



**A needs assessment for an intervention on supporting breastfeeding at work in a
Cape Town clothing factory**

Hilde Heyns
(HYNHIL002)

A dissertation submitted in partial fulfilment of the
requirements for the award of the Degree of Master of Philosophy in Programme
Evaluation

Faculty of Commerce
University of Cape Town
2020

Academic supervisor: Associate Professor Sarah Chapman

Compulsory Declaration:

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

Signature:

Date: 30/07/2020

The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

Acknowledgments

I would like to express my sincere gratitude to my supervisor, Associate Professor Sarah Chapman for her wonderful guidance and support. I would also like to thank the management of the factory for giving me the opportunity to conduct the research at the factory and to the participants who provided me with valuable information.

Table of contents

Acknowledgments	ii
Abstract	x
Introduction	1
Literature review	4
An Overview of Breastfeeding Practices Worldwide and in South Africa	4
Benefits of Breastfeeding	6
Determinants and Barriers to Exclusive and Continued Breastfeeding	8
Work as a Barrier to Exclusive and Continued Breastfeeding	8
Low Income Workers in the Factory Environment	9
Breastfeeding in the Workplace	10
<i>Workplace Breastfeeding Policies</i>	10
<i>Provision of Breastfeeding Breaks</i>	11
<i>Breastfeeding Facilities</i>	11
<i>Storage Facilities</i>	12
<i>Support from Supervisors</i>	12
<i>Support from Employers</i>	13
<i>Support from Co-workers</i>	13
<i>Provision of Breastfeeding Information</i>	14
Interventions on Breastfeeding Support	14
Conceptual framework	16
Method	19
Research Design	19
Research Paradigm	20
Data Collection Instruments	20
<i>Quantitative Data Collection Instrument</i>	20
<i>Qualitative Data Collection Instruments</i>	23
	iii

Sampling Methods	23
<i>Study Setting</i>	23
<i>Study Population</i>	24
<i>Sampling Procedure</i>	24
Data Collection Methods	27
Data Capture and Management	27
<i>Quantitative Data Capture</i>	27
<i>Data Cleaning</i>	27
<i>Qualitative Data Capture</i>	27
Data Analysis	28
<i>Quantitative Data Analysis</i>	28
<i>Qualitative Data Analysis</i>	28
Ethics	30
Privacy and Confidentiality	31
Limitations of the Study	31
Limitations of the Instruments	32
Results	34
Socio-Demographic Profile and Characteristics of Survey Respondents and Interviewees	34
<i>Survey Respondents</i>	34
<i>Interviewees (Mothers)</i>	36
<i>Interviewees (Supervisors)</i>	37
Pregnancy and Maternity Leave	38
Evaluation Question 1: What are the Breastfeeding Practices of Mothers in the Factory?	40
Evaluation Question 2 & 3	43
<i>The Effect of Work on Breastfeeding Practices</i>	43
<i>Knowledge and Awareness of the Benefits of Breastfeeding</i>	45
<i>Awareness of the Law Regarding Breastfeeding in the Workplace.</i>	46

<i>Breastfeeding Policy</i>	47
<i>Provision of Breastfeeding Information</i>	48
<i>Breastfeeding facility</i>	49
<i>Storage Facilities for Breast Milk</i>	51
<i>Breast Pumps</i>	52
<i>Breastfeeding Breaks</i>	53
<i>Support from Factory Management</i>	54
<i>Support from Co-workers</i>	55
Support from Supervisors	58
Evaluation Question 4: What Needs do the Working Mothers Have Regarding Breastfeeding in the Factory Environment?	62
<i>Information about Breastfeeding to Mothers</i>	62
<i>Information about Breastfeeding to All Employees</i>	63
<i>Breastfeeding Facility</i>	63
<i>Storage Facility for Breast Milk</i>	64
<i>Breastfeeding Breaks</i>	64
<i>Support from Factory Management</i>	64
<i>Support from Supervisors</i>	65
<i>Support from Co-Workers</i>	65
<i>Breast Pumps</i>	66
Discussion	67
Conclusion	74
References	83
Appendices	96
Appendix A: Ethics approval	96
Appendix B: Informed consent form for interviews	96
Appendix C: English Survey	99

Appendix D: Afrikaans Survey	118
Appendix E: isiXhosa Survey	137
Appendix F: Changes in the Survey	156
Appendix G: Employee (mother) interview guide	159
Appendix H: Supervisors interview guide	163
Appendix I: Codebook for quantitative data	166
Appendix J: Codebook for qualitative data	179
Appendix K: Template of a workplace breastfeeding policy	183

