive to the particularities of the local Southern context and the lived experiences of women as they navigate mothering and employment (Stumbitz & Jaga, 2020). Workplace breastfeeding research in South Africa that explores the contribution of supervisor and managerial support towards lower-income mothers' combination of paid work and breastfeeding are still in their infancy. Little is known about context-specific supervisor views and perceptions, and how these experiences shape how supervisors provide breastfeeding support at work. Most importantly, front-line supervisors in this study have a thorough understanding of the contextual complexities of factory female workers' lived experiences and struggles as they tend to live in similar resource-poor urban spaces in the Western Cape, South Africa. As such, supervisors' role in supporting breastfeeding in the context of factories are of paramount importance.

This research, therefore, seeks to address the current gap in research on supervisor support for breastfeeding at work in clothing factories in Cape Town, South Africa. It also raises awareness on how workplaces can support low-income mothers' breastfeeding practices through leveraging supervisor support as a form low cost intervention. One way to achieve the international target of 50% EBF for the first six months of an infant's life is through effective contextualised workplace interventions to promote and sustain breastfeeding practices. Adopting such an approach is important considering the complex challenges faced by the South African society, including poverty, gender-based violence, and high levels of inequity in addition to persistent low EBF rates (du Plessis et al., 2016; Mayosi et al., 2012).

Research aim

This research aims to gain a deeper understanding of managers' and supervisors' experiences on providing breastfeeding support to factory workers after their return to work. In uncovering their experiences on providing breastfeeding support at work, salient context-specific insights underlying support mechanisms can be understood which can, in turn, advance managerial and supervisory support for breastfeeding in clothing factories of the Western Cape.

Based on the research rationale and research aim, the research question is formulated and guides the research process: *What are supervisors' and managers' experiences of supporting breastfeeding at work in the context of clothing factories?*

Structure of dissertation

Chapter One began with an introduction and description of the research topic and the context within which the research was located, followed by research rationale and research aims. Chapter Two offers a review of workplace social support literature, including elaboration and application of relevant theories that explain supervisor and managerial support for breastfeeding at work. Chapter Three presents information on the research approach, research design, recruitment of participants, the procedure used for gathering secondary data, ethical considerations as well as reflexive insights adding to study rigour. Study findings and discussion of findings are merged in Chapter Four to aid in the explanation of results for each theme and sub-themes. Lastly, study recommendations, and concluding remarks are presented.

Chapter 2: Literature Review

Chapter 2 presents the main theories that guide this study and explain the mechanisms of breastfeeding support at work. The theoretical framework is presented, followed by relevant role and social support theories which are drawn upon to explain supervisor support for enabling breastfeeding practices in a low-income work context. This section also distinguishes between general social support and family-supportive supervisor behaviours (FSSB). Lastly, this review elaborates on the case of supervisor undermining as a potential barrier to optimal breastfeeding support at work.

Theoretical framework

The work-family support literature is yet to establish the relative importance of supervisor support for balancing work and family demands among low-income workers, who remain relatively understudied in vocational literature (Lambert & Henley, 2007; Muse & Pichler, 2011). Meanwhile, a growing body of research has vouched for the salience of family-supportive social support as related to work-family conflict (Hammer, Kossek, Anger, Bodner & Zimmerman, 2011; Kossek, Pichler, Bodner, & Hammer, 2011). There exist several conceptualisations of family-supportive supervisor behaviours that can help employees manage work-family conflict. These include family-supportive organisational perceptions (FSOP) (Allen, 2001), different functions of social support namely emotional support, informational support, and instrumental support (House, 1981), and Thomas and Ganster's (1995) definition of a supportive supervisor referred to as those who empathise with and accommodate working mothers' desire to balance work and family responsibilities. However, in their meta-analysis, Kossek et al. (2011) specifically identified supervisor work-family support to be more effective in managing work-family issues than general social support. For this reason, this review focuses on unpacking Hammer et al. (2011)'s specific workplace social support construct of family-supportive supervisor behaviours (FSSB) to explain how supervisor support for breastfeeding at work presents as an avenue for resource conservation among low-income mothers.

The role theory-based work- resource breastfeeding model

Role theory (Greenhaus & Beutell, 1985; Katz & Kahn, 1964) and role-conflict perspectives provide a framework for understanding working mothers' breastfeeding decisions as an outcome of role conflict considerations. Role theory proposes that multiple demands

emanate from the different roles placed on an individual based on different life domains, such as work and family, often leading to conflict. Moreover, under the premise of the scarcity hypothesis (Burke, 1988), individuals operate under fixed psychological and physical resources such as time and energy, whereby the use of resources in one role (e.g., family) can result in a depletion of resources in another role (e.g., work) (Goode, 1960)**.**

Based on these theories, work-to-family conflict is conceptualised as an incompatibility between one's work and family roles, such that involvement and commitment to one life role (e.g., family) create conflict in another role (e.g., work) (Greenhaus & Beutell, 1985). Accordingly, increased role performance in one domain (e.g., work) leads to preoccupation with that role, and thus decreased role performance in the other domain (e.g., family). Sources of work-family conflict can be categorised into time-, strain, and behaviour-based conflict such that time commitments (e.g., long hours of work), strain (role conflict and ambiguity), and behaviours required by an individual's work (family) role may compete with expectations from their family (role) – thus draining resources that would otherwise facilitate the fulfilment of family (work) obligations and activities (Greenhaus & Beutell, 1985; Henly & Lambert, 2010). Based on role theory (Kahn et al., 1964) and its application to the work-family interface, family and work role demands compete for time resources and can lead to strain or behaviour-related role pressure incompatibility (Greenhaus & Beutell, 1985).

For working mothers, the demand to reconcile work and family roles influences how they execute both, and the prioritisation of demands of each role is evaluated based on ramifications of role fulfilment. For instance, a family role demand such as the need to frequently express breast milk at work constitutes a strong time-oriented demand due to requiring multiple breaks at regular intervals. As such, the family role demand competes with work role time demands. In addition, identity contradictions faced by mothers relating to constructions of the 'good mother' versus the 'good worker' can evoke both physical and psychological strain as well as guilt (Turner & Norwood, 2014). Which role takes precedence is likely to be determined by anticipated rewards or repercussions of role fulfilment (Spitzmueller et al., 2016). When employees feel socially supported at work in managing work-family issues, these positive dynamics can spill over into the family role – thus reducing work-family conflict (Kossek et al., 2011).

The Conservation of Resources (COR) Theory

Hobfoll (1989) presented a new resource-based model of stress and coping which has since been recognised as the Conservation of Resources (COR) theory (Hobfoll, 1989). This

theory of stress, widely applied to work-family conflict, is based on notions of fixed resources, i.e., resource scarcity as previously outlined (Goode, 1960). COR theory posits that individuals are motivated to retain and sustain existing resources and obtain new resources that are important to them. The term 'resources' refers to tools that are valued by the individual, which contributes positively to their well-being and enables adjustment (Hobfoll, 1989). Four categories of resources were identified namely: objects, personal characteristics, conditions, and energies – all of which are either valued alone or can be used to obtain value (Hobfoll, 1989; Hobfall, 2002). Personal resources (e.g., personal values and positive affect), environmental resources (e.g., type of feedback and reward at work) and social support (e.g., co-worker and supervisor support) can function as resources to help mitigate individuals' negative reactions to stress (O'Driscoll & Brough, 2010).

According to the COR theory (Hobfoll, 1989; Hobfoll & Shirom, 2000), stress experienced by individuals can be understood in relation to potential or actual loss of valued resources. These scholars propose that stress is likely to occur when there is: (a) a perceived threat to one's resources (e.g., perception of job loss), (b) an actual loss of resource (e.g., the loss of the job) or (c) a lack of resource gain following resource investment (e.g., the inability to get a job promotion following the time resource invested in taking breastfeeding breaks). In the context of this research, the stress resulting from one of the three paths can negatively impact mothers' valuable personal resources such as self-esteem, motivation, and identity (e.g., conflicting employee-mother roles) (Spitzmueller et al., 2018).

Resource gain and resource loss spirals. The COR theory encompasses corollaries of resource gain spirals and resource loss spirals, which respectively delineate that (a) upon gaining resources individuals will be facilitated to gain further resources and (b) upon losing resources individuals will likely lose further resources (Hobfoll, 1989, 2002). Resource gain spirals refers to the potential for resources to aggregate and build upon each other such that strong resource pools lead to an increased likelihood for individuals to seek opportunities to risk resources for increased resource gains (Bakker & Derks, 2010; Hobfoll, 2002). Hobfoll (1989) further highlights that resource gain is additive such that resource gain is more likely once resources are already acquired. In the context of this study, the availability of social support as a resource (e.g., supervisor support) may bolster feelings of self-esteem among working mothers, making them feel more comfortable in seeking support in the future.

Resource loss spiral, on the other hand, is based on the notion that the lack of resources to deal with stressful events may render individuals more vulnerable such that 'loss begets further loss' of resources (Bakker & Derks, 2010; Hobfoll, 2002). In this case, the spiralling of

resources might in turn lead to a reduced ability to cope with stress and reduced opportunities for recovery upon subsequent exposure to the said stress. For example, an absence of supervisor support following work-family conflict can drain mothers' energy and distract them from basic job tasks as they spend more time dealing with the stress. These chains of events may result in resource losses – thus undermining mothers' capacity to perform optimally at work.

Although the COR theory puts forth both resource losses and gains, the major emphasis rests on resource loss as it is speculated to be more psychologically impactful than resource gain (1989). Hence, despite the beneficial outcomes of resource gains on individual development and overall psycho-social wellbeing, resource losses are argued to have primacy over resource gains when confronted with stressful circumstances. Resource gains are argued to acquire their saliency in the context of resource loss (Hobfoll, 200). This suggests that the motivational potential of job resources accrues as outlined by Bakker and Derks (2010) when employees are confronted with high job demands (e.g., emotional and time demands) because the resources can aid with employees' goal accomplishment, in this case breastfeeding goals.

In relation to the points discussed, work-family scholars have vouched for workplace social support as an important resource for coping with work-family conflict. Positive and accepting characteristics from upper management and line supervisors – who are the main facilitators of access to family-friendly work accommodations – play a major role in helping breastfeeding mothers feel confident in their abilities to continue working while breastfeeding (Chow et al., 2011). The following theories are drawn upon to furnish the explanatory mechanism linking supervisor support, reduced work-related stress, and work performance consistent with the COR theoretical framework.

Social support theory

Social support refers to various avenues that link social relationships to well-being (Cohen & Wills, 1985) and it can emerge from work (e.g., supervisor support) and non-work (e.g., community support) domains. The literature proposes several definitions of social support based on different theoretical standpoints. One such effort emerged from Hobfoll and Stokes (1988: 499) who described social support as 'social interactions or relationships that provide individuals with actual assistance or with a feeling of attachment to a person or group that is perceived as caring or loving'. The COR theory advances that social support constitutes a major vehicle by which individuals' resources are expanded outside the confined domain of resources contained within the self (Hobfoll, Freedy, Lane & Geller, 1990). Similarly, Hobfoll

(1989) identified social support as a significant resource for dealing with work-related stressors since social support can widen employees' pool of available resources, reinforce, or even replace other resources that have been lacking. He further proposed that supervisor support may create a positive sense of self and sense of security, in turn facilitating the preservation of resources valued by employees.

Social support at work is described as the perceived availability of resources that employees can draw upon when faced with increasing work demands, in turn contributing to well-being, job satisfaction and productivity (Halbesleben, Wheeler, & Rossi, 2012). Workplace social support can be classified as formal (i.e., work-life benefit use) and informal (i.e., supervisor work-family support and family support). In this research, supervisor support is positioned as a form of workplace social support likely to play a pivotal role in enhancing the mental and emotional well-being of breastfeeding mothers by limiting the strain experienced in balancing work-family roles and work-related psychosocial stressors.

The Job Demands-Resources (JDR) model

A key proposition of the Job Demands-Resources (JD-R) model (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) forefronts the interactions between job demands and resources are important. The model proposes that certain resources such as social support can mitigate the negative psychological effects of strain experienced by employees. This model has an underlying motivational process that can explain how job resources such as instrumental support to breastfeeding mothers can lead to increased job satisfaction and job engagement. The JD-R model also illustrates the importance of interpersonal communication in enacting support for employees (Demerouti et al., 2001). For example, supervisors who exhibit supportive attitudes towards mothers by enabling and encouraging positive interpersonal communication to occur (e.g., initiating infant feeding conversations) can help reduce mothers' stress – thereby motivating mothers to engage in breastfeeding practices at work (Tsai, 2014). Research conducted in the work-family domain found lower levels of anxiety among employees whose managers practised effective communication and maintained supportive relationships (Greenhaus, Ziegert, & Allen, 2012). Hence, positive managerial attitudes and perceptions towards breastfeeding at work can function as resources that support mothers in fulfilling the demands of motherhood and employment (Spitzmueller et al., 2016).

Family-supportive supervisor support as a social resource for enabling breastfeeding at work

Given the growing number of women spending their childbearing years in active employment, work settings are strategically positioned to provide breastfeeding support

through harnessing different forms of workplace social support (Spitzmueller et al., 2016). As suggested by Cohen and Wills (1985), social support can act as a protective shield in the face of stressful experiences such as work-family conflict and resource challenges faced by mothers at work. While work and family stressors interact to deplete resources, resources from the work domain (e.g., supportive supervisors and line managers) act to limit the impact of resource depletion experienced by low-income mothers. In this regard, work-family scholars have advanced family-supportive social support as a salient resource for coping with work-family conflict and work-related strains (Hammer et al., 2009; Kossek et al.,2011; Michel et al., 2010). For example, in their study, Kossek et al. (2011) suggested that work-family-specific supervisor support perceptions among employees are likely to increase employees' uptake of work-family policies or interventions. This can in turn lead employees to perceive the workplace climate to be more supportive of work-family needs, which relates to lower work-family conflict.

Consequently, a strong business case for training supervisors to be family supportive has been suggested (Hammer et al., 2009; Hammer et al., 2011), especially among low-income workers (Muse & Pichler, 2011). Although the need for increased work-family support among low-income workers has been widely advocated, companies faced challenges in effectively implementing family-supportive workplace policies and practices (Ryan & Kossek, 2008). One reason could be that the importance of supervisor-work family support as a social resource has only gained recognition in the last few years and is therefore viewed as a relatively new expectation for supervisors to engage in family supportive behaviours at work (Lirio, Lee, Williams, Haugen, & Kossek, 2008).

Family-supportive supervisor behaviours in the context of low-income working mothers. According to Michel et al., (2010), family-supportive supervision at work signals employees that they are valued, which acts as an important psychological coping resource, a resource protector, and a buffer of stress experienced by mothers. Supervisors' use of family-supportive supervisor behaviour (FSSB) is speculated to limit the influence of work-related stressors protecting mothers against further resource loss which is likely to engender detrimental consequences on their morale, self-esteem, and work productivity (Hammer et al, 2011). Hammer et al. (2009, 2011) conceptualised FSSB as a set of behaviours exhibited by supervisors to help employees better cope with work-family demands through four dimensions of support. These dimensions are: 1) emotional support (supervisors listening to employees' struggles and showing care for their work-family demands), 2) instrumental support (responding to employees' work-family demands through daily work arrangements), 3) role-

modelling behaviours (demonstrating useful tips on how to combine work and family through modelling behaviours on the job), and 4) creative work-family management (actions initiated to restructure work to facilitate effectiveness on the job).

A qualitative study conducted by Gassman-Pines (2011) with low-income workers provided rich insights suggesting that they value a more specific set of supervisor behaviours. Low-wage workers described specific family-supportive supervisor behaviours as distinct from supervisor emotional support, which is rather viewed as a broader concept related to the overall atmosphere of support. Research by Thompson, Beauvais, and Lyness (1999) stated supervisor support for work-family balance as supervisors who encourage or discourage employees from using family-friendly work practices may reinforce cultural norms that undermine employees' efforts to integrate their work and family lives.