List of tables

Table 1 <i>Context, Interventions and Outcomes</i>	16
Table 2 <i>Outcomes of a Supportive Work Environment</i>	18
Table 3 <i>Realised Survey Sample</i>	34
Table 4 <i>Socio-Demographic Profile of the Survey Respondents</i>	35
Table 5 <i>Demographic Statistics of the Survey Respondents</i>	36
Table 6 <i>Socio-Demographic Profile of the Interviewees (Mothers)</i>	36
Table 7 <i>Demographic Statistics of the Interviewees (Mothers)</i>	37
Table 8 <i>Socio-Demographic Profile of Interviewees (Supervisors)</i>	38
Table 9 <i>Age of Children when Mothers (Survey Respondents) Returned from Maternity Leave</i>	39
Table 10 <i>Maternity Leave and Age of Children of Mothers (Interviewees)</i>	40
Table 11 <i>Breastfeeding Practices of Mothers (Survey Respondents)</i>	40
Table 12 <i>Duration of Breastfeeding of Mothers (Survey Respondents)</i>	42
Table 13 <i>Breastfeeding Practices of Mothers (Interviewees)</i>	42
Table 14 <i>Mothers' Breastfeeding Practices Affected by Work (Survey Respondents)</i>	44
Table 15 <i>Knowledge and Awareness of Benefits of Breast milk</i>	45
Table 16 <i>Awareness of Government's Support for Breastfeeding Mothers at Work</i>	47
Table 17 <i>Written Breastfeeding Policy</i>	48
Table 18 <i>Information on Mothers' Breastfeeding</i>	48
Table 19 <i>Private Area to Breastfeed or Express Milk</i>	49
Table 20 <i>Storage Facility for Expressed Breast Milk</i>	51
Table 21 <i>Special Breaks to Breastfeed or Express Breast Milk</i>	53
Table 22 <i>Duration of Expressing Breast Milk</i>	54
Table 23 <i>Intended Support from Co-workers</i>	55
Table 24 <i>Support from Co-workers</i>	56
Table 25 <i>Support from Supervisors</i>	58

Table 26 <i>Supervisors' Intention to Support Breastfeeding Mothers</i>	59
Table 27 <i>Whether Mothers (Interviewees) Received Support from their Supervisors</i>	60
Table 28 <i>Steps to Develop and Implement an Intervention on Workplace Breastfeeding Support</i>	74

List of Figures

Figure 1 <i>Mothers returning to work after maternity leave</i>	39
--	----

List of Abbreviations

SAMRC	South African Medical Research Council
SWHP	SACTWU Worker Health Programme
UCT	University of Cape Town
UNICEF	The United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization

Abstract

The University of Cape Town (UCT), in collaboration with the South African Medical Research Council (SAMRC) and Middlesex University, London, has been requested by the SACTWU Worker Health Programme to design, implement and evaluate an intervention on workplace breastfeeding support for the clothing and textile industry. This study will form part of the bigger project and the results will be utilised in the planning and designing of an intervention on workplace breastfeeding support.

Returning to formal employment has been identified as one of the leading barriers to exclusive and continued breastfeeding, especially among women working in low-income jobs. Women working in low-income, low skilled jobs are often easily replaceable and have little bargaining power to request their breastfeeding rights. South Africa's clothing industry employs mostly black women, who hold low-income positions. Clothing factories tend to have rigid working conditions, which could make it difficult for mothers to continue with breastfeeding once they return to work.

Few studies have been conducted of breastfeeding support in the workplace in South Africa and no studies were found of breastfeeding support in clothing factories in South Africa. There is a need for more studies to be conducted in workplaces in South Africa, especially in the clothing industry.

International studies have found that workplace breastfeeding support interventions can contribute to increased breastfeeding prevalence rates in factories. To increase the rates of breastfeeding in clothing factories, a workplace breastfeeding support programme would need to be developed and implemented. Before designing an intervention, it is important to first conduct a needs assessment to determine whether there is a need for an intervention on workplace support for breastfeeding in the clothing and textile industry. The purpose of the needs assessment in this study was to determine whether there was a need for an intervention on workplace support for breastfeeding in the clothing and textile industry, and if so, what the nature and extent of the need was and the programme activities that were most suitable to address the need.

A convergent parallel research design was adopted, which is also known as a mixed methods approach. Quantitative data was collected through a semi-structured survey that was administered to the employees at the factory. In addition, qualitative data was collected through interviews conducted with employees (mothers) and supervisors at the factory.

There were various barriers in the factory that made it difficult for women to express breast milk at work, including a lack of time to express, a lack of proper breastfeeding facilities, a lack of information about mothers' breastfeeding and a lack of support from factory management, supervisors and co-workers. There was also a lack of awareness of the law regarding breastfeeding and there was no breastfeeding policy in place. The study found that there was a need for increased support to breastfeeding mothers in the factory, including the support from factory management, supervisors and co-workers, the provision of adequate breastfeeding facilities and breaks and the provision of information about mothers' breastfeeding to all employees. It is also important to develop a breastfeeding policy in the factory which provides clear guidelines on how to support breastfeeding women. According to the findings of the needs assessment, there is a need to design and implement an intervention on workplace support for breastfeeding, to enable women working in a clothing factory to continue breastfeeding when they return to work.

The last chapter will include recommendations for the SACTWU Worker Health Programme to design and implement an intervention on workplace breastfeeding support for the clothing and textile industry. Although this study focused only on a single large factory, the basic principles can still be applied and adapted to other clothing factories.

Introduction

Breastfeeding has been found to be one of the most effective interventions for providing children with optimal nutrition, protecting them against illnesses and reducing child mortality in children younger than five years (Doherty et al., 2012; Johnston & Esposito, 2007; Victora et al., 2016). Most South African women initiate breastfeeding after birth, but only a few women continue with exclusive and continued breastfeeding (National Department of Health, Statistics South Africa, South African Medical Research Council & ICF, 2019).

Returning to formal employment has been identified as one of the leading barriers to exclusive and continued breastfeeding by mothers worldwide (Johnston & Esposito, 2007; Murtagh & Moulton, 2011; Rollins et al., 2016), as well as in South Africa (Horwood et al., 2018; Jama et al., 2017; Scott, 2017; Siziba, 2015). It is important to understand the barriers that exist within a workplace and how these barriers can be addressed to create a supportive and enabling work environment for South African women to continue breastfeeding when they return to work.

Various international studies have been conducted of breastfeeding practices of working women and breastfeeding support in the workplace, with only a limited amount of studies conducted of low-income factory workers. In South Africa, only a few studies relating to breastfeeding in the workplace have been conducted. Data regarding the status of breastfeeding women working in South Africa are limited and therefore there is a need for more studies to be conducted in workplaces in South Africa, especially in the clothing factory industry. The researcher will mostly have to review international studies for this study, which raises the question of whether we will be able to apply the knowledge from these studies to the factory environment in South Africa.

Purpose of the Study

The University of Cape Town, in collaboration with the South African Medical Research Council and Middlesex University, London, has been requested by the SACTWU Worker Health Programme to work with them to design, implement and evaluate an intervention on workplace breastfeeding support for the clothing and textile industry. The intervention aims to create an enabling environment for employed mothers to continue

breastfeeding when they return to work after maternity leave. The intervention will form part of the SWHP's health programme in the clothing and textile industry.

The South African clothing industry is dominated by female employees, who tend to be predominantly low income, black women (Vlok, 2017). Clothing factories also tend to have rigid working conditions, which could make it difficult for women to continue with breastfeeding once they return to work. SACTWU has granted permission for the study to be conducted in four Western Cape factories, which have been selected from amongst the full sampling frame of factories affiliated with the SWHP. Various researchers and UCT research students were involved in the study and focused on different aspects of workplace breastfeeding support in the various factories. This study will focus on the large factory, due to their availability for data collection.

Effective programmes are needed to improve social conditions. For a programme to be effective, it must adapt its services to the nature of the problem and the circumstances of the target population. When a programme is evaluated, we need to determine whether it is addressing a social problem in a plausible way. It is important to understand how the target population experience the problem and the barriers and difficulties they experience in attempting to access these services.

Before an intervention can be designed and implemented, it is crucial to first determine whether there is a need for the intervention. A needs assessment can help keep unnecessary programmes from being designed and implemented and ensure that the right problems and target population are targeted by the programme. A needs assessment is crucial for the design of a new programme, but can also be used for established programmes to determine whether the programme continues to meet the needs of the target population or if their needs have changed. A needs assessment can be conducted within the evaluation field, but can also be conducted in other fields, e.g. as a planning and decision tool for policymakers who must prioritise competing needs and claims.