Likewise, in a study done by Moore (2020) that explored the usage of family-friendly policies across different organisational levels, supervisor work-family support emerged as a strong dimension that contributed towards a family-friendly work culture that encourages the use of said policies. This finding shows the influential position of supervisors in dictating how successfully breastfeeding policies can be implemented at the ground level and the extent to which they can empower other employees to make decisions on work-family policy utilisation.

Supervisor support as an avenue for resource conservation among low-income mothers

Given low-income mothers' relative lack of access to formal work-family benefits, the socio-emotional and psychosocial support from supervisors can be regarded as valuable resources to low-income employees or as resource protectors. For example, Kossek (2005) mentioned that supervisors can facilitate access to work-family benefits which are often utilised by mothers to protect and conserve time with one's family. Research in the work-family space emphasised the positive implications of organisational adoption of work-family benefits in helping employees balance work and family demands (Kelly, 2006; Kelly et al., 2008). However, the effectiveness of formal work-family benefits to lower-income employees has been questioned, especially when considering that the benefits of such policies to businesses in the form of increased visibility or positive company image may outweigh the benefits to their low-income workers (Kossek & Friede, 2006).

Even if access was facilitated, the COR theory advances that lower-income workers' utilisation of work-family benefits or policies may not necessarily accrue in a net increase in resources. Reasons for this as advanced by Muse and Pichler (2011) is that utilisation of said

policies can reduce financial resources (e.g., salary cuts or reduced income) which is not economically feasible to these workers. Notwithstanding that the COR theory also posits that individuals with little access to strong resource pools, as in the case with low-income mothers in this study, are more susceptible to increased resource loss (Bakker & Derks, 2010).

Given that resource acquisition is additive (Hobfoll, 1989), work-family scholars advance that lower-income workers' lack of access to and utilisation of formal work-family benefits can further decrease the extent to which these individuals can acquire other important resources to cope with work-family conflict (Muse & Pichler, 2011). That is, in such conditions, formal supervisor support or utilisation of formal work-family benefits may prove to be less effective in increasing low-income mothers' resources than is the case for their professional counterparts.

To support the above claims, Anderson et al. (2015) found that the interpersonal articulations of breastfeeding support by managers turn out to be more salient than formal policies or written communication for breastfeeding support at work. However, gaining this support can be complicated by generational, sex, and power dynamics between mothers and their managers. Owing to the overt absence of formal breastfeeding policies in South African clothing factories, it is possible that informal social support opportunities such as informal supervisor work-family support is viewed as a viable option for enabling mothers who wish to breastfeed to continue to do so and feel supported when returning to work.

Influence of supervisor undermining on breastfeeding support provision at work

Vocational literature conceptualises supervisor undermining as a range of negative supervisory behaviours, attitudes, or perceptions that includes the display of negative affect, criticisms, and other demotivating actions that can hinder employees' ability to achieve their instrumental goals (Vinokur & van Ryn, 1993). Quite often, some aspects of a supervisory relationship such as power inequality, generational and racial differences, and poor employee performance can lead to supervisors behaving in undermining ways (Nahum-Shani, Henderson, Lim, & Vinokur, 2014; Tepper, Moss, & Duffy, 2011). Although past findings have highlighted the coexistence of supervisor undermining with supervisor support in a supervisor-employee relationship (Rooney & Gottlieb, 2007), the concern remains for the adverse effects that supervisor undermining have on employees' well-being, including depression, emotional exhaustion, and perceived negative self-evaluations (Nahum-Shani et al., 2014).

From the perspective of family-friendly practices at work, a recent study conducted by Moore (2020) discussed how unsupportive work cultures can account for the gap between the availability and utilisation of family-friendly policies. This finding concurs with those of Thompson et al. (1999)'s regarding how work-family benefit utilisation can deter an individual's job status if both cultural (e.g., shared organisational norms about family-friendly policy use) and structural (e.g., supportive human resource management systems) supports are not established. This is partly due to benefit utilisation being sometimes perceived as a lack of employee commitment to the organisation (Baxter & Chesters, 2011; Moore, 2020; Muse & Pichler, 2011). For example, a factory setting with limited access to breastfeeding accommodation facilities (e.g., pumping equipment) can send a signal about the non-acceptance or non-encouragement of breastfeeding in the workplace (Cardenas & Major, 2005). Spitzmueller et al. (2016) built on this claim to explain negative remarks or jokes about breastfeeding can communicate social norms around breastfeeding to the environment. For example, if supervisors explicitly or inexplicitly communicate disapproval of breastmilk expression or the frequent need thereof, mothers may internalise breast-pumping breaks as a violation of workplace social norms and be discouraged from expressing breastmilk at work.

Employment-related discrimination can also emerge in terms of supervisors' perceptions that low-income workers are less committed and can be least 'trusted', which can jeopardise workers' incomes and career paths. Other research also documented supervisors' hesitance, reservations and often time reluctance to support breastfeeding at work. For example, a study conducted by Tsai (2014) reported that 45.2% of mothers in a labour-intensive manufacturing company in Taiwan believed they would receive poor evaluations by their supervisors if they utilised breast-pumping breaks. This finding shows that perceived supervisor support or the lack thereof plays a major role in dictating whether mothers decide to utilise breastfeeding breaks. Therefore, having a holistic understanding of supervisors' experiences in providing breastfeeding support at work can help policymakers understand how these personal traits impact on breastfeeding practices, and therefore create a workplace climate that is supportive of breastfeeding (Fein, Mandal, & Roe, 2008).

The review of the literature highlighted the role that supervisors and managers can play in supporting work-family practices such as expressing breastmilk at work especially in the context of low-income workers. Several theories were drawn upon to help understand the phenomenon. Role theory explained the conflict between work and breastfeeding demands of mothers. The Conservation of Resources Theory helped explain that conflict emanating from both work and family domains drained employees' resources that would otherwise be available

to devote to their job tasks. Social support through supervisor support was identified as a key resource for enabling mothers dealing with stressors. Finally, the Job Demands-Resources model helped explained the importance of interpersonal communication in reinforcing support structures in the workplace. The review further showed that supervisor work-family support could be particularly beneficial to lower-skilled and low-income mothers. This chapter concludes with an overview of the literature on the challenges employees may face when claiming work-family benefits and the potential of employment-related discrimination should family-friendly benefits such as breastfeeding breaks be utilised.

Chapter 3: Methods

Chapter Three outlines the research context, approach, paradigm, sample, and procedure used in this study. This chapter concludes by detailing the thematic data analysis technique and steps taken to ensure quality and research rigour and a brief reflection on my role as a qualitative researcher using secondary data.

Research context

Qualitative research aims to achieve an in-depth understanding of individuals' lived experiences by embracing the richness and meaning attached to a given experience in their context (Braun & Clarke, 2013). Given this aim, qualitative research accounts for the contexts in which individuals or groups function to better comprehend their subjective accounts (Korstjens & Moser, 2017). The research context provides the lenses through which the study together with its methodological approaches, findings, and recommendations can be viewed. Context constitutes an interaction of social norms, ways of being, and other 'baggage' relating to cultural, geographical, historical, or topical underpinnings that shape one's experiences (Korstjens & Moser, 2017).

This study was carried out as part of a larger project to advance support for breastfeeding at work in Cape Town clothing factories. The South African clothing industry constitutes the macro-context of this research, with a group of five clothing factories affiliated with the South African Clothing Textile Workers' Union (SACTWU) forming the micro-research context. The worker health programme of SACTWU supported the broader research project. 'The South African Clothing Textile Worker's Union' (n.d.). describes the organisation to consist of more than 100 000 of which 89% comprise of women most of whom are in low skilled jobs, poor and black. This research focuses on understanding supervisor and managerial support towards breastfeeding at work in the context of low-income mothers' relative lack of access to and circumstances that hinder their use of formal work-family benefits (e.g., flexible hours to express breastmilk) in the factory setting. Supervisors and managers in this study are perceived as key sources of support due to their unique positions in the factory to advance breastfeeding rates, durations, and exclusivity.

Qualitative research approach

The aim of this study was to explore supervisors' and managers' experiences of supporting breastfeeding at work in the context of clothing factories. A qualitative method of

inquiry was suitable as it helped uncover dimensions and reveal new information regarding beliefs, thoughts, and motivations on under-researched phenomena (Hennink, Hutter, & Bailey, 2020). As described by Hennink et al. (2020), the exploratory nature of this study facilitated a preliminary and rich understanding of the understudied phenomenon of supervisor and managerial support for breastfeeding in South African workplaces that employ low-income mothers. Strauss and Corbin (1998) further commended the use of qualitative research when there is a congruence between the method, the nature of the research problem, and under-explored research areas. Adopting a qualitative approach in this study guided the following: a) potential development of new interventions to assist mothers in continuing breastfeeding based on study findings, b) provision of recommendations for current interventions in the factory, and c) a basis for breastfeeding policy advocacy in ways that were appropriate for the context (Wilson & McLean, 2011). The current research also responds to the call for more qualitative studies that explore the mechanisms underlying supervisor support towards enabling lower-income mothers to access work-family benefits such as maternity policies and breastfeeding breaks (Bai & Wunderlich, 2013; Spitzmueller et al., 2016).

Interpretivist paradigm. Research paradigms provide an underpinning framework for understanding and locating one's research and contributions through an established set of practices or belief systems (Lincoln, 2005). Lincoln (2005) describes paradigms as the researcher's point of view derived from *ontological* (nature of human being and reality), *epistemological* (how can reality be understood including the nature of the relationship between the researcher and their participants), and *methodological* (procedural principles taken to uncover what the researcher believes can be known) assumptions. Guided by Levers (2013) and as shown in Figure 1, the current study is located within the interpretivist paradigm, conceptualised as having a relativist ontology (i.e., understanding participants' subjective experience of reality and multiple truths on supporting breastfeeding at work) with a subjectivist epistemology (i.e., recognising and narrating the meaning of participants' experiences of supporting breastfeeding support at work through lenses of language, gender, social class and race). Research scholars propose that subjective epistemology recognises knowledge as value-laden and that observations are influenced by the observer, and vice versa (du Plooy- Cilliers, Davis, & Bezuidenhout, 2014; Levers, 2013). The interpretive paradigm focuses mainly on identifying and narrating the meaning of human experiences (Fossey, Harvey, McDermott, & Davidson, 2002). Hence, through adopting such an epistemology stance, I prioritised participants' narratives as their 'truth', while appreciating the context that shaped their experiences.

When adopting a subjectivist epistemology underlying an interpretivist paradigm, it is important to consider the influence of researcher subjectivity on the construction of understanding and knowledge. Researcher subjectivity in this study is therefore accounted for in the reflexive section (see Reflexivity section) which discusses how my subjectivity (i.e., personal views and experiences) as the researcher influenced how I understood participants' experience, and in turn how I contributed to knowledge construction and generation.

Guided by the assumption that the social world is relative, this interpretivist paradigm acknowledges the existence of a knowable reality that can be accessed and understood through socially located knowledge (Braun & Clarke, 2006). Study participants' experiences are thus conveyed through language and meaning-making of their interaction with the data at a semantic level – thus, taking what they say during interviews at face value (Braun & Clarke, 2006). To understand participants' experiences of supporting breastfeeding at work, it is necessary to use data that emerged from their specific context and own framing. The interpretative paradigm values the researcher's subjectivity and participants' unique 'truth', which aligns well with a qualitative approach to research.

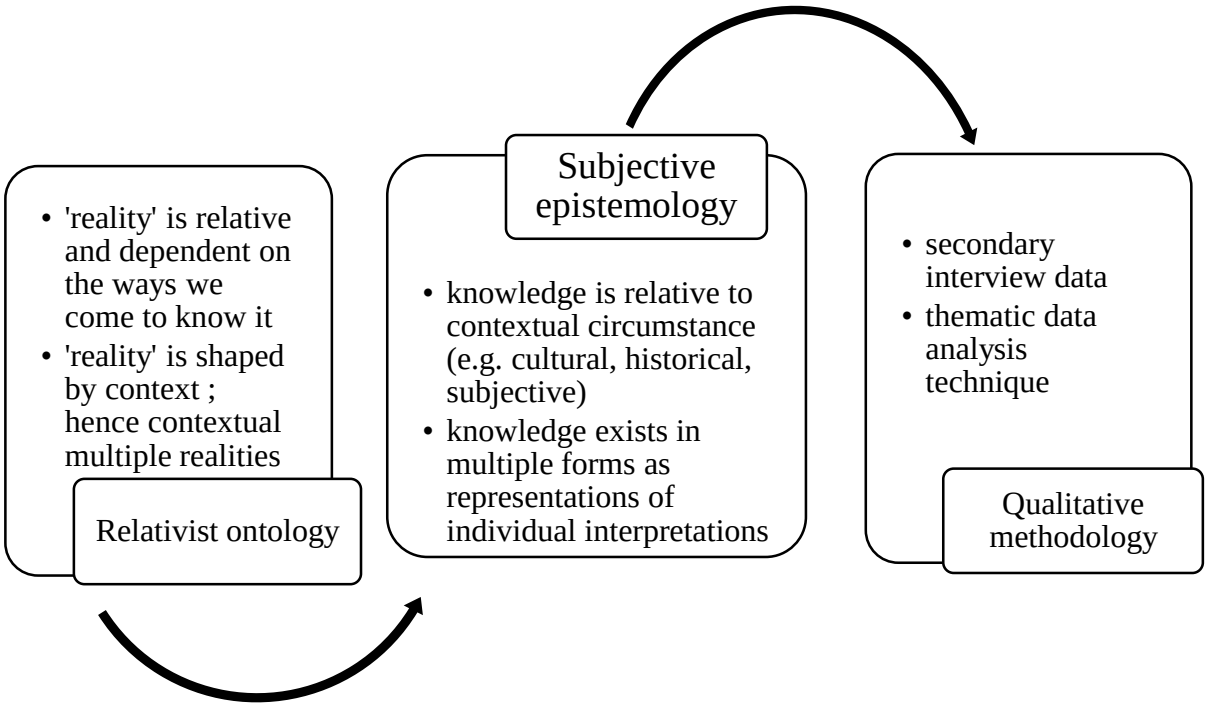

Figure 1. Philosophical assumptions guiding the interpretivist paradigm. Source: Author

Use of secondary qualitative data

This study adopts a secondary data analysis approach as the intended sample of supervisors and factory managers had already been accessed and interviewed on the topic of breastfeeding support at work by the principal investigator (PI) - who is my current academic research supervisor – and her research team. Secondary analysis of qualitative data is useful to investigate research questions that differ from those formulated for the original research purpose (Heaton, 2008). This study is considered a secondary research as past collected qualitative data were re-analysed and interpreted to answer this study's new research question of '*What are supervisors' experiences of supporting breastfeeding at work in the context of clothing factories*? based on the under-explored phenomenon of supervisor support for breastfeeding at work in the context of low-income workers.

Other than allowing for new knowledge to be generated without the additional costs of administration and implementation of data collection (Ruggiano & Perry, 2019), Heaton (2008) proposes other merits of re-visiting secondary data for new research: a) development of theoretical knowledge; b) encouraging multiple perspectives, and; c) promoting improved methods of analysis. All the above-mentioned merits were applicable to the present study. Context-specific theoretical insights into participants' experiences of supporting breastfeeding low-income workplaces were developed. Active efforts were made to ensure improved secondary data analysis techniques and methodological rigour, e.g., regular supervision meetings with the PI were held to discuss the codes and themes that emerged in an attempt to improve credibility. Lastly, both time and financial resources were minimised as the data set used in the present study had already been collected.