The purpose of the needs assessment in this study is to determine whether there is a need for an intervention on workplace support for breastfeeding in the clothing and textile industry, and if so, what the nature and extent of the need is and the programme activities that

are most suitable to address the need (Rossi, Lipsey & Freeman, 2004). Davidson (2012a) described various steps in conducting a needs assessment, including to first determine the extent of the need by gathering evidence about the extent of the problem. During the second step we should get a clear idea of the nature and extent of the needs in the target population, followed by attempting to understand the underlying causes of the identified needs. It is also important to determine which outcomes are expected to improve as a result of the intervention.

This study will form part of the bigger project and the results will be utilised in the planning and designing of an intervention on workplace breastfeeding support. The findings of the study will be used to provide recommendations on the design of an intervention on workplace breastfeeding support, which SWHP can use as a basis, to adapt to other factories.

The following evaluation questions have been chosen for this study:

1. What are the breastfeeding practices of mothers in the factory?
2. What current support is in place to enable mothers to breastfeed or express milk at work?
3. What are the nature and magnitude of the barriers in the factory environment that prevent working mothers from breastfeeding or expressing milk at work?
4. What needs do the working mothers have regarding breastfeeding in the factory environment?

What programme components would be desirable to enable working mothers to breastfeed or express milk at the factory?

Dissertation Outline

Chapter 2 of the dissertation consists of a literature review, followed by the conceptual framework. The methodology of the research is provided in Chapter 3, followed by the results in Chapter 4. Chapter 5 will discuss the findings of the study and Chapter 6 will conclude with recommendations for the design of an intervention on workplace breastfeeding support in clothing factories in South Africa.

Literature review

An Overview of Breastfeeding Practices Worldwide and in South Africa

The World Health Organization (WHO) (2011), recommends early breastfeeding initiation within the first hour of a child's life and exclusive breastfeeding during the first six months for optimal health, growth and development. Exclusive breastfeeding is defined as providing only breast milk for the first six months of a baby's life. It excludes all other liquids and solids, with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines (WHO, 2019). The World Health Organization further recommends that breastfeeding should continue for up to two years or longer and that nutritious complementary foods can be introduced at the age of six months (WHO, 2011).

The World Health Organization (2010), recommends that HIV-positive mothers should also exclusively breastfeed their children during the first six months and continue breastfeeding until one year, while they or their children receive antiretroviral treatment. Their children will therefore receive the benefits from breastfeeding, with very little risk of getting infected with HIV.

Rollins et al. (2016), conducted a review of various countries' breastfeeding practices and found that early initiation and exclusive breastfeeding are being jeopardised in all countries, irrelevant of their economic status. They found that approximately 37% of infants in low-and middle-income countries were exclusively breastfed for the first six months. The latest figures indicate that the global prevalence rate of exclusive breastfeeding was approximately 41% in 2018 (The United Nations Children's Fund & World Health Organization, 2018).

Studies have found that most South African women initiate breastfeeding after birth, but few women continue with exclusive breastfeeding during the first six months (Du Plessis, Peer, English & Honikman, 2016). The most recent Demographic and Health Survey indicated that in 2016, 84% of mothers initiated breastfeeding almost immediately after birth, only 32% of women continued to exclusively breastfeed their children in the first six months and only 13% of mothers continued to breastfeed their children until they were two years old (NDoH, Stats SA, SAMRC & ICF, 2019).

The World Health Assembly (WHA) declared six new nutrition goals for 2025, including the goal to increase the global prevalence of exclusive breastfeeding in the first six months to at least 50% (WHO, 2014). Based on evidence that exclusive breastfeeding rates are improving in various countries, the World Health Organization extended the target of exclusive breastfeeding to 70% by 2030 (UNICEF & WHO, 2018). South Africa's most recent exclusive breastfeeding rate of 32% remains well below the global prevalence rate of exclusive breastfeeding and the World Health Assembly's and World Health Organization's WHO's global targets (NDoH, Stats SA, SAMRC & ICF, 2019; UNICEF & WHO, 2018; WHO, 2014).

The South African government has acknowledged the recommendations made by international bodies such as the United Nations Children's Fund (UNICEF) and the World Health Organization and made an important declaration to protect, promote and support breastfeeding. The Minister of Health signed the Tshwane Declaration of Support for Breastfeeding in South Africa in 2011 to support and strengthen efforts to promote breastfeeding (Office, 2011). The government has prioritised breastfeeding in various policy documents, passed legislation relating to breastfeeding and made a commitment to focus on interventions that promote breastfeeding (Du Plessis et al., 2016).

The South African Code of Good Practice on the Protection of Employees during Pregnancy and after the Birth of a Child was developed by the South African government to provide "guidelines for employers and employees concerning the protection of the health of women against potential hazards in their work environment during pregnancy, after the birth of a child and while breastfeeding". The Code stipulates that South African women are legally entitled to two 30-minute breaks per day at work to breastfeed or express breast milk for the first six months of a child's life. After six months, breastfeeding women should discuss arrangements to support breastfeeding with their employers (Republic of South Africa, 1997). The Department of Health (n.d.b.) published a guide to support breastfeeding in the workplace which contains practical information for employers and managers of organisations to create a breastfeeding-friendly workplace. It is however difficult to determine whether the South African laws and policies have secured a more supportive work environment and improved breastfeeding rates as it does not appear to be measured or studied in South Africa (Martin-Wiesner, 2018).

Benefits of Breastfeeding

South Africa has made considerable progress in recent years by reducing the under-five mortality rates, from 71.8 deaths per 1000 live births in 2007 (Nannan et al., 2012), to 32 deaths per 1000 live births in 2017 (Dorrington, et al. 2009). Although there has been a significant decline in child mortality, too many children continue to die from preventable causes, with pneumonia and diarrhoea being the key drivers of under-five mortality (Lake et al., 2019). Childhood undernutrition remains a considerable public health problem in South Africa (Modjadji & Madiba, 2019; Lake 2019), especially among people living in poverty (Koetaan et al., 2018). Undernutrition is a major driver of child morbidity and under-five mortality (Lake et al., 2019). As children who are undernourished have weaker immune systems, they are more susceptible to illnesses and diseases such as pneumonia and diarrhoea (Lo & Horton, 2015, as cited in Bamford, McKerrow, Barron & Aung, 2018). Prolonged undernutrition can also impair cognitive and physical development in children (Modjadji & Madiba, 2019).

Breastfeeding has been found to be one of the most effective interventions for providing children with optimal nutrition, protecting them against illnesses and reducing child mortality in children younger than five years (Doherty et al., 2012; Johnston & Esposito, 2007; Lake et al., 2019; Victora et al., 2016). Breast milk provides sufficient nutrients for children (Basrowi, et al., 2018a), as it is rich in high quality nutrients and antibodies, white blood cells and Vitamin A (International Labour Organization, 2014). As breast milk improves the nutrition of children, it provides them with natural protection against infections and illnesses (Heymann, Raub & Earle, 2013; International Labour Organization, 2015).

Increasing evidence indicates that breastfeeding might also protect children against diabetes and obesity later in life (Heymann et al., 2013; Victora et al., 2016). It also provides benefits for the physical development of children (Baker & Milligan, 2008, as cited in Astuti & Morgan, 2018), and improves neurocognitive development (Horwood & Fergusson, 1998, as cited in Galtry, 2003).

Breastfeeding also has various health benefits to the mothers who breastfeed, such as providing protection against ovarian cancer, osteoporosis (Labbok, 2001, as cited in Galtry,

2003), breast cancer before menopause, diabetes (Victora et al., 2016), and potentially coronary heart disease (Ip et al. 2007 & Schwarz et al., 2009, as cited in Heymann et al., 2013). Breastfeeding also assists women in reducing their post-partum body weight and avoiding the risk of obesity and associated health problems (Sámamo, et al., 2013; Jarlenski, Bennett, Bleicha, Barry & Stuart, 2014). Other benefits include strengthening the emotional relationship between mother and child (WHO, 2003, as cited in Basrowi et al., 2018a), and saving mothers money as they do not have to buy formula milk (Yimyam & Hanpa, 2014).

Breastfeeding also has various benefits for society, such as reducing the health costs to the state as children who are breastfed are less likely to get sick (UNICEF, 2020). A study in the UK found that by supporting mothers to continue breastfeeding until four months could save at least £11 million per year by reducing the occurrence of three acute infections in children (Pokhrel et al., 2015). Breastmilk also contributes to environmental sustainability as it is a "natural, renewable food that is environmentally safe and produced and delivered to the consumer without pollution, unnecessary packaging or waste" (Francis & Mulford, 2002, as cited in Rollins et al., 2016).