Nevertheless, attention has been drawn to primary concerns about secondary analysis of qualitative data surrounding rigour, ethics, research context of parent study and involvement of the researchers in the parent study. First, qualitative research is concerned with collecting and interpreting subjective data often shaped by socio-cultural and political realities at a particular point in time. Considering this, Ruggiano and Perry (2019) noted that re-analysing or re-interpreting data at a later time characterised by changes in social, cultural, and political norms can lead to the exploration of research questions or implementation of analysis techniques that are inappropriate to the originally collected data. Although this present study used interview data that were collected by the PI a year prior to the write-up, the need to understand supervisor support for breastfeeding among low-income factory workers in South Africa remains a socially relevant issue. Hence, the use of secondary data was deemed

appropriate for exploring research questions that I formulated based on literature and the current need to explore supervisor support for breastfeeding at work.

Second, Parry and Mauthner (2004) argued that re-visiting data collected at an earlier time may cause researchers to approach data analysis more objectively if less emotionally invested in the data (i.e., increased rigour) whereas other researchers may perceive this emotional distance to result in less immersion in the data. As the primary researcher in this study, I had no prior interaction with the initial data collection and was not directly involved with participants. My non-involvement in data collection meant that threats of emotionally driven interpretations with the secondary analysis were minimised, thus eliminating the influence of subjective biases when analysing data. Parry and Mauthner (2004) also expressed that qualitative data is often co-created by both the respondent and the researcher, and therefore allowing other researchers to re-use data may pose ethical concerns around confidentiality. However, in the section below, it is outlined how myself as the primary researcher of this current study belonged to the broader research team where ethical permission was obtained for data to be shared among research members. As such, I hold a thorough understanding of the contextual underpinnings of the initial parent study which Moore (2006) established as being intrinsic to the appropriate reuse of qualitative data. Lastly, the present study was consistent with the approaches of prior studies that used qualitative secondary data in that it included the researcher who was involved in the initial research (Ruggiano & Perry, 2019).

Heaton (2004, p.36) advances that the involvement of the researchers in the original study is important as they hold 'first-hand knowledge of the context in which the data were originally collected'. The current study involved the PI from the initial broader study in a supervisory capacity. The PI's involvement in the present study was salient to ensuring that methodological rigour is upheld as she is well-versed in the work-family literature on breastfeeding support at work and understands the context of low-income factory workers due to involvement in the data collection process.

Data collection and recruitment of participants

Data collection procedure by the principal investigator. Semi-structured interviews were conducted by the PI and her research team as part of a larger mixed-methods project on advancing breastfeeding support at work in the low-income space which spanned three years (2017-2019). The research project aimed to explore the socially complex phenomenon of breastfeeding support at work from multiple stakeholder perspectives including the role of co-

workers, supervisors, trade union representatives and the mothers themselves. While pursuing my honours in Organisational Psychology at UCT in 2018, I was part of the research team in the second year of the project and conducted broad exploratory research on supervisor support for breastfeeding at work in the general low-income sector. Through this experience, I gained an understanding of low-income workers' lived realities and insights into supervisors' attitudes and perceptions towards breastfeeding at work. In 2019, the research project was refined to focus specifically on the clothing industry in the Western Cape. The PI has published a paper using data on supervisor support obtained from interviews she had collected (see Stumbitz & Jaga, 2020). For my master's dissertation, I specifically used a sub-set of interviews and data collected by the research team on supervisors' support as an important stakeholder in advancing breastfeeding at work.

The PI conducted face-to-face, in-depth semi structured interviews between June 2017-October 2018 in Cape Town, South Africa. The face-to-face nature of the interviews facilitated rapport building between the PI and the participants and created a confidential space for the maximum sharing of participants' unique experience in richer detail without being exposed to social criticism had a focus group been conducted with other supervisors (Henning, van Rensburg, & Smit, 2004). Interview guides (see appendix A) were used as a memory aide to guide the conversation (Henning et al., 2004). The PI began with simple demographic questions and slowly progressed to more in-depth interview questions. The interactive nature of semi-structured interviews enabled the exploration of participants' experiences on providing breastfeeding support at work, thereby allowing for common themes to emerge (Henning et al., 2004). Interviews covered participants' understandings of policy of maternity supports at work and their experiences of managing staff pregnancy before and after their return to work.

Generative questions such as '*Tell me about your experience with any of your employees having a baby or coming back from maternity leave*?' (Patton, 2002) provided the starting point for the use of probing questions to achieve a fuller understanding of participants' accounts (Henning et al., 2004). The use of open-ended questions and follow-up probes evoked responses that were context-specific and of importance to participants. The open-ended interview format also allowed participants to choose aspects of their experiences to comment on (Patton, 2002) which ultimately furnished the explanatory evidence required to answer this present study's research question. Interviews in the broader research project were conducted in English, Afrikaans or isiXhosa depending on participants' preferences, assisted by research assistants who acted as interpreters (see Stumbitz & Jaga, 2020). Each interview lasted an average of 35 minutes.

Sampling method and research participants. Table 2 provides a summary of the demographic characteristics of study participants. Participants consisted of managers (*N*= 17) of different levels including first-line supervisors and factory managers. Figure 2 describes the differences in levels of authority and management between first-line supervisors and factory managers. All participants were employed full-time, with the majority having at least one child. Of the participants, only 2 out of 17 were male, in senior management positions, with the 16 other supervisors being female and of coloured racial identity. After receiving ethical clearance for the initial study, participants were identified using non-probabilistic purposive and snowballing sampling techniques. Using a purposive sampling strategy allowed for the identification of participants bearing characteristics of interest and ensured variation in the sample across participants' gender and years of working experience among others (see Table 2). Reflecting on the suitability of the sampling technique used in the broader study to satisfy the initial study's aim, the approach remained appropriate in this research too.

Purposive sampling was appropriate for the current study as it enabled the exploration of participants' differences in their experiences of providing breastfeeding support at work (Suri, 2011). A snowball sampling strategy was used to get current participants to refer the research team to potential others who possessed similar characteristics of interest (Neuman, 2006). Assistance was also obtained from the factory owner to assist the PI with accessing participants. In the absence of firmly established criteria for the correct sample size in qualitative research, the sample size reached for the broader research and hence used in this study was guided by the theoretical principle of data saturation (i.e., collect data until it yields no further insight into participants' experiences) (Creswell & Creswell, 2017).

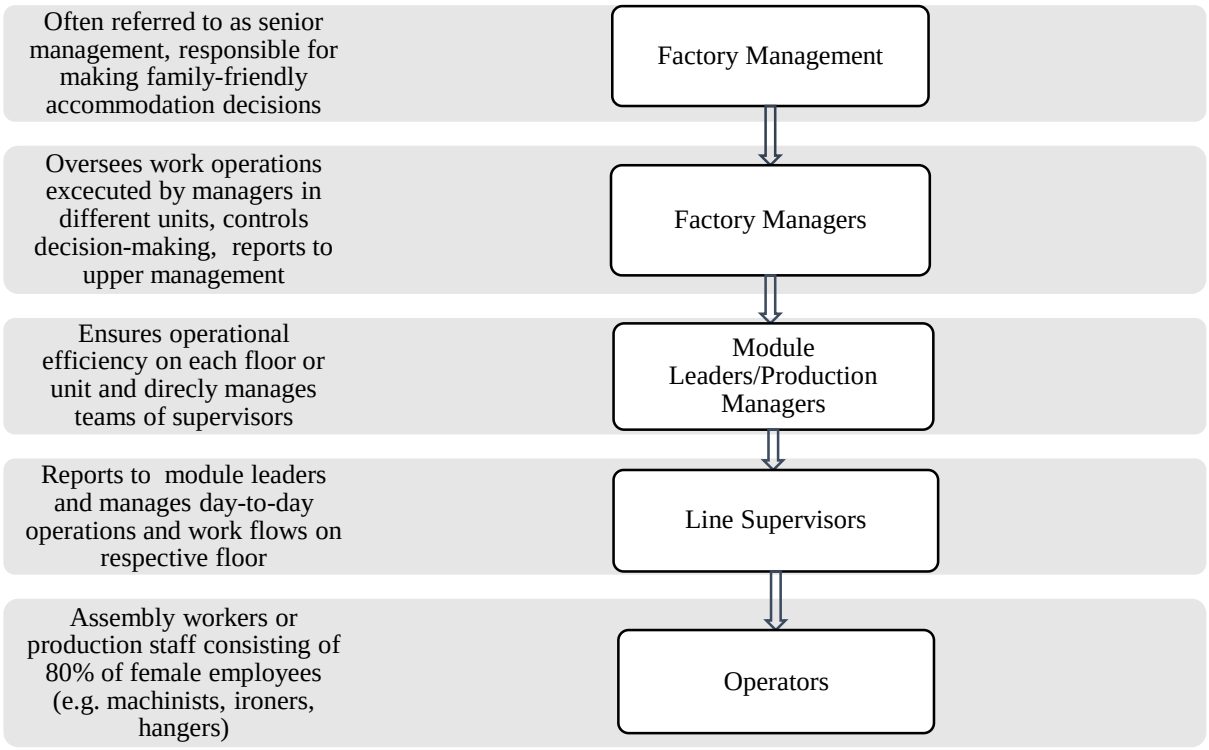

Figure 2. Flowchart depicting organisational hierarchy in the factory setting from top management to front-line supervisors and their respective work roles and responsibilities. Source: Author

Table 2
Demographics of interview participants

ID	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
Pseudonym	Liza	Maki	Danica	Kevin	Bronwyn	Jamie	Shela	Busiwe	Nonny	Kayla	Kuhle	Gareth	Phiwe	Caitlin	Mumtaz	Zimasa	Chloe
Gender	F	F	F	M	F	F	F	F	F	F	F	M	F	F	F	F	F
Current position	Line supervisor	Line supervisor	Line supervisor	Maintenance manager	Line supervisor	Production manager	Departmental supervisor	Fashion floor supervisor	Line supervisor	Production supervisor	Floor manager	Factory manager	Line supervisor	Production manager	Line supervisor	Line supervisor	Manager (floor production)
Years in current position	9	-	-	10	5	-	-	4	6	20	16	-	11	18	38	6	3 months
Years working at company X	26	25	-	-	10	14	15	5	5	5	5	4	3	5	5	5	2 years 6 months
Number of workers supervised	40+	30	8	6	19	160 (incl. 15 supervisors)	28	20	30	31	130 (incl. 4-line supervisors)	40 (incl. 2 supervisors)	20	45	34	-	14
Composition of team supervised	100% F	100% F	-	99% M, 1% F	99% F, 1% M	96% M; 4% F	50% M; 50% F	100% F	99% F, 1% M	99% F, 1% M	90% F; 10% M	-	99% F; 1% M	-	-	-	-
Hours worked per day	9	9	9	12 (incl. overtime)	9	9	12 (incl. over time)	9	9	8.5	8.5	9	9	9	9	9	9
Number of children	4	3	4	2	2	3	2	3	3	1	2	2	2	2	3	3	2

Notes. F= female, M= male.

Ethical considerations

Ethical approval from the University of Cape Town (UCT)'s Commerce Ethics Committee and permission from the management of clothing factories in the Western Cape were obtained by the PI to collect data for the broader research project. The current study also obtained ethical clearance to analyse secondary data (REC 2019/011/030, see Appendix B). Adherence to the American Psychological Association (APA) ethical research guidelines for conducting research with human participants were observed throughout the research process. The PI ensured that key ethical considerations were upheld to protect participants' rights in terms of informed consent, anonymity, confidentiality, and non-maleficence by reporting on data in an interpretive sense. As suggested by Henning et al. (2004), all personal identifiers (including the name of participating factories) were removed and replaced by pseudonyms to anonymise participants' identities (see Findings section). Written and voluntary informed consent (see appendix C) were obtained from participants after fully outlining the study aims, procedures, and potential risks/benefits. Participants were informed that the study posed no direct harm or threat, that they can opt-out of the study at any time and that no data would be used without their consent. Supervisors were assured that decision to participate in the study will not influence their employment relationship with the factory's HR manager and the write-up of the findings will be done in a way that does not reveal their identities. Upon obtaining informed consent, permissions were sought for audio recording and interviews were delivered in an ethical, respectful, and sensitive manner. Lastly, participants were debriefed to address any concerns that may have emerged during the data collection process.

Analysis of secondary qualitative data

Braun and Clarke (2006) argued the usefulness of qualitative thematic analysis in identifying, analysing, and reporting patterns or themes across data sets. They assert that thematic analysis does not subscribe to a particular theoretical framework, and as such the 'theoretically-flexible approach' of this technique with different paradigms justifies its selection to identify, analyse, and report themes of subjective data in this study. I used a theoretical approach to data analysis driven by the research question as this approach provided a more detailed analysis of one aspect of the data on participants' specific experiences of supporting workplace breastfeeding rather than a rich description of overall supervisor and managerial views of breastfeeding at work. I implemented Braun and Clarke's (2006) six-step process to analyse the secondary data set as described below.

Step one: Familiarisation with data. All 17 interview transcripts were previously transcribed verbatim (including moments of silence and emotions such as laughing) by the research team. I began by uploading the transcripts on the QSR software package NVivo to assist with data management. With the research question in mind, I started by reading transcripts on multiple occasions to familiarise myself with the data and noting preliminary ideas as suggested by Cope (2014). Instead of a reflexive journal, I created memo links for each transcript in NVivo to note patterns of meaning and potential coding schemes. This process of actively engaging in repeated reading enabled a full immersion in the data to the extent that I took cognisance of the depth and breadth of the transcript content (Braun & Clarke, 2006).

Step two: Generation of initial codes. Transcripts were coded individually in NVivo. I highlighted initial codes in a systematic manner, giving full and equal attention to each data item, matching data relevant to each code. Through this process, both etic (those derived from literature) and emic (those that arose from the data) codes emerged (Patton, 2002). Examples of emic codes were '*supervisors going the extra mile to help the mother*' in supporting breastfeeding mothers' needs and etic codes reflected '*being constrained by management'* (Stewart-Glenn, 2008). All 126 codes were thoroughly analysed, refined to 112 codes (see Appendix D), and collated into potential themes following input from my supervisor. For the first 12 coded transcripts, the number of codes per transcript increased from 21 to 34. Data saturation was reached after coding the 12th transcript, following which the number of codes decreased from 34 to 11 for the remaining five transcripts. To obtain an objective data view and ensure that the codes were vetted by an experienced qualitative researcher, a sample of transcripts were coded by my supervisor, also the PI of this study.

Step three and four: Searching for and reviewing themes. I used a coding diagram to organise all codes into meaningful classifications to identify potential themes that represented participants' experiences of breastfeeding support at work. With assistance from my supervisor, the initial themes were reviewed and amended so that they accurately reflected participants' experiences (see Table 3 as an example). After revisions were made, three themes and relevant sub-themes were confirmed.

Step five and six: Defining and naming themes and finalising the report. Each theme was refined to reflect the overall 'story' as depicted by the analysis and ensured that it answered the research question posed in this study. Confirmation was obtained from my supervisor that there was no overlap between themes and each theme functioned well in relation to the other. Following this step, selected extracts for each theme were read, organised, and checked for whether they formed an internally consistent and logical pattern of the data. In

compiling the final write-up of the findings and discussion (Chapter 4), confidentiality and anonymity were upheld by assigning participants with pseudonyms.

Table 3
Sample of codes, themes and example quotes from supervisors and managers' interviews

Potential themes	Refined theme	Example quotes
1.Management's concern with productivity 2.Managing co-workers' comments 3.Decision-making capacity rests on top 4.Negotiating breastfeeding breaks for mothers	Navigating productivity, mother's breastfeeding needs and co-worker emotions	'*It depends, sometimes you get an operation that's very critical, you see? Now that operator needs to go express her milk, but I can't afford to let her, to take her off because the operations that she's doing, it's a bit critical'* (Caitlin, Production manager) *'It's possible, but it's [taking breastfeeding breaks] totally dependent on your management. They are the ones normally to make that call, and they are the ones that can say whether or not they will deduct or whatever the case may be. But I'm sure they won't, but an hour, it's going to be a problem***.'** (Kayla, Production supervisor)

Rigour

Trustworthiness of the data was maintained using the criteria developed by Lincoln and Guba (1986) which include: credibility, transferability, dependability, and confirmability. These standards were achieved as thematic analysis unfolded in a precise, consistent, and honest manner (Braun & Clarke, 2006).