Contrary to what employers may believe, they can also benefit from allowing their female employees to breastfeed or express milk while working (Murtagh & Moulton, 2011). Women who do not breastfeed tend to be absent from work to care for a sick child twice as often as women who do breastfeed (Cohen et al., 1995, as cited in ILO, 2015). Supporting breastfeeding in the workplace could therefore lower absenteeism of working mothers and improve their productivity (Basrowi et al., 2018a; Kosmala-Anderson & Wallace, 2006). When women are supported in the workplace, they may feel more motivated to carry out their duties, become more productive and increase their work performance. By supporting breastfeeding in the workplace, the corporate image of organisations can also improve as it shows that the organisation respects and supports their employees and cares about the well-being and health of their female employees. This can result in women feeling a sense of loyalty to the company, leading to the increased retention of female employees (UNICEF, 2020).

Determinants and Barriers to Exclusive and Continued Breastfeeding

Rollins et al. (2016), conducted a systematic review of international studies and found that breastfeeding practices are influenced by a range of cultural, socioeconomic, historical and individual factors. Factors influencing a woman's decision to breastfeed include the individual factors of the mother, which includes her personal beliefs, how she views herself and her behaviour. A mother's relationship with and support from family members and friends (Johnston & Esposito, 2007), as well as the attitudes and preferences of her child's father can also influence her decision to breastfeed (Gibson-Davis & Brooks-Gunn, 2007, as cited in Rollins et al., 2016). Support from health professionals can also affect a woman's breastfeeding practices, as they influence and support a mother's feeding decisions at crucial times before and after birth and when challenges occur (Labbok & Taylor, 2008, as cited in Rollins et al., 2016).

Du Plessis et al. (2016), reviewed existing literature and found that similar factors influenced women's breastfeeding practices in South Africa. In addition, traditional and cultural factors and the HIV epidemic also affect breastfeeding practices in South Africa (Du Plessis, 2013; Du Plessis et al., 2016).

Various international studies have found that barriers to exclusive and continued breastfeeding include poor advocacy of breastfeeding, a lack of knowledge and awareness of the benefits of breastfeeding (WHO, 2002, as cited in Astuti & Morgan, 2018; UNICEF, 2018), a lack of support to the mothers, a lack of confidence of the mothers, a lack of health education and support from health systems and returning to work (Du Plessis et al., 2016). Evidence from South African studies have found that similar factors are making it challenging for mothers to continue breastfeeding their children (Du Plessis et al., 2016; Goosen 2014).

Work as a Barrier to Exclusive and Continued Breastfeeding

Work has been identified as one of the leading barriers to exclusive and continued breastfeeding by mothers worldwide (Johnston & Esposito, 2007; Murtagh & Moulton, 2011; Rollins et al., 2016), as well as in South Africa (Horwood et al., 2018; Jama et al., 2017; Scott, 2017; Siziba, 2015). Returning to work after giving birth has been significantly associated with reduced breastfeeding rates and earlier cessation of breastfeeding (Chang et

al., 2019; Chhetri, Rao & Guddattu, 2018), due to mothers and their infants having less physical contact compared to when they were on maternity leave (Amin et al., 2011). Mothers need to be able to express breast milk at work so that they can provide milk for their babies, sustain their milk supply and relieve the discomfort and pain of full breasts (Register et al., 2000, as cited in Ortiz, McGilligan & Kelly, 2004).

International studies found that the most important factors influencing the duration of breastfeeding for mothers who were employed, were their maternal leave period, the duration and flexibility of their employment (full-time versus part-time) and the conditions at their workplace (Galtry, 2003; Wallenborn, Perera, Wheeler, Lu & Masho, 2018). In order for working women to sustain exclusive and continued breastfeeding practices, various experts recommend that maternity leave needs to be at least six months of paid leave (Hawkins et al., 2006, as cited in Martin-Wiesner, 2018), or that women should be allowed to work part-time or flexi-time when returning to work (Galtry, 2003; Mirkovic, Perrine, Scanlon & Grummer-Strawn, 2014; Rollins et al., 2016).