Credibility. Credibility refers to the extent to which data and data analysis procedures are trustworthy (Lincoln & Guba, 1986) and how findings can be recognised by those who share similar experiences (Cope, 2014). The congruence between participants' descriptions of their experiences and my interpretations thereof was ensured through several in-depth supervision meetings held with the primary researcher who holds a good contextual understanding of the research context. My supervisor possessed the required communication and interpersonal skills to efficiently establish rapport, build trust, and engage with the study participants, enabling rich data to emerge. This sense of prolonged engagement with participants yielded thick and detailed descriptions of their experiences as evidenced by the rich quotes used in Chapter 4, thus adding to the credibility of findings (Levitt, Creswell, Josselson, Bamberg, Frost, & Suarez-Orozco, 2018).

Though I was unable to engage in member checking with participants to find out whether study findings accurately reflected their experiences, I engaged in peer debriefing with my supervisor consisting of external findings checks to ensure credibility (Cope, 2014). We

discussed any interesting observations that she might have noted during data collection (e.g., emotions and non-verbal cues) (Cope, 2014). Moreover, attempts were made by the research team to clarify their understanding of participant's recounted experiences by paraphrasing participant's responses 'Am I correct in saying that ...?' to confirm whether they understood what was being said. Lastly, although my honours research project did not specifically engage supervisors in factory settings, the participants I had interviewed still constituted of supervisors of low-income mothers in the South African context. Findings that emerged for my honours project closely align with the themes identified in the current study. In a way, triangulation of findings using results from different data sources (i.e., supervisors of low-income mothers interviewed for my honours project) was achieved (Wilson & MacLean, 2011).

Dependability. The dependability of a study refers to the consistency of findings and the provision of evidence showing that if my study were to be replicated in the same or similar context on the same or similar participants, the findings would be similar (Guba, 1981). To achieve dependability, I maintained a clear decision trail regarding the exact methods of data gathering, analysis and interpretation conducted in this study which can be used by another researcher if they wish to understand this study's research strategy. The entire research process is traceable and clearly documented with audit trails such as records of raw data, interview transcripts, and memo writing and condensed notes at different stages of the research (Nowell, Norris, White, & Moules, 2017). Another means through which I ensured dependability was by using a code-recode procedure on my data during the data analysis phase. Krefting (1991) suggests waiting at least two weeks after coding a segment of the data, then return and recode the same data. If the similar codes emerged, then the findings are said to be dependable. Data analysis was conducted in an iterative process of going back and forth multiple times between different transcripts and discussion with my supervisor. To reiterate, my supervisor has content expertise in the topic of supervisor support for breastfeeding at work, and therefore conducted an audit of themes and sub-themes to promote dependability of findings.

Transferability. Findings of this study will meet the criterion of transferability if findings are still meaningful and relatable to contexts outside of the current study situation that are determined by the degree of similarity between the two contexts (Guba, 1981). To enhance the transferability of my findings, I provided detailed descriptions of all information pertaining to the nominated sample and their demographics, research context and research assumptions guiding this study in my methods chapter. Overall, sufficient descriptive data has been provided to allow for comparison, including the Chapter 4 which provides dense and thick descriptions

of participants' accounts, so that other researchers can successfully apply findings of this study to other similar contexts (Krefting, 1991).

Confirmability. Lincoln and Guba (1986) described confirmability as the degree to which study findings can be corroborated or verified by others, usually through a process of auditing. The auditor of this study should be able to check whether the study findings are shaped by the participants' narratives as opposed to the researchers' biases, perceptions, or overall personal framing of participants' views. To achieve interpretational confirmability of findings as suggested by Guba (1981), I provided verbatim texts and interpretations grounded in data for claims I made in the findings and discussion chapter. To enhance neutrality, I solicited the input of researchers who are well-versed in qualitative methods such as my supervisor and peers rather than relying on myself as a single researcher. Lastly, I used reflexive analysis (discussed below) to ensure that I was aware of the influence of my own background, perceptions, and interests on the qualitative research process (Krefting, 1991).

Reflexivity

Reflexivity is strongly linked to a study's rigour as it is the researcher's reflection on how they may have shaped the research process (England, 1994). To ensure impartiality in this study, I reflect upon my identity and acknowledge how my background and personal beliefs may have shaped the way participants' views were interpreted during analysis (Cope, 2014).

First, as a female who was breastfed up until the age of three years old and belonging to the Indo-Mauritian population where breastfeeding is the norm, I am cognisant that holding strong views on the importance of breastfeeding may have placed a judgment on the few participants who did not perceive breastfeeding support at work to be crucial. Nevertheless, to avoid selecting or omitting quotations based on my preconceived ideas informed by literature and personal views, I employed reflexivity by ensuring that interview extracts that best described each theme were used. To demonstrate transparency in the analysis process, I used Braun and Clarke (2006)'s six step process which clearly documents the steps taken to arrive at selected themes and quotes - also available for audience to review and critique.

Given that I used secondary data and had no direct interaction with research participants, I exercised reflexivity during the data analysis process. In doing so, I noted how the role of the PI or researchers involved in data collection of the secondary data used in this study influenced knowledge production. In providing a space for participants to talk freely about their experiences, the PI or research members were actively involved in the co-

production of knowledge emerging from the meaning-making of supervisors' experiences. As shown below, the line of questioning about being a 'role model' dynamically unfolded after a participant explained she shared good relationships with mothers in her line and that these mothers would heed to her advice if she suggested they should continue breastfeeding upon return to work. While the participant did not explicitly refer to herself as a 'role model', the PI or the researcher's involvement in the interview process co-created knowledge from the supervisor's narrated experience – confirmed through member checking.

> Researcher: Do you think that if you, you know, if somebody was pregnant in your line and you suggested that they should continue breastfeeding? Do you think they would listen to you?
> Supervisor: Yes, we got a lekker understanding.
> Researcher: So they would see you as a role model?
> Supervisor: Yes.
> Researcher: Okay.
> Supervisor: I always make an example of my own

I kept a reflexive journal to record reflections after coding and during the write-up to document the possible ways in which my researcher biases may have influenced the way participants' experiences were interpreted (Nowell et al., 2017). Lastly, my post-graduate training in Organisational Psychology – taught as an applied science in the School of Management Studies in the Faculty of Commerce (UCT) – predominantly leaned towards quantitative positivist methodologies. However, my undergraduate training as Psychology student in the Department of Psychology housed in the Faculty of Humanities (UCT) equipped me with a strong qualitative research methods skills which confidently allowed me to locate the present research in the interpretivist paradigm. I was trained to understand the human motivation underlying subjective phenomena and to appreciate the differences in individuals' lived realities. In this way, I was able to 'distance' myself from personal subjectivities and immerse into the data with a 'neutral' researcher hat on (England, 1994).

Chapter 4: Findings and Discussion

The purpose of this study was to explore supervisors' and factory managers' experiences of supporting breastfeeding at work among low-income factory workers following their return to work from maternity leave. Three themes were derived from the thematic analysis of data, some with sub-themes. Theme 1 being 'Influence of supervisors' socio-cultural beliefs and personal experiences on support orientation', Theme 2 on 'Navigating productivity, mothers' breastfeeding needs, and co-worker emotions' and Theme 3 elaborating on the 'The nature of maternity and breastfeeding conversations'. This section presents the findings per theme, based on my interpretation and meaning making of participants' experiences at face value. A discussion of the findings in light of relevant literature and theory is presented.

Theme 1: Influence of supervisors' socio- cultural beliefs and personal experiences on support orientation

Theme one explores the nuanced complexities underlying participants' experiences of supporting breastfeeding at work based on their previously appraised views of breastfeeding from personal networks. This theme offers an emic perspective on the locally constructed role supervisors play in supporting breastfeeding at work in the context of resource-poor urban communities in Cape Town, South Africa. Participants' previous personal experiences and exposure to breastfeeding in both work and non-work domains emerged as central components influencing how they perceived the value in supporting breastfeeding mothers at work. In line with literature, favourable perceptions towards breastfeeding and knowledge on how to support breastfeeding mothers were mostly held by supervisors who were breastfed or engaged in breastfeeding practices themselves (Bridges et al., 1997; Libbus & Bullock, 2002). Most of the participants in this study (15/17) were female and reflected on their own experiences of having a baby. Some continued breastfeeding after return to work because they received support from family members while others stopped earlier due to personal reasons.

From the data it was inferred that community endorsement of breastfeeding as a source of healthy nutrition for the infant alongside participants' personal evaluations of the merits of breastfeeding to the mother and the infant appeared to have spurred their rationalisation of the need to support breastfeeding mothers after their return to work. A few of the participants also disapproved early introduction of formula feeding in favour of breast milk. Majority of participants ascribed benefits of breastfeeding to the mother and the infant. Only 7 out of 17 participants elaborated on how the company could benefit from providing lactation support.

Those who perceived benefits of breastfeeding to the business mentioned improved employee loyalty, productivity, and stronger employee morale. This finding is consistent with past research highlighting the business case for supporting breastfeeding at work (Carothers & Hare, 2010; Mills, 2009**).** Kayla commented:

> It will send a message out there that this company is for their workers. Because if you come in here and you know that the company has never before made provision for their staff to have their children under day care while they are working, I'm sure it's a positive message that this company cares about their people, about their children [Kayla, Production supervisor]

In line with findings from systematic reviews on the benefits of breastfeeding (Horta & Victora, 2013), Phiwe commented on the enhanced health benefits of breastfeeding in terms of healthier immune system as witnessed from other mothers on her line:

> I think it creates stronger bones, because my children was very, very sick, so, because for me personally, because I didn't breastfeed, I feel so that they are very weak, their immune system is very weak with illnesses and colds and flues, they always get it. So majority of what I have experienced with the other ladies now, that their children don't get sick when they're being breastfed. They're not as sick as my children [Phiwe, Line supervisor]

Maki also added a perspective on how helping mothers to express milk at work can translate into reduced financial burden on the mother:

> She [the mother] can benefit a lot of things [if she did not have to buy formula]. I mean, she can buy some clothing, she can buy food, she can put food on the table and I mean, I think this will be such a big help for a young mother or any mother to breastfeeding here and take it home, her milk, you know. Because at least she can save that for a bread. Buy bread... [Maki, Line supervisor**]**

Contrary to popular beliefs on male supervisors and managers' relative limited sensitivity towards breastfeeding mothers' needs at work (Rhoden, 2015; Vaaler, Castrucci, Parks, Clark, Stagg, & Erickson, 2011), the only two male participants in this study voiced their support for mothers who needed to do so in the factory. Both male participants were parents, held managerial positions and challenged the common notion that male supervisors feign their responsibilities in supporting family-friendly practices at work. Rather, they believed that management should provide break times and flexible schedules to lactating mothers. For instance, Kevin shared how having personally experienced breastfeeding when his wife breastfed their children helped him understand the demands of breastfeeding. He also shed light on how fatherhood and fathering responsibilities tend to occur at a distance in low-income communities:

> Since I started to work, because then when I was 18, I didn't have a clear insight, had this only probably afterwards, when I, you know, got married afterwards and have kids and then you know, the role as mother was women actually made a clearer picture. Cause I mean, when you're still single, and, and, and you... father children in this way, and they

> don't grow up with you, you still do not understand as to what a woman is going through. But once there's a unity, and you can see your children growing up, or even the day they were born? Because I think I was fortunate to witness that as well. So, you know, it makes you understand actually a little bit more. [Kevin, Maintenance manager]

Nevertheless, not all participants' prior experiences with breastfeeding concretised into breastfeeding advocacy. Contrary to most female participants who advocated for breastfeeding, Jamie was sceptical as she had personally not breastfed. She believed that children can still grow up healthy and well-educated without necessarily being breastfed:

> ...none of my three children did I breastfeed, none. Because the other point, also, I had no milk. So I gave my children, back in the day, it was the SMA. I paid R150 for a carton of SMA and I reared all my children on powdered milk. And I doubt if it affects your child, because my daughter is an educator, my eldest son is a game technician, and my baby is a landscaper. So all the things about people saying you need to breastfeed your child. What if you are... if your husband is an alcoholic? Your child is now born, so the child has got all the genes in him, you know. Your wife drinks occasionally. But you're breastfeeding their child, is that pure milk going into the child? It's not pure. So it's all speculation but I can tell you all three my children excelled in school and three have matriculated...[Jamie, Production manager]

Similarly, when reflecting on their experiences of combining full-time employment while breastfeeding, three out of seventeen female supervisors, senior of age (55) shared the view that feeding expressed milk to an infant was not common practice. They claimed that 'the old [breastmilk] must go away'. This finding was captured by Liza's comment below:

> I feel it changed now for this moment because I didn't think that time I could [express milk at work] Because to my understanding it's just oh my breasts is full, I must pump it out. But not meaning I would pump it out, keep it one side for the baby [Liza, Line supervisor]

The above sentiments shared by Jamie and Liza corroborate research in the South African context which assert that conventional beliefs from older family members (e.g., maternal grandmothers or own mothers), husbands, partners or community members tend to enforce the idea that breastfeeding should be supplemented with nutritive liquids and food such as formula milk, maize meal and gripe-water, to help mothers upon their return to work postpartum (du Plessis & Pereira, 2013; Jama et al., 2017). Goosen et al. (2014) explained how traditional beliefs and practices on maternal behaviour and breastfeeding in South African communities are passed on. Similarly, Barona-Vilar, Escribá-Agüir and Ferrero-Gandía (2009) advanced that young mothers – especially those belonging to lower socio-cultural groups – are highly likely to follow the advice of relatives, older family members, or even valued individuals (e.g., work supervisors) who have had previous successful experience with breastfeeding as they are living proof of their ability to raise infants. Given this knowledge, supervisors in the

factory are well positioned to provide a supportive role to breastfeeding mothers through sharing appropriate breastfeeding information and helping them schedule breastfeeding breaks that they are entitled to so that mothers do not lack the relevant knowledge or are misinformed.

Findings of this study framed managers and supervisors as important sources of social support for the mothers, as they served as key advocates when challenging situations regarding the combination of breastfeeding and working. As described by the following extracts, those who have had previous experiences dealing with breastfeeding mothers or have breastfed themselves availed themselves to offering different forms of social support to satisfy mothers' breastfeeding needs. Phiwe elaborated on her experiences of providing instrumental support to mothers even though she had not expressed milk herself:

> I didn't really express at work because there wasn't a need for me to express, but as the other operators and me being a supervisor, I used to give them like 15 minutes break time within an hour, or with two hours and then they would either go to the sister or to the toilets wherever it's cleaner and they would express and then there would be a fridge there by the sister's office for the milk to be stored [Phiwe, line supervisor**]**

Likewise, Zimasa spoke of the informational assistance she had provided to mothers post their return to work in terms of claiming maternity benefits and tips on how to express milk at work:

> Then what I told her was she needs to make sure that she receives all her papers, she needs to go to SACTWU where she do get maternity benefits. Then she needs to go to the UIF to draw maternity benefits from the UIF as well, and I also encouraged her to not be a modern mummy and do things otherwise [referring to giving the baby formula], but to breastfeed the child and because you can keep the breast milk in the freezer up until three months. So try to do that at home. It's cheaper for you and it's beneficial for the baby [Zimasa, line supervisor]

Having had breastfed her children while working in the same factory as the mothers, Kuhle voiced her intent to provide emotional support to mothers who wish to continue breastfeeding after their return to work:

> 100% go for it. I wouldn't have a problem with that [supporting mothers to want to continue breastfeeding] because I've experienced it myself now recently, so I wouldn't have a problem with that [Kuhle, Floor manager]

Drawing from Vari, Camburn, and Henly's (2000) definition of peer social support, this study defines social support as interpersonal exchanges between supervisor, managers, co-workers and mothers that indicate positive attitude, approval, or acceptance of the act of expressing breastmilk at work. Thoits (2011) distinguished between two broad types of supporters who can mitigate stress experienced by an individual. The first one being 'Significant others' and referring to primary groups comprising of family members, relatives

and friends who do not or may not possess the same experience of a stressor. 'Similar others' on the other hand refer to secondary groups of individuals in one's network who have experience of the same stressor. Supervisors and factory managers in this study belong to mothers' secondary group of social ties. Thoits (2011) described secondary groups likely to be larger, characterised by formal rules, regulations, and hierarchical positions, where membership can range from short to extended period as in the case of full-time employment at work. Compared to significant others, 'Similar others' as a category of social support system takes relevance in the current study as it relates to supervisors and managers who have previously shared experiences of the same stressor, thus likely to provide social supports more effectively.