There are various barriers within the workplace that can make it challenging for women to continue breastfeeding their children when they return to work. An unsupportive work environment is one of the primary reasons why women stop breastfeeding once they return to work (Wallenborn, et al., 2018). An unsupportive work environment can be caused by a lack of support and knowledge to manage breastfeeding at work (Ortiz et al., 2004), a lack of facilities to express breast milk, a lack of adequate time to breastfeed or express breast milk (ILO, 2014), or a lack of support from supervisors (Johnston & Esposito, 2007, as cited in Wallenborn et al., 2018), employers and co-workers (Chen, Wu & Chie, 2006). Daniels, Du Plessis and Mbhenyane (2020) found that breastfeeding is not a priority in South African workplaces. They found that management often has a lack of knowledge of how to support breastfeeding at the workplace as well as a lack of willingness to do so and therefore do not create a supporting environment for working mothers to breastfeed.

Low Income Workers in the Factory Environment

South Africa's clothing sector predominantly employs women, who are often viewed as vulnerable workers who are likely to be poor as wages in the clothing industry tend to be low. These women also tend to lack job security due to the high number of job losses in the

clothing factory in recent years, due to the industry having to compete with cheap imports (Deedat, n.d.). Factory workers usually have less protective working rights than white-collar workers and are less likely to have the negotiating power to demand employment flexibility (Galtry, 2000). In a study conducted of the working and living conditions of workers in the South African clothing and retail sector, they found that being pregnant was a major fear as many women were afraid that they would lose their jobs when going on maternity leave, especially if they were young and started working recently (Deedat, n.d.).

As these women tend to be more dependent on their income, they often resume their employment soon after giving birth and cannot afford to work part-time or flexi-time (Department of Health, n.d.a). As it might not be possible for women working in factories to take at least six months of paid maternity leave or to work part-time or flexi-time, this study will focus on the conditions at the workplace, which can also influence the duration of breastfeeding for working mothers (Galtry, 2003; Wallenborn et al., 2018).

Breastfeeding in the Workplace

Breastfeeding support in the workplace is crucial to enable women to continue breastfeeding (ILO, 2014). Fein et al. (1998, as cited in Murtagh & Moulton, 2011), found that women who breastfed their children at work had the longest exclusive breastfeeding rates, followed by women who expressed milk at work. When mothers are not able to bring their children to work, companies should provide them with support to express milk at work, so that they can take the milk home to their infants (Ortiz et al., 2004).

Workplace Breastfeeding Policies

Various studies have revealed that breastfeeding friendly policies at work are important for breastfeeding continuation (Soomro, Shaikh, Saheer & Bijarani, 2016). According to Ann Behr from the National Department of Health's Child, Youth and School Health Directorate few organisations in South Africa have written policies on workplace breastfeeding support. Martin-Wiesner (2018), conducted a policy review survey of 32 diverse organisations and found that only 11 of the organisations had workplace breastfeeding policies in place. Every workplace should develop a policy, which contains clear guidelines that protects, promotes and supports breastfeeding women in the workplace (ILO, 2015). The policy should contain information about the law regarding breastfeeding,

breastfeeding breaks, the breastfeeding facility, storage facilities, the provision of breastfeeding information and how the factory, supervisors and co-workers will support the mothers (Slavit, 2009). The policy should be part of the company's general policy and should be distributed to all employees (ILO, 2015).

Provision of Breastfeeding Breaks

The provision of breastfeeding breaks, preferably paid, are crucial for women to continue to breastfeed when they return to work (Soomro et al., 2016). A study conducted by Tsai (2013), at an electronics manufacturing company in Taiwan, found that women who took breastfeeding breaks were significantly associated with continued breastfeeding for the first six months after they returned to work. South African women have a legal right to take two 30 minutes breaks each working day for the first six months of their child's life, to breastfeed or to express breast milk. This is specified in the South African Code of Good Practice on the Protection of Employees during Pregnancy and after the Birth of a Child, which forms part of the Basic Conditions of Employment Act (No. 75 of 1997 as amended). A South African study conducted of 32 diverse organisations found that only 19 organisations provided paid breastfeeding breaks (Martin-Wiesner, 2018). A lack of time is one of the biggest challenges for South African mothers who are working, making it difficult for them to continue breastfeeding when they return to work (Daniels et al., 2020). Even when women are allowed to take breastfeeding breaks, they will struggle to express if the breaks are too short (Heymann et al., 2013), if it is too difficult for them to get away from their work (Rojjanasrirat, 2004), or if they have targets to meet (UNICEF, 2018).