In recognising supervisors as important secondary groups, Thoits (2011) devised a general classification of effective types of support offered by similar others including a) emotional sustenance (empathic understanding and validation of feelings and concerns, acceptance of ventilation); b) active coping assistance (providing information and advice, coping encouragement, threat (re) appraisal); and c) social influence/social comparison through role modelling and instilling hope. 'Similar others' can also offer support for breastfeeding which benefits mothers in the form of enjoying the ability to freely discuss personal choices related to methods of infant feeding with their supervisor and sharing informal interactions while providing advocacy and emotional support (Alianmoghaddam, Phibbs, & Benn, 2019).

The participants' provision of breastfeeding support in this study was consistent with the forms of social support provided by similar others as described by Thoits (2011) and Alianmoghaddam et al. (2019). The three dimensions of social support provided namely emotional, informational, and instrumental support are also aligned to literature's conceptualisations of supportive supervisor behaviours (House, 1981; House & Kahn, 1985). Emotional support in this study emerged through the provision of empathy, encouragement, showing care and affective assistance to mothers experiencing stress in managing work- and breastfeeding demands (Semmer, Elfering, Jacobhagen, Perrot, Beehr, & Boos, 2008). Informational support manifested through the provision of advice and facts that assisted the mother in solving problems (e.g., sharing maternity tips and information). Lastly, instrumental support consisted of offering practical, behavioural, or material assistance to help mothers cope with competing work and family demands (e.g., supervisors ensured that the 'mess room' or the 'clinic' were left clean and hygienic for mothers to express breastmilk).

The role of the supervisor in context. While the functions of social support discussed above can be theoretically distinguished, Cohen and Wills (1985) noted that different components of support can co-exist in naturalistic settings. In taking cognisance of the macro-context producing the socio-economic scourges experienced by mothers, a key sub-theme emerged delineating how some supervisors in this study took on the role of providing multi-dimensional forms of social support to help low-income mothers manage stress produced from their lived township realities. It is worth re-iterating that the clothing factories are dominated by a low-income female workforce. The supervisors and factory managers tend to be women carrying a rich experience of having worked their way through the factory line; from assembly line workers to being promoted as line supervisors, and later as factory managers, typically coming from the same communities as the workers on the line.

Supervisors and managers in this study are different to supervisory staff in other industries or workplaces who tend to emerge from different socio-cultural and economic backgrounds. Rather, supervisors in this study reported coming from similar resource-constrained urbane communities as mothers in the Western Cape such as Mitchell's Plain, Khayelitsha, Langa, Philippi and Bonteheuwel. Due to this common community belonging, some supervisors carried a deep understanding of the mother's daily lived contextual challenges stemming from her non-work domains, i.e., family and community spheres. For example, they shared joint experiences of long hours of commuting to work using public transport and shared the same company-provided transport to go home after over-time shifts. Given these considerations, Kayla exposed the layers underlying supervisors' roles of supporting breastfeeding in a low-income work context:

> You're in between management and the workforce if you can put it at that. So that is your level of supervision. But it doesn't stop there. In the position that we currently in as supervisors, we become social workers, we become a police officer, we become the sister that they need, health and safety issues. Our role is not only as supervisory ... Currently our roles is so diverse that we have to be everything that the operator needs at a certain time. If I have to be the nurse to console, then I do that. If I have to police the break-up fights, if I have to be the social worker to listen to you when you speak, then I have to be that, and at the same time be the voice of the boss so to say and do what I'm supposed to as my job requirement. [Kayla, Production supervisor]

In taking note of the mothers' daily struggles, some supervisors felt the need to 'go the extra mile' in supporting mothers to continue breastfeeding after their return to work. These struggles included mothers' experiences of life in townships characterised by poverty, high levels of stress from crime and drug usage, poor infrastructure, gender-based violence and absent, unemployed fathers – above and beyond managing work life. These study findings

corroborate existing research recognising how social and structural determinants in the non-workspace such as hindered access to transport and difficult commutes, being the sole breadwinner and caring for extended families and poor living conditions place breastfeeding as less of a priority (Son & Bauer, 2009; Stumbitz & Jaga, 2020). In general, participants' narratives reflected a well-grounded awareness of the inherent specificities of the local Southern context of South African low-income working women. These study findings are illustrated by the following extracts:

> Like husbands beating them, children that's on drugs, haven't got food, they're worrying how they're going home tonight because they don't have money. They don't even have a piece of bread there at times for lunchtimes... It's actual fact heart-breaking in the clothing factory for these mothers. Some of the kids come till by the work to threaten their moms for money... Now that this drug is so hectic in South Africa. And we will always try and help. I myself if I now know you've got a problem, you're out of work for a week and I know the problem, I will tell you, what is the problem? I will put a box there and I will ask them to bring something to put in the box... [Mumtaz, line supervisor]

Two participants commented on the extent of solidarity, compassion, and support they are willing to offer:

> You know, because I personally will go the extra mile for my people because I know what it is to sit there in production, and you don't have it [support from work] and there's nobody that's listening to you. Your mind needs to be at ease. Even if it's a child at school. I phone the school. I will talk to the principal. I will go that extra mile. If the husband is naughty, I will talk to the husband. [Jamie, Production manager]

> Because I never got it [support from work] and because I couldn't do that for my children, and I feel that maybe that little support that I give them, maybe it's going to make it easier for them at night because I was all alone at night and I had two to breastfeed, so it was very hard for me [Phiwe, line supervisor]

Findings also illustrate that some study participants provided work-family-specific social support, which significantly departs from general workplace social support. For example, supervisors in this study showed empathy about work-family well-being and ensured work-family effectiveness through enabling a space for mothers to feel comfortable discussing work-family problems. Compared to general support, work-family-specific social support is more likely to buffer stress emanating from competing worker- and domestic- roles for the mother (Allen, 2001; Kossek et al., 2011) and also helps in conserving resources in both work and family domains (Hammer et al., 2009; Thomas & Ganster, 1995). The conservation of resources theory (Hobfoll, 1989) is drawn upon to explain the impact of psychosocial stressors experienced by mothers from their work demands on resource depletion (e.g., psychological, time, and emotional resources), leading to a resource spiral. On the other hand, the job demands-resources (JD-R) theory (Karasek, 1979) advances that employees who have greater

access to workplace social support garner additional job resources (supervisor social support in this case) that help them cope with daily stressors. In line with these theories, the effect of work-related stress on mothers is likely to decrease if they feel socially supported at work (Bakker & Demorouti, 2007; Hobfoll, 1989).

Findings of this study also observed that participants demonstrated aspects of family-supportive behaviours comparable to the four dimensions of family-supportive supervisor behaviours (FSSB) delineated by Hammer et al. (2011). Of the four dimensions, those relating to 'role modelling behaviours' (the synthesis of work and family responsibilities through on-the-job modelling behaviours) and 'creative work-family arrangement' (supervisor-initiated actions to restructure the mother's work to facilitate breastfeeding breaks) were evident (Hammer et al., 2009). Role modelling behaviours were specifically applicable in the current research context where senior female supervisors tended to think of themselves to be a 'mother figure' in relation to the young mothers, as Danica claimed, 'the supervisor takes the mother's role at work, that bond must be there'. Due to their awareness of community challenges, most female supervisors in this study felt it was part of their role to make a difference as a supervisor. Primarily based on their interactions with mothers in the form of encouragement and role modelling behaviour, the supervisors tended to embody empathetic, nurturing characteristics and felt responsible to support young mothers to continue breastfeeding – as if it were a community responsibility.

Bandura's (1977) social learning theory is a useful framework to explain the above-mentioned dynamics between study participants and mothers by drawing on two theoretical constructs to outline the concept of 'role model'. First, the tendency to identify oneself with those who hold a social position to which one aspires themselves. In this study's context, an experienced senior female supervisor who is well-respected both at work and in the community. Second, the concept of social learning, which suggests that individuals (i.e., mothers) pay attention to role models (i.e., respective supervisors) because they believe they can acquire skills and accepted ways to successfully express breastmilk at work. Although the relevancy of both is apparent, this study perceives the latter to be an opportunity to instil a sense of responsibility in supervisors to engage in actions that encourage mothers to learn how to or continue to express at milk. While no supervisors in this study were actually expressing milk at the time of data collection, they still made necessary workplace arrangements and managed mothers' breastfeeding needs. These actions can inspire both current and other mothers who do not yet have children to consider expressing milk at work. Through observing such actions, some researchers note that mothers' perceived supervisor support can be

enhanced which is also found to be critical in influencing mothers' readiness to express milk at work (Bai, Middlestadt, Peng, & Fly, 2009; Dinour & Szaro, 2017). Overall, these study findings corroborate the points advanced by Muse and Pichler (2011) on the importance and effectiveness of family supportive supervisors to help lower-skilled workers manage work-family responsibilities on the job.

While extant research on supervisors in high production-driven workplaces tend to show resistance towards family-friendly supportive behaviours, the majority of participants in the current study viewed breastfeeding at work in a favourable and accepting light. Ndlovu-Gatsheni (2020) extends the view that work and family roles in collectivist communities such as South Africa in the Global South are not strictly compartmentalised. This could explain why female supervisors, especially those senior in age, revealed a nurturing facade - which is usually not expected in hierarchal organisational structures like factory workplaces.

Theme one began by narrating how participants' personal breastfeeding experiences, personal views and socio-cultural beliefs about breastfeeding influenced their orientations and therefore their provision of support for workplace breastfeeding. Further on, this section identified distinct family-friendly supportive behaviours that departed from general supervisor support being demonstrated by supervisors and managers in their efforts to support breastfeeding at work. Lastly, theme one concluded with findings that serve as a foundation for further conversations on re-thinking the role of supervisors in the context of a low-income workplaces.

Theme 2: Navigating productivity, mothers' breastfeeding needs, and co-worker emotions

Theme two explores and discusses how the supervisors and factory managers' position locates them at the centre of organisational entanglements. The participants experienced supporting breastfeeding at work as being caught in the middle of intersecting demands (See figure 1). Some participants shared that in order to accommodate mothers' breastfeeding needs, they had to manage upper management's concern for productivity and manage co-workers' emotions in response to the breastfeeding accommodations.

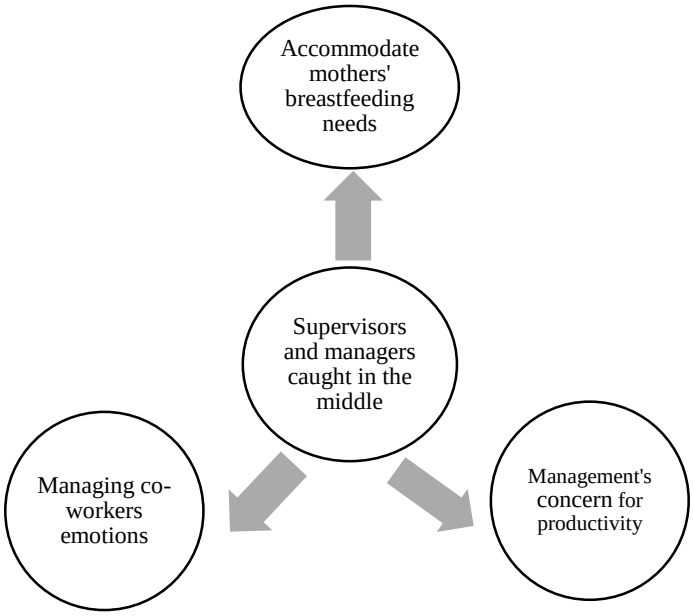

Figure 1. Supervisors and managers' experiences of breastfeeding support at work reflect a triad.

Considering that the South African factory worksite cultures and environment are not traditionally designed to be breastfeeding-friendly (Mathur-Helm, 2018), some participants felt that negotiating mothers' breastfeeding needs mainly in terms of their legislative entitlements to lactation breaks as per the BCEA (No. 75 of 1997) was an arduous task. Kevin who managed a team of six supervisors, stated that production staff needed to achieve daily forecasted targets and work under pressure to meet delivery dates:

> Supervisor, managers, because they are all being put under pressure in order to achieve their targets. So you being away from your current workstation does have an impact eventually, on what target you need to put out, especially where there's a link to the other [Kevin, Maintenance manager]

In general, study findings revealed that participants' main concerns were to achieve mothers' breastfeeding needs in a way that was minimally disruptive to business operations and not attracting pushback from other employees. However, despite acknowledging the pressure to meet productivity targets, supervisors' experiences revolved on the shared understanding that breastfeeding accommodations are unlikely to affect productivity if proper work arrangements are made. They believed that pro-actively arranging for breastfeeding facilities was a viable option to consider for alleviating the mother's pain, while also avoiding impact on production. One participant explained how some supervisors in their own restrictive

capacities negotiated opportunities for mothers to express milk whilst managing both the mothers' and their own work through implementing quick arrangements:

> Normally the operators that I know are expressing, I used to put [them] first in the line. Like my first operators. They're the ones that actually pushes the work right through. If whatever they input on the line goes right through. When the time that she comes back, it doesn't affect the line. So that's what I did. And if I get an operator that's maybe in between, I would swap my last operator that is way ahead with her so that she has that 15 minutes [to express breastmilk]. So it didn't really affect my line because I already made provision for her to go and express [Phiwe, Line supervisor]

However, in considering the production-driven nature of work in factories (Bennett, 2003), study participants maintained the view that achieving production targets remained the main business' priority. They concurred that they had to assess the likelihood of breastfeeding arrangements disrupting production flows before granting breastfeeding breaks. The criticality of the mothers' operation and whether that operation could be undertaken by another operator emerged as a determining factor influencing participants' decision to make necessary arrangements. Gareth further commented:

> ...when a person sits on a machine, they have to perform on a certain level. If they do not perform on a certain level, we get into trouble. Now me taking 15 minutes off for them to express the milk, depending on what operations they are doing, it becomes a bit difficult for me. If they are putting labels and things like that, go for it, it doesn't bother me. But if they are putting on zips for example, it's a bit of an issue because that zip person if she's not there producing those 20 an hour or 5 an hour, stops my whole line [Gareth, factory manager]

Although the granting of breastfeeding breaks outside of the mother's lunch time/teatime was heralded as a good idea in principle, participants' comments gave the impression that such arrangements were not always possible in the daily work flow of their departments. Most participants felt constrained in support provision due to the perceived negative impact of breastfeeding breaks on production targets. However, despite their hesitation, some of them were prepared to make necessary arrangements as they believed that mothers who are supported to express milk will be relieved and feel more fulfilled – thus likely to reciprocate the favour in terms of improved and extra work performance. Provisions of such support, however, appeared to be conditional and contingent upon mothers making-up for the 'loss' in production time:

> They [the mothers] feel great because you are concerned about them now. That's why when they come back, they will go the extra mile, [they will say] okay Mumtaz, we'll make it up now. Maybe worker A is not so fast as worker B, but when she comes back [from expressing her breastmilk], she will put a little bit of extra in to let it [the production line] flow again [Mumtaz, Line supervisor]

A novel finding also emerged based on a few supervisors' belief that allowing regular breastfeeding breaks could trigger a slippery slope, leading to a chain of requests for a range of other family-friendly accommodations at work that could potentially hinder production. As explained by Zimasa, supervisors tended to think of breastfeeding breaks as a form of favour that mothers had to be grateful for and not take advantage of:

> You know the people like to take advantage as well. When we implement this thing and now tomorrow something else must be implemented because of that, and any other, or people sommer say for instance okay, go for ten minutes then you go and express yourself, or 15 minutes. Because it's not an easy task to do that. I know. Now people sommer stay away half an hour and that will have an impact on production lines [Zimasa, line supervisor]

Instances of participants' hesitation in providing lactation support in this study were comparable to Wieneke et al. (2019)'s findings on supervisors' ambivalence regarding their perceived roles in promoting worksite health promotion initiatives. They identified barriers such as high workload, uneven commitment from leadership, and lack of flexibility in work schedules for them and their staff as hindrances to employee well-being initiatives. The premise underlying participants' decision to support breastfeeding despite being apprehensive can be explained by the social exchange theory (SET) (Blau, 1968), which functions on the 'quid pro quo' basis in which one service is contingent upon the other. As underpinned by the SET (Blau, 1968), the social interactions between two parties are characterised by a voluntary exchange of services perceived to be mutually rewarding. The SET explains how individuals enter relationships with the expectation of receiving a benefit or exchanging resources, and the other party reciprocates the good deed by fulfilling prior obligations. When supervisors or line managers are supportive, employees express a felt obligation to reciprocate good relations and assist their supervisors in achieving organisational goals through increased in-role and extra role performance - often referred to as organisational citizenship behaviours (Eisenberger, Stinglhamber, Vandenberghe, Sucharski, & Rhoades, 2002; Shanock & Eisenberger, 2006). Similar to Tsai (2014)'s findings on employees' perception of workplace breastfeeding support, participants in this study provided breastfeeding support through work arrangements involving minimal business disruptions. In exchange, they expected to reap benefits in terms of improved work performance and enhanced employee loyalty. Participants' rationale for providing support rested on the expectations that mothers who are satisfied with the workplace exchanges would feel compelled to reciprocate their supervisors' or managers' beneficial act through maintaining positive job performance. These findings corroborate past research that leveraged the SET to analyse important topics in organisational behaviour involving a process

of reciprocity such as commitment (Bishop, Scott & Burroughs, 2000), organisational citizenship behaviors (Organ, 1990), and supervisory support (Shanock & Eisenberger, 2002).

The following sub-themes delve deeper into participants' mixed experiences in accommodating breastfeeding needs at work while handling management's concerns on the one hand and co-workers' emotions on the other.

Management's production-driven focus and centralised decision-making as a barrier. An important sub-theme emerged based on participants' constant need to verify with management before making any breastfeeding accommodation decisions. All four factories in this study had organisational hierarchies characterised by formal work and social ties between senior management and middle management. Decision-making power was concentrated at upper management-level. One participant highlighted the vertical flow of communication and the top-down cascading of decision-making to be followed when making breastfeeding arrangements:

> So, they [the mothers] will speak to their line supervisor, they don't speak to me. I wouldn't expect a lady to get up from the line to say Gareth I want to speak to you and say listen, I want to breastfeed. No, I wouldn't expect it from the women. But I would expect them, her going to the supervisor and then the supervisor coming to me and ask, this lady needs to milk, then I would say fine, I don't have an issue [Gareth, factory manager]

Although not stated explicitly, managers in this study shared that their supervisors could make certain decisions on the ground level during times when the workplace is under intense pressure. However, there seemed to be a disconnect between factory managers' expectations of what supervisors can do and supervisors' perceived own decision-making autonomy:

> I can make decisions, but the main decision is from the manager. I will notify my manager and I will tell her listen, you know [the mother] came back from maternity leave, is it possible for me just to relieve her for 15 minutes? She won't have a problem as long as I've got my Plan B in place [Mumtaz, line supervisor]

The supervisors in the sample articulated that management was generally understanding but they felt that the onus was on them to make demands, plan and deliver on breastfeeding accommodations in accordance with management's satisfaction. For example, participants' experiences of supporting breastfeeding included conducting cost-benefit analyses of granting breastfeeding breaks and contemplating the feasibility of changing the mother's work layout. Being cognisant of management's preoccupation with productivity and their own responsibilities to achieve production targets within strict deadlines, participants in this study had to negotiate buy-in from management by demonstrating how they limited the impact of breastfeeding accommodations on productivity. One participant explained:

> It's for us to get somebody in her place so that it doesn't stop the production line to say, but there will be times when it's not possible. I can make an example if she is doing an operation that's sometimes difficult, but that's where we also there, we are females, we need to stand together. It's nothing for me to sit there for ten minutes while she expresses her milk, and help her [Kayla, Production supervisor]

While some participants suggested the possibility of arranging for another worker to assist the mother with her targets while she expresses breastmilk, others believed that granting breastfeeding breaks excluding lunch time and teatime would not be feasible given the heavy production-driven work environment they operated in. The latter view was substantiated by participants' description of the routinised and chained flow of work in the factories which emphasised that any changes in the mother's workflow to accommodate the demands of breastfeeding is likely to be challenging because other machinists depend on the mother's work being done on time. Below, Caitlin shared an example of how she attempted to strike a middle ground between satisfying production demands and mothers' breastfeeding needs:

> I don't think it's going to affect [production] that if we as supervisors do the necessary things as we know that operator needs to go express her milk, then we can quickly take someone out, just sit here for me for 15 minutes because she just needs to do that quickly. That's where we scrutinise and balance again, see that production don't get lost within the 15 to 20 minutes that she's not available [Caitlin, Production manager]

The need to seek permission and the general perceived sense that management needs to be made convinced of the merits of supporting breastfeeding mothers evoked a sentiment of restraint and lack of flexibility. Organisational theory is drawn upon to explain how systemised organisational structures may complicate employees' ability to make autonomous decisions at work (Nickel, Taylor, Labbok, Weiner, & Williamson, 2013). As elaborated by Acker (1990), supervisors and line managers can feel constrained by the hierarchical arrangements of power relations between themselves and the top management. In line with this claim, participants in this study commented that authority levels embedded in the hierarchy influenced the extent to which they were able to approach management to negotiate flexible work arrangements for breastfeeding. This finding relates to Liu and Moskvina (2016)'s analysis that explained how the effectiveness of communication is likely to be reduced in tall hierarchies that involve a bounded number of levels.

Lastly, in recounting her experience of being a floor manager and mothering a young infant, Kuhle spoke of a misalignment between management's expectations of production targets and mothers' ability to deliver on said production targets post-return to work:

> Sometimes production or management won't understand you're tired and you don't feel lekker today, they don't, because they are only production driven. So for them and most of the time when I say I cannot work overtime because I have a baby, it's like in the position

> that you are in you need to stay because you need to look after the others. But then also taking into consideration you have a baby, so I cannot be the same as I was before I went on maternity leave.[Kuhle, floor manager]

Consistent with literature on the experiences of maternal bodies at work, participants in this study acknowledged that mothers' pace of work was impacted by painfully swollen and leaking breasts as distractions (Gatrell, 2007; Perrin, Nanette, Yragui, Hanson, & Glass, 2011). For example, Kuhle showed sensitivity towards the tension inherent in juggling being a good-mother and good-employee (Turner & Norwood, 2013) as well as admitted that motherhood changes the woman's body in that it does not return to its 'previous' state (Alstveit, Severinsson, & Karslen, 2011). Overall, managers' narratives in this study pointed to a deeply rooted perception that upper management was mostly profit driven and tended to side-line breastfeeding employees' needs as secondary. This finding is well aligned to Stumbitz and Jaga's (2020) research which highlighted how management tended to be oblivious to the process that mothers undergo in regulating their maternal bodies and adapting to the new role of mothering in low-income work contexts.

'If she can do it, why can't I do it?'. Managing potentially discontented co-workers and their emotions in relation to the extra attention that a breastfeeding mother receives from the supervisor or manager emerged as an important finding. The supervisors shared the need to manage disgruntlements among co-workers and create an atmosphere of support and togetherness to ensure productivity ran smooth. Therefore, not only did participants feel 'sandwiched' between management and mothers, but they also speculated having to handle a mix of co-worker emotions that arose when breastfeeding arrangements were made. One participant commented:

> It won't be everyone, but there will be some who will say if she can do it, why can't I do it. You get negative people like that, that argue like that [Danica, Line supervisor]

When asked how supervisors would manage any sense of perceived favouritism or unhappiness from co-workers because of breastfeeding mothers being accommodated, they responded 'I don't need to go into detail and it's none of their business'. Interestingly, it was found that instead of being overwhelmed by negative co-worker comments and attitudes, supervisors sustained full commitment in supporting mothers. Busiwe's narrative demonstrates how supervisors maintained a tough stance by wielding their perceived authoritative power to deal with unwilling co-workers in a disciplined manner:

> We as a supervisor, we know already their attitudes, so we will tell them okay, go sit there, but we hear they speak something, but we never, how can I say, ek hou my doof, ek hoor nie vir jou nie [I pretend to have a deaf ear, so I cannot hear you]. Because why? you

> came here to do your work, whether I put you where, you must do it, because if you don't want to do it, then I will take you to HR because the code of conduct is refusal of duty. You're not following procedures of the supervisor. So you cannot come and do what you want to and do it to me [Busiwe, Floor supervisor]

To avoid discontentment among staff, a few supervisors mentioned that they cultivated a team-spirit approach to rally up collaborative efforts among co-workers on the production line when the mother needs to express milk. Supervisors believed that such an approach would be effective because their daily method of operation at work involved significant teamwork and collaboration. In addition, given that the factories were female dominated, participants assumed a natural unfolding of co-worker support and tolerance for breastfeeding accommodations at work, as Kayla (production supervisor) argued, 'we arewomen and we support each other'. As a male manager, Gareth shared the same opinion thinking that female co-workers in general would understand a mother's breastfeeding needs and are more likely to help each other:

> They're all women, they all have kids, I don't think there's going to be an issue [to support the mother while she expresses milk]. Me personally I don't see no issue even. If they want to express their milk, go for it. Remember I've got mostly women here, so they all have children, so they all want that, I don't think there will be any [issues]. There'll be obviously an odd one out, there always is, or one of the guys will have to make a comment or something stupid [Gareth, Factory manager]

Caitlin together with other participants agreed that it was normal for co-workers to feel disadvantaged in the face of extra accommodations. However, they believed that clear communication and transparency underlying the reason behind which breastfeeding accommodations are made, would be needed.

> You will get that operators that will moan and groan, I know that's normal... If it's managed in a disciplinary way, I don't think it will be an issue to where our efficiencies will be affected. Because you have to make now provision for that certain operator that she needs to go and express her milk and if you explain nicely to the people, and they will understand because at the end of the day we're here to communicate properly with each other [Caitlin, Production Manager]

This sub-theme uncovered the participants' effort, support and extra-involvement in organising work flows and managing co-worker emotions and criticisms. Across the literature, co-worker support and their buy-in are promulgated as important predictors for women's decision to sustain breastfeeding after returning to work (Jantzer et al.,2017;; Seijts, 2004; Zhuang, Bresnahan, Zhu, et al., 2018). Findings regarding participants' belief that women on the line are likely to understand each other is consistent with past research investigating the impact of co-worker support on mothers' breastfeeding continuation decisions. Zhuang, Bresnahan, Yan et al. (2018) found that receiving female co-worker support highly encouraged

mothers to continue breastfeeding after to work and contributed to the mothers' self-efficacious beliefs in her ability to do so. Findings of this study also implied that supervisors were likely to enforce the authority afforded by virtue of their position as and when necessary to advance support for breastfeeding at work. Spitzmueller et al. (2016) concurred that in doing so, supervisors demonstrated a strong conviction and an ability to influence management and co-worker views on breastfeeding at work. It is therefore postulated that supervisors could become effective agents of change in the current workplace. This suggestion is plausible as past research has identified well-being champions to be beneficial in leveraging peer relationships at work for improving health and well-being (Wieneke et al., 2016; 2019).

In conclusion, Theme 2 discussed the conflicting middle position that the supervisors are challenged with in having to manage mothers' breastfeeding needs, co-worker emotions and management\s productivity concerns. Findings of this theme lay at the core of supervisors' hesitancy and in some cases reluctance to support breastfeeding practices at work.

Theme 3: The nature of breastfeeding conversations

Theme three explores the possible mechanisms that guided the handling of maternity conversations (including breastfeeding and pregnancy conversations) in the factories. This theme also tackles the issue of responsibility shifting among study participants when it involves supporting breastfeeding at work. First, nearly half of the study participants (7/17) reported that senior management did not provide staff with pregnancy, breastfeeding or any maternity-related information and guidelines on the support available to mothers before they go on, or when they come back from maternity leave. In fact, all participants in this study shared that in their experiences of working in clothing factories, they had only received breastfeeding information from clinics or from their own personal networks - not from their workplaces:

> Not really, not really [to having any information at work]. It's almost like a quick decision where we would agree on the situation when it comes right on hand. Then we will have is it okay when I send her to go to express then the manager would agree ja that's fine, do this or do that. But there's no formal discussion in what to do, there's no rule in our rulebook to say what to do when we have breastfeeding mothers returning back to work. [Kuhle, Floor manager]

A widespread lack of awareness of employees' breastfeeding rights and employers' duties to support breastfeeding at work were evident. Similarly, findings noted a lack of participants' knowledge and awareness of company breastfeeding policies and national laws in supporting breastfeeding breaks at work. All 17 supervisors and managers in this research

reported being unaware of workers' entitlements to breastfeeding breaks as stipulated by the Basic Conditions of Employment Act No. 75 of 1997. Even those with extensive work experience as Gareth, admitted they were neither informed of such governmental guidelines for breastfeeding at work nor were they cognisant of company policies that support breastfeeding at work. Participants asserted no training was provided on how to support breastfeeding mothers at work. Their claims were captured in the following participants' extracts:

> Not at all [to being aware of national breastfeeding laws]. It has never been introduced to me or spoken to or anything, and I've been in this business a long time. Okay in Cape Town I haven't been here a long time, I've been here since 1999 [Gareth, Floor manager]

> I didn't know about like breastfeeding [at work], that a mommy is allowed to go during working hours, and so on [Maki, Line supervisor]

It was reassuring to find, however, that study participants reported being willing to support breastfeeding mothers when directly presented with the request. As explained by two participants below, breastfeeding conversations mostly only unfolded when self-initiated by mothers when she approaches her respective supervisor or line manager to discuss breastfeeding plans after she returned to work:

> No, when they [the mothers] come back, they will tell you Mumtaz, you know we came back from maternity leave, baby is drinking on me, if the breasts is full we need to go for the breast pump. No problem. We need to work around that [Mumtaz, Line supervisor]

> Some of the people [the mothers] they don't want to talk, and like the managers they do know that stuff [on how to have breastfeeding conversations], but they will never talk to the people unless the people come to them and talk about it and then they will have a meeting and discuss all these things [Busiwe, Floor supervisor]

Supervisors in this sample commented that some mothers were temporarily excused from work to express breastmilk in cases of 'urgency', often described as 'her milk was running out'. Through Busiwe's narrative below, it is seen that breastfeeding conversation starters in the factories appeared to be triggered when mothers had a compelling reason to approach the supervisor (e.g., to show that their breasts are full):

> Ja, they [the mothers] do come to me yes. Or maybe when I attend by one of them maybe, they will tell me yoh, Busiwe my tiette is vol, kan ek dit gou gaan uit? Dan sê ek vir haar ja, gaan gou [my tits (breasts) are full, can I get it out quickly? Then I tell her yes, you can go quickly] [Busiwe, Floor supervisor]

Another participant further explained that in cases where conversations between mothers and supervisors occurred, it tended to be casual and unstructured, bearing no reference to internal human resource policies:

> We did talk, but we talk as I said we're like a family, us at the back [in the canteen or storage room] then we talk about the everyday and I also have a grandchild that's more or less her child's age. So what I say to my daughter I also say to her and she'll say my mommy says so too and she'll say she told her mommy Aunty Danica says so and Aunty Danica says to do this and so we share and get to know one another [Danica, Line supervisor]

Evident from Danica's narrative above, breastfeeding conversations unfolded in a somewhat laid-back sense as one supervisor in this study also commented 'If I see they not so busy, then I go over to them'. One possible explanation is that participants in this study did not view their role of having breastfeeding conversations as an active one. Rather they perceived it to be the mother's responsibility to request for breastfeeding accommodations, at which time, the supervisor or the manager could choose to extend support on a case-by-case basis. This interpretation is consistent with research suggesting that supervisors, managers, and employers are yet to affirm their support for breastfeeding support at work (Bai et al., 2011; Chow et al., 2011; Dinour & Szaro, 2017; Stratton & Henry, 2011). In addition, findings of this study that pertain to the suboptimal nature of breastfeeding conversations existing between supervisors, managers and mothers can be explained by Stratton and Henry (2011)'s recommendations that supervisors and managers require family-friendly training to better handle such conservations. Lastly, similar to research conducted on managers' experiences of workplace breastfeeding in the South African context (Mabaso et al., 2021), an absence of conversation about breastfeeding was noted as found in the current study. Mabaso et al. (2021) also reported that managers in their study engaged in minimal discussion about maternity benefits with pregnancy employees and were unsure on who was responsible for initiating breastfeeding support conversations at work.

Findings of this study also noted that participants' expectations of being approached by the mother might be impractical. This is because participants themselves had previously contended that mothers might not be aware of the ways in which management can accommodate their breastfeeding needs, given the absence of formal company ruling and formal conversation held with them on how to formulate such requests. As a result, Phiwe called attention to differential treatment mothers received depending under whose supervision they are working under:

> Some of the mothers don't know, but the majority that I've spoken to already, they don't know they can do it [express milk at work], but I don't know if they can do it on other lines, but on my line they can. So it's different with different supervisions [Phiwe, Line supervisor]

As in the case of the above study finding, researchers have noted that the absence of a formally established policy (Anderson et al., 2015) and inadequate communication complicates

access to breastfeeding support, especially for mothers seeking it the most (Stratton & Henry, 2011). Furthermore, the findings of this study revealed effective interpersonal communication on breastfeeding support was lacking and likely to be exacerbated by the prevailing hierarches in the factories structured in a way that may have limited direct interaction between study participants and the mothers (Liu & Moskvina, 2016).

To illustrate, in Gareth's experiences, communication gaps between himself (a white male) and the mothers (low-income black women) emerged as a limiting factor that complicated the breastfeeding support relationship:

> You see with them [the mothers], you've got to understand the culture. You know with me, I give them a lot of space to speak to me, I don't have a problem with them speaking to me, you can speak to me, but a lot of them are just too scared and I think it's a lot to do with the culture. Because I'm White number 1, they would rather speak to somebody else with their colour, not to speak to me. Okay. And because they see me as a manager, they rather not speak to the production manager or the factory manager, they will rather speak to the supervisor and the module leader. [Gareth, Factory manager]

This sensitive, yet important finding hints at how South Africa's colonial and apartheid legacies still favour management who are white and male. It also notes how the power of such social processes enforce structural hierarchies in the workplace that perpetuate low-income (usually black or coloured) mothers' difficulties in accessing workplace breastfeeding support. These power dynamics persisting in the factories can be explained by Crenshaw's (1989) theory of intersectionality – rooted in critical race theory – which explains how the interplay of race, class, and gender may impede breastfeeding practices among low-income mothers in workplaces dominated by males in leadership position. Here, South Africa's patriarchal apartheid legacy reflects the challenges faced by low-income mothers in approaching and in being understood by their male managers. As dominant male hegemonic norms persist in South African workplaces (Jaga, Arabandi, & Bagraim, 2018), the current finding may explain why breastfeeding conversations are rather dealt with informally so as to avoid any negative attention from managers. In further addressing the stigma attached to male factory managers' hesitation in engaging mothers in breastfeeding conversations, Gareth commented, 'do you think that makes sense? I mean they might think I'm going to look at them and start laughing'. His statement explains that although he is prepared support breastfeeding mothers, the underlying workplace culture dictates how breastfeeding support is viewed and practiced.

Gareth's narrative reaffirms the power interplay inherent in a manager-employee relationship as documented in literature (Burns & Triandafilidis, 2019; Chow et al., 2011). In this case, not only are the dynamics between the white male manager perceived to widen the gap of difficulty in getting managers and low-income mothers to discuss support for

breastfeeding needs. But his statement also aligns with literature that breastfeeding at work is still perceived as a sensitive and private issue in South African workplaces (Mabaso et al., 2021).

Expressing breastfeeding in the factory setting surfaced as a sensitive topic of conversation, as participants shared their experiences in managing the breastfeeding and employment dichotomy. The supervisors' recounts of their experiences frequently alluded to mothers' commonly using the excuse of having to go to toilet in order to leave their workstations to express breastmilk. From this study's findings, it is believed that the unregulated nature of breastfeeding conversations at the factories may have enforced mothers' secretive behaviour of expressing breastmilk at work. This phenomenon not only affirms the secrecy around pumping breastmilk in the current factories but also perpetuates the ineffective practice of misconstruing toilet breaks as an excuse for pumping breaks. Many participants reported not knowing or having witness mothers express their milk at work:

> I've never seen it [breastfeeding at work] at any level [in the factory], or there would be sometimes if, it's never happened, because if it did happen, they would have either hide it and they put something else, and if they don't have, they would have come to me and say can we use, you know a second hand cloth where I can just put it over [the leaking breasts] but, it never happen [Gareth, Factory manager]

For one participant, it was the first time they had heard of breastfeeding at work. The participant seized the opportunity to share her views of how young mothers perceived the effects of breastfeeding in relation to their physical appearances:

> I was shocked when I heard now, firstly, of this breastfeeding, very sensitive topic, but also not widely exposed. And maybe that is why people are not talking about it, because it's almost like it's in the closet. So for me, it's a good thing also to widen the minds of the youngsters coming in. The other thing that I also wanted to tell you is some people like with small breasts will fear also breastfeeding? Because it actually disfigures your breasts. Because now you have this nice firm breast and you breastfeed and it becomes like saggy. So it's also how it affects your appearance [Jamie, Production manager]

As seen in Jamie's opinion, the implications of management to not formally communicate regulated breastfeeding guidelines with supervisors and managers can lead to uninformed assumptions on mothers' breastfeeding decisions. It is believed that harbouring those assumptions on mothers' breastfeeding choices can undermine breastfeeding support initiatives at work. Lastly, some participants in this study shared that some mothers hardly come forward to claim they have the need to pump breastmilk. As narrated by Mumtaz,

discomfort or fear among mothers about approaching supervisors created a perception that the demand for breastfeeding support was low in the workforce:

> Some people is not opening up to tell us whether they stopped breastfeeding or they have leakages. They're not opening up to tell, but some do and some will ask can I go and express myself, or can I go to the canteen or wherever. Some will ask, but some will just sit there and leak and change their padding without anybody knowing about it [Mumtaz, Production supervisor]

The above study finding is comparable to past research on how non-supportive workplaces which harness a passive tendency expect mothers to demand breastfeeding support create a situation where mothers keep breastfeeding needs concealed, while managers withhold support due to perceived lack of such demand (Mabaso et al., 2021; Turner & Norwood, 2014). With regards to the same above study finding, Stratton and Henry (2011) suggested that a perceived lack of supervisor support can decrease the likelihood for employees to request for breastfeeding accommodations, in turn creating a negative feedback loop and confirming employers' perceptions of lack of demand for workplace lactation support.

As in the case of this study, mothers who withheld their breastfeeding needs at work could not benefit from potential emotional, informational, and instrumental support that they could have accrued from their respective supervisors or factory managers. With regards to this, researchers suggested that in order to advance workplace support for breastfeeding, pro-active breastfeeding conversations should be embedded as part of the supervisor's or manager's role (Mabaso et al., 2021; Stratton & Henry, 2011). These researchers advanced that engaging in such can shift the perspective that breastfeeding in fact constitutes a workplace concern and can make mothers aware of supervisors' intention to support breastfeeding at work.

Shifting responsibilities. When asked about who is responsible for initiating breastfeeding conversations and supporting mothers to continue breastfeeding after return to work if they wished to, supervisors and managers in this study believed the onus of providing such support rested on the Human Resources (HR) department, senior management, and other external institutions such as the health clinics and the trade unions. Only co-workers were not perceived to be responsible for providing breastfeeding support, although the participants suggested that they were expected to comply with breastfeeding arrangements made. Participants' reservations to shoulder the responsibility of lactation support appeared to reflect previous research findings which perpetuated the othering of lactating bodies in a way that confines the fulfilment of maternal responsibilities to non-work spheres (Gatrell, 2007; Mahon-Daly & Andrews, 2002; Stumbitz & Jaga, 2020).

Study participants highlighted the perceived limits of their job responsibilities claiming it was senior management's and HR department's main task to drive breastfeeding initiatives, engage mothers in breastfeeding conversations, and raise awareness on why mothers should be supported to carry out mothering responsibilities at work. In considering that the senior management and the HR department differed across the four factories investigated, responses spanned across a spectrum. Some participants believed that HR's provision of breastfeeding support was quite passive in nature while others commended the HR department's active stance on providing support as and when required:

> The social well-being normally falls under HR part, that's the umbrella. However, each manager has his own area that he or she is in charge of, but educational problems, I think that has to come from HR. I think they should make it more aware for women to understand the importance, or the chances that they should be given in in the workplace, in relating to breastfeeding, which means if I need to go, X time to empty my breasts, make it more, you know, more easier for them to do it [Kevin, Maintenance manager]

Similar to other participants, Kuhle explained that management ought to handle maternity-related discussions while supervisors hold informal 'sit-down' conversations with mothers to ensure that work operations on the ground are running smooth:

> …At least for the manager and the operator to have that open and clear communication, so if there is something I would say that is the reason for why she has been for more than ten minutes in the toilet or in the feeding room, you know what I'm saying? Then there is a reason for maybe she was like 20 minutes off her line, they would book her card what's the reason, so that the manager would be aware of it because they have had that discussion [Kuhle, Factory manager]

However, as described below, participants mentioned that management first needs to be trained on lactation and maternity support before they can engage in breastfeeding conversations. Enhancing upper management's awareness on the need to support breastfeeding at work is instrumental in advancing workplace lactation support (Chow et al., 2011; Hirani & Karmaliani, 2013), as increased awareness can instil receptivity among staff and co-workers regarding breastfeeding arrangements made (Seijts & Yip, 2008). Kayla commented:

> I think right now the majority of heads of departments, I'm talking about top brass are all male, educate them firstly on how important it is to know about women and what the period they're going through when they're breastfeeding [Kayla, Production supervisor]

More than half of study participants (10/17) shared that trade union representatives should leverage their influential power to disseminate information on the importance of supporting breastfeeding at work such as the benefits of breastfeeding, legislative entitlements, and ways for supervisors, managers, and mothers to find a middle ground in advancing breastfeeding. They believed that union representatives had more flexibility and time to convince management and engage mothers in maternity information a participant exclaimed

'the union man, factory management doesn't have a lot of time on their hands to do this'. One participant commented:

> They [the union] can have seminars and informative sessions because the majority of the people don't really know what's the benefits of breastfeeding, or anything. They just hear from their mommies, no you must breastfeed, but they don't know about really the benefits that breastfeeding can bring to your baby. So we as young mothers don't know anything, there's no informative methods for us to know anything [Phiwe, Line supervisor]

In their experiences, participants described that previous health and wellness workshops such as tobacco smoking, alcohol abuse, and HIV aids awareness sessions held by trade unions officers and health clinics imparted valuable learning points to staff members. Therefore, they believed that including breastfeeding education during those sessions would be beneficial too. However, of all stakeholder groups mentioned, most reference was made to health care centres and clinics as institutions most suitably geared to initiate breastfeeding conversations with mothers. Due to having had personally gathered most breastfeeding information from the clinics, participants in this study believed that it was the clinic's primary responsibility to educate and persuade mothers to continue breastfeeding:

> Currently now we have three people on maternity leave. So they come back different times, you know, so we're not going to spend time with them on [breastfeeding education], and that is what I told you now earlier on. That is where the clinics comes in, that is their responsibility, we' re not gonna take their responsibility away from them. Because then what's the purpose of them going to the clinic, when we can do it here? [Jamie, Production manager]

In shifting the responsibility of holding breastfeeding conversations, study participants somewhat agreed to letting mothers be prone to social persuasion from other stakeholders' influence. Through interpreting breastfeeding information from health clinic or trade union officers, mothers' self-efficacious beliefs of her ability to successfully express breastmilk at work can be either positively or negatively impacted. According to Bandura's social learning theory (1977), verbal persuasion functions as a source of motivation influence that one can accomplish a behaviour of interest through feedback, encouragement, or discouragement on their performance. Bandura (1977) notes however that verbal persuasion is the least effective form of self-efficacy information. Thus, verbal encouragement from health clinic or trade union representatives as 'outsiders' to help mothers with breastfeeding information at work can be less effective than having managers and supervisors themselves provide active informational support and role modelling, considering they form part of the mothers' social network. Past research conducted among low-income women suggest that written or verbal breastfeeding information alone is unlikely to change breastfeeding behaviour; rather support requires face-to-face reinforcement with similar others to minimise the risk of a reverse effect (Entwistle,

Kendall, & Mead, 2010; McFadden & Toole, 2006). The risk in question was addressed in past research where mothers described health professionals and nurses as disapproving social referents due to the perceived notion that they disseminate inconsistent advice that can negatively impact breastfeeding behaviours (Bai et al., 2009).

Theme 3 illustrated that both formal and informal support for breastfeeding at work are needed, and should complement each other. However, given the low-income context of this study, the informal support provided by supervisors appeared more readily available. However, informal supervisor support when not complemented with training, HR policies and procedures, proves ineffective. Findings also noted a tendency of responsibility shifting to other stakeholders such as the HR department, trade union representatives, and health clinics in educating mothers on breastfeeding at work. Lastly, suggestions are made for relevant breastfeeding and family- friendly related training in the context of low-income workplaces.

Study recommendations and concluding remarks

Implications for managerial practice and workplace policy

The aim of this study was to explore and understand supervisors' and managers' experiences of supporting breastfeeding at work in a low-income context. Through the recommendations provided below, it is hoped that supervisors and managers create the space and dialogue, where family-friendly practices become rooted in the factory work-culture.

Develop a written breastfeeding at work policy. In response to the lack of clarity experienced by supervisors and managers of this study in granting breastfeeding breaks, study findings urge the development of breastfeeding policies to include initiatives that encourage supervisors and managers to support breastfeeding mothers. Policies should be designed in consultation with the mothers to ensure that their needs are met by the policy. Having breastfeeding policies can reduce confusion among supervisors in making work arrangements and relieve the pressure and guilt from mothers for taking pumping breaks during work hours. I suggest that breastfeeding policies include breastfeeding information about mothers' legislative entitlements to breastfeeding breaks, information to educate staff on how to pump, store, and feed expressed breastmilk to the infant and other forms of workplace support available such as on-the-job work arrangement.

This policy should be communicated through different channels to all employees, including mothers. It should also disseminate legal and health-related breastfeeding information at work that can effectively and reliably reach mothers with lower level of education. Information needs to be crafted in a way accessible to all mothers regardless of their proficiency in English skills and conveyed in different spoken languages in low-income South African workplaces (i.e., Afrikaans, isiXhosa, and isiZulu). Contents of the breastfeeding guides and policies at work should also be culturally safe and sensitive, evidence-based, and suitable for mothers with different levels of health literacy. Lastly, implementing a breastfeeding policy can fulfil the entitlements afforded to low-income mothers in the current research context, given that black females and females of colour in post-apartheid South Africa have encountered enduring discrimination based on their gender, economic status, race and to extend the claim further, their gender-linked needs.

Management's advocacy efforts to emphasise immediate actions that supervisors and managers can take. Management should take responsibility to inform supervisors and managers that the demand for expressing milk at work is strong, and instil the belief that they play an important role in supporting breastfeeding employees. Encouraging active

communication between participants and mothers on actions to be taken to accommodate breastmilk expression during the workday also relays the message that the workplace is receptive to providing breastfeeding support and values the harmonization of work and family lives. Management can distribute Supervisor or Manager Toolkits to make workplace breastfeeding support initiatives simple and feasible, with clear guidelines so that support provision is standardised and does not seem daunting. For example, Spitzmueller et al. (2016) recommends the distribution of fliers or booklets with information on breastfeeding and organisational support services for breastfeeding with messages from both the HR department and factory managers so that supervisors feel more confident of their capacity to make breastfeeding arrangements. To address supervisors' perceived lack of decision-making autonomy, factory management should consider introducing resource-rich job components for managers directly involved with mothers to increase job control (Fein et al., 2008). Training can also equip participants with the tools needed to creatively design or re-arrange mothers' jobs more conducive to work-life integration while remaining sensitive to contextual constraints (Muse & Pichler, 2014).

A call for family-friendly breastfeeding-related training and workshops. This study recommends organisation-wide family-training aimed at equipping staff with essential breastfeeding knowledge and increase awareness of legislative entitlements that require businesses to accommodate breastfeeding employees. While educating supervisors and managers on their responsibilities in implementing the BCEA's breastfeeding guidelines, training should cover fundamentals so that supervisory staff understand that mothers do not only require a space. Rather, mothers need privacy and a designated breastfeeding place so that they do not feel stigmatised to carry on with their family role of expressing milk in a workspace otherwise dedicated for the general staff's wellness. Literature also suggests framing the benefits of providing workplace breastfeeding support within the business' specific needs and values so that supervisors and managers perceive the value and tangible benefits applicable to both parties in an employment relationship (Muse & Pichler, 2014; Stratton, 2011).

I also noted that supervisors who genuinely want to assist employees balance work-family demands have shown interest in receiving work-life integration training. This presents an opportunity to train supervisors to take note of available resources within the factory and surrounding community to be better prepared to advise mothers on how to balance competing work and family demands. Should management consider fostering a work culture that actively supports family-friendly endeavours, feminine figures who have effectively combined

breastfeeding with work could be matched to pregnant women and new mothers in the workforce to establish a mentoring relationship and share practical advice. Not only is this approach empowering to mothers, but it also strengthens the belief that it is possible for working mothers to manage breastfeeding and work and supervisors and managers should encourage them to do so (Hammer et al., 2011). Tailoring interventions to fit the context of the factories with such creative approaches to educate supervisors and managers is hoped to embed a culture that actively supports breastfeeding, instead of just 'tolerating' breastfeeding mothers.

Limitations of study

This study used secondary data with strong rigour, however a few study limitations were noted. First, while listening to audio recordings, it occurred to me that some participants were reticent about disclosing certain information due to fear of apprehension from management. The PI advanced that interviews were held during supervisors' break times on the factory premises as a matter of convenience. Future research should take note that the micro-context of research (i.e., the data collection location) influences the way participants' responses are shaped and can consider having interviews detached from the workplace setting so that participants can freely share their experiences.

Second, this study was undertaken as a result of a secondary analysis of a larger project, with a somewhat homogenous sample in that majority of participants were female (15/17) with high school level qualification, all having children with at least half of them having breastfed their children. A different set of inclusion criteria and a sample consisting of more male participants or female participants who have no children might have revealed other experiences. Study participants also agreed to be interviewed, and therefore the views of those who did not accept the request to be interviewed were not represented. Purposive sampling may have thus introduced sample bias as most participants were pro-breastfeeding and particularly interested to share their experiences. This point can explain why no instances of supervisor undermining emerged in this study, although cases of supervisor undermining is widely documented in literature. Despite study limitations, it is believed that the transferability of findings to other groups of supervisors and managers bearing similar demographics in countries with similar national maternity benefits and legislations is plausible. This is because the current exploratory, case-study driven interpretive research is contextual and does not claim universality (Bhatta, 2018).

Directions for future research

Further research is needed to explore the explicit nature of supervisor support and their needs for adequately support pregnant and breastfeeding mothers at work. For example, other can consider different interview questions to ask supervisors and managers about perceived barriers, facilitators, and resources needed to better assist breastfeeding mothers in a workplace with limited resources. Future research can extend findings of this study through a more systematic investigation via other methodologies such as field observation or participatory action research involving multiple stakeholders as previously mentioned to develop relevant, low-cost workplace interventions. To achieve triangulation of findings, which is a current limitation of this study, other studies can investigate both mothers' and co-workers' experiences of breastfeeding support at work as both appeared to have prominently featured in participants' experiences of supporting breastfeeding at work.

Findings of this study note that informal sources of work-family support from might be more realistic for low-income factory workers. Participants' accounts demonstrated that low-income mothers in this study tended to emerge from low socio-economic backgrounds and are thus unlikely to risk financial resources in exchange for access to formal work-family benefit utilisation. Findings of this study therefore acknowledge the need for the theoretical development of the FSSB construct in supporting work-family needs among low-income workers (Hammer et al., 2011; Muse & Pichler, 2011).

Conclusion

Despite South Africa's successful strides in improving the breastfeeding landscape, initiatives appear to have been restricted to the public health domain. Only few employers have shown effort to protect and support breastfeeding mothers' needs in their work environments. South Africa still has to clear the last hurdle of shifting attitudes, increasing promotion and conversation on accepting breastfeeding as a natural part of motherhood and one that should be factored into the workplace. The field of work-family research has identified workplace social support, namely FSSBs to be influential in determining mothers' breastfeeding intention, initiation, and duration. For this reason, supervisors and managers have been identified as important social resources and form of social support to advance workplace breastfeeding support in the low-income context.

In short, participants in this study seemed to perceive their role in supporting breastfeeding at work as one of passive rather than proactive support. Due to infrastructural

limitations on qualifying private spaces, breastfeeding pumps, and mobilising financial resources including concerns about overstepping supervisor-employee relationship boundaries and co-worker criticism, some participants questioned the reasonable extent to which they could avail themselves to firmly implement lactation support in the factories. While some supervisors readily agreed to go the extra mile, others questioned the scope of their responsibilities to provide the several aspects of breastfeeding support to mothers. On the other hand, some did not perceive breastfeeding support to yield substantial return on investment and were more concerned with running productivity as the main business imperatives. Whichever combination of contextual influences determined participants' experiences of supporting breastfeeding at work, the issue at hand appears to be complex, necessitating a multifaceted approach for effective interventions, with support from other key stakeholders.

Lastly, I resonate with the sentiment expressed by Spitzmueller et al. (2016) in that breastfeeding remains a deeply rooted personal choice that mothers make, despite the rigid recommendations advanced by public health advisories. Hence, the aim of my dissertation is neither to enforce breastfeeding upon mothers nor question their choice, rather to explore ways in which supervisor support can be understood and leveraged to advance breastfeeding continuation among low-income factory worker who choose to breastfeed. It is hoped that findings of this study serve as an impetus for the accelerated development of management, organisational practices and policies and context-sensitive support interventions that function effectively for low-income mothers in South Africa.

Appendices

Appendix A: Interview guide for supervisors and factory managers

Hi,

My name is [name] and I am a masters student at UCT. I am exploring breastfeeding in the workplace for my research study this year. When I refer to breastfeeding in the workplace it includes expressing milk, having breastfeeding breaks and supporting facilities. I am conducting this study because breastfeeding has significant health, social and economic implications. I am interested in understanding your views on this topic.

I would like your permission to audio record the conversation please so that I can go back and listen to any aspect in detail to help improve my understanding of this challenge. A reminder that your anonymity will be ensured. Would that be fine?. am going to begin by asking you some demographic questions:

- What is your current position? How long have you been in this position?
- Do you have children? If yes, how many? And how old is each child?

1. Can you please tell me about your work role? (Establish what their day-to-day work life looks like / nature of activities / which part of the business)
    a. Do you supervise a team of people? (If yes, establish how many, and gender composition, age - young / older team for childbearing years, and tenure of team – how long they have been there on average)

2. Have you had any experience with any of your employees having a baby?
    a. Did you have a conversation about breastfeeding with them before they went on maternity leave or once they returned from maternity leave (important to establish when)?
    b. Who initiated that conversation?
    c. In your view, whose responsibility is it to initiate such a conversation?
    d. How were the breastfeeding mothers supported when they returned to work?

3. In your personal capacity what experiences have you had with breastfeeding (e.g. own child, someone in your family).
    a. Did the mother/you need to return to work / combine breastfeeding and working?

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)
    a. Establish HOW they would be beneficial.

5. In your view, what could be realistically done in the workplace to help you as the supervisor (or manager) to support breastfeeding mothers?
    a. Probe actual recommendations – any associated barriers (actual or perceived)

6. Are you aware of any policies or guidelines on breastfeeding mothers in the workplace (and establish how they came to know these)?
    a. Internal policies or guidelines
    b. Legal
    c. National

7. Is there anyone else who you think plays a role in supporting breastfeeding mothers in the workplace? (family, spouse, co-workers, union, government)
    a. Explore role of the union (actual and perceived)

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

Appendix B: Ethical Clearance

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29th November 2020

Bibi Sharfa Junglee

School of Management Studies

University of Cape Town

Dear Bibi Sharfa Junglee

REF: REC 2019/011/030

THE NEW TITLE IS 'EXPLORING THE PERCEPTIONS OF SUPERVISORS OF LOW-INCOME MOTHERS TOWARDS BREASTFEEDING AT WORK: A CASE OF THE SOUTH AFRICAN CLOTHING INDUSTRY

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.

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Appendix C: Consent form

Informed Consent Form

Hello!

My name is [members of the research team] 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 exploring the experiences of supervisors and factory managers in supporting breastfeeding among low-income factory workers in Cape Town.

I would like to talk to you about your experiences and discuss with you how you feel that supervisor support influences mothers breastfeeding decisions once they return to work.

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 30 minutes 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
Ameeta Jaga (Principal Investigator) :
Email : ameeta.jaga @uct.ac.za.

*Email and contact details of the research member conducting the interviews were provided.

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: _____

Appendix D: Refined code list exported from NVivo

Code name	References
Accommodating male supervisor	3
Acknowledge that mothers are tired	4
Acknowledge breastfeeding as a workplace issue	9
Mothers should only breastfeed during teatime or lunch time	5
Additional breastfeeding breaks will not affect mothers' pay	1
Does not support formula feeding	4
Allowing mothers to express at work should not affect productivity	13
Work arrangements when mothers go on maternity leave	4
Need to ask permission from management	7
Assumption that some mothers send their children away	1
Breastfeeding benefits for the company	13
Breastfeeding benefits the child or the mother	20
Breastfeeding policy at work is needed	5
Blaming mothers for not being proactive enough in making breastfeeding requests	1
Breastfeeding at work is a sensitive topic	6
Breastfeeding gives saggy boobs	1
Feeling constrained by management	9
Co-workers are not supportive	5
Dangerous to bring children on-site	1
Decision-making capacity of supervisors for work processes	7
Does not believe in EBF based on personal experience	3
Expressing at work keeps the mother happy	3
Factory offers 6 months maternity leave	5
Family planning sessions as a suggestion	1
Fridge in canteens to store milk	1
Good communication will improve support provision for breastfeeding	1
Government must provide a support structure	1
Having a breastfeeding champion among supervisors	1
Having to convince management about providing breastfeeding support	2
Hospitals responsible for sharing breastfeeding info	8
HR responsible for having breastfeeding conversations	6
Informal nature of conversations on maternity	19
Conversation against teenage pregnancy	2
Mothers are open enough to initiate conversations	1
Mothers' secretive BF behaviour	14
Need to show breasts that are full	2
No breastfeeding or pregnancy info shared with mothers	7
Lack of information provided to mothers that go on maternity leave	2
Management does not provide pregnancy and breastfeeding info to staff	7
Management is production driven	3
Management is understanding	4
Manager allows mother to express milk	1
Managers responsible for having sit-down discussions on breastfeeding arrangements	1
Managing issues among co-workers	1
Module leaders (supervisors) hiding their pregnancy	2
Mothers are hesitant to approach managers	1
Mothers are not allowed to return too early from maternity leave	3
Mothers do not commonly express in the factory	1
Mothers do not know that they can express milk at work	3
Mothers get paid per hour of work	3
Mothers want the easy way out	6
No container to keep milk	2
No conversation held – assumption that mothers will put baby on the bottle	1
Organisational hierarchy hinders supervisors' ability to make breastfeeding accommodations	1
Perception that employees take advantage of BF breaks	6

Co-workers should not mind mothers taking breastfeeding breaks	11
Previous exposure or experience with breastfeeding	6
Advocates for breastfeeding based on experience	6
Production driven nature of supervisory work	11
Teamwork in operations	6
Rethinking the term ‘break’	1
Space used to express milk	18
Staff use public transport	2
Stuck between supporting mothers and achieving productivity	5
Suggestion for workplace to help mothers continue breastfeed	1
Awareness workshops on BF for mothers	3
Have an on-site counsellor for mothers	2
Having an on-site creche	7
Old supervisors can view BF training differently	1
HR needs to raise awareness among staff	4
Improve on BF facilities	9
Invite the clinics for talks	1
Management needs to take more initiative	2
more talks needed with mothers	6
Offer mothers time to express breastmilk	3
Previous wellness training sessions were helpful	3
Role of union in advancing BF	15
Sceptical about having BF training workshops	1
Spatial arrangements needed to create a space for breastfeeding	4
Training on family-friendly accommodations needed	2
Training workshops as a low-cost intervention	1
Training workshops can educate the community	3
Training workshops can empower managers to better support BF mothers	2
Vouch for training workshops to educate staff	9
Supervisor as a mother	2
Supervisor as role model	1
Supervisor did not breastfeed her children	2
Supervisor does not believe in expressing at work back in her time	7
supervisor responsible for speaking to mommies	3
Supervisor who has previously breastfed actively supports mother who want to express milk at work	2
Supervisors believe that moms should help moms	2
Supervisors going the extra mile to help mother	8
Supervisors have same community problems	7
Community issues can affect production	2
Early return to work due to money shortage issue	14
Lack of child rearing education in low-income spaces	1
Supervisors provide informational support through tips	3
supervisors ready to learn and change	2
Support breastfeeding but with a condition	1
support is available at different levels in the company	3
The toilet as an excuse to express	3
Time and production issues when taking breaks	3
Time or frequency taken to express breastmilk	7
Training workshops will not affect productivity	2
UIF claims take too long to be processed	2
Use toilet time to express breastmilk	5
View that breastfeeding norms have changed	1
Work arrangements to help mother express breastmilk	17
supervisors make internal agreements on how to support mothers	1
Workplace not designed to accommodate BF (no provision made)	6
No knowledge of the BCEA and company policy	23
Use ‘waste’ to prevent milk from running	5

Number of codes: 112

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