Breastfeeding Facilities

Breastfeeding facilities play a crucial role in promoting breastfeeding practices at work (Soomro et al., 2016), as women are more likely to continue breastfeeding when breastfeeding facilities are available (Cohen et al, 1995, as cited in Kosmala-Anderson & Wallace, 2006). Tsai (2013), conducted a study at an electronics manufacturing company in Taiwan and found that a breastfeeding facility with dedicated space was a significant predictor of continued breastfeeding for the first six months after women returned to work. Women who do not have breastfeeding facilities at work, often express milk in the restrooms, which is not a hygienic or comfortable environment (ACAS, 2014). Expressing in restrooms is often associated with premature weaning (Johnston & Esposito, 2007).

A suitable, dedicated and comfortable breastfeeding room needs to be made available (ILO, 2015), which is private, quiet and hygienic. The room should preferably contain comfortable chairs, a small table and access to a washbasin with running water (ACAS, 2014; Basrowi, et al., 2018b; Kosmala-Anderson & Wallace, 2006). The condition of the breastfeeding facility could also be a barrier, as found in a study conducted at an electronics manufacturer in Taiwan. Most of the women were unsatisfied as the breastfeeding facilities were not ideal in terms of cleanliness and comfort, which resulted in only half of the mothers using the facilities (Tsai, 2013). The facility should also be close to the mothers' working area so that they have sufficient time to get to the room. At a large Taiwanese semiconductor manufacturer, employees were provided with a breastfeeding facility and were allowed to express for one hour. A large portion of the employees did however not use the facility as it took them between 10 to 15 minutes to travel to the breastfeeding facility, which resulted in them having less time to express milk (Chen et al., 2006).

Storage Facilities

Breast milk can be stored in a container at room temperature for between six to eight hours, in an insulated cooler bag with ice packs for up to 24 hours and in a refrigerator for approximately five days (Slavit, 2009). Most women will however feel more comfortable if a refrigerator is available where they can store their breast milk (Ogundele, 2000). Most women would also prefer to keep their breast milk in a refrigerator that is not shared with their colleagues, who might also be uncomfortable with the breast milk in the refrigerator (Slavit, 2009). In a study conducted by Amin et al. (2011), they found that when a workplace did not provide refrigerators, mothers were more likely to discontinue breastfeeding.

Support from Supervisors

It is crucial that supervisors are supportive of mothers' breastfeeding to ensure the prevalence of breastfeeding in the workplace (Rojjanasrirat, 2004; Witters-Green, 2003). In studies conducted by Witters-Green (2003), they found that women who were supported by their supervisors found the experience of breastfeeding at work to be easier and less stressful. A lack of support from supervisors can make it difficult for women to continue breastfeeding when they return to work (Chen et al., 2006). Netshandam (2002), conducted a qualitative study on breastfeeding practices of middle-class women in the North West province in South

Africa and found an unsupportive work environment where mothers were not comfortable to talk to their managers about breastfeeding. This could also occur in factories, where supervisors are often viewed as “gatekeepers who control a workers’ access” as they want to keep production lines moving and restrict the activities of workers (Sorensen et al., 1996, as cited in Chen et al., 2006). This was confirmed in a study conducted at a large Taiwanese semiconductor manufacturer, where Chen et al. (2006), found that supervisors could be concerned about a mother’s performance and its effect on the group’s overall performance, resulting in a lack of support.

Support from Employers

Employers might have similar concerns that by allowing employees to take their breastfeeding breaks, will decrease their productivity (Brown, Poag & Kasprzycki, 2001). This was confirmed by Daniels et al. (2020) who found that employers in South Africa tend to focus on work and targets and do not consider breastfeeding to be a priority. Support from employers plays such an important role, that even if a workplace has breastfeeding facilities and breastfeeding breaks, breastfeeding at work will most likely be unsuccessful if the employer does not support the breastfeeding mother (Chen et al., 2006). Employer knowledge about the benefits of breastfeeding plays an important role in whether they are supportive of breastfeeding mothers (Mills, 2009).

Support from Co-workers

Studies have found that encouragement and support from co-workers can help a mother to take advantage of her breastfeeding breaks at work (Department of Health, 2017, as cited in Basrowi et al., 2018a; Tsai, 2014). In a study conducted by Tsai (2013), encouragement by co-workers to use breastfeeding breaks were found to be a significant predictor of the intention of women to continue breastfeeding after returning to work. Lynette Daniels found that support practices by colleagues in the work environment in South Africa were limited and insufficient (Ebrahim, 2019). In a study conducted by Rojjanasrira (2004), some of the mothers were pressured by their co-workers to not take breaks to express milk. It could be due to co-workers being jealous of breastfeeding mothers receiving special treatment (Brown et al., 2001), or that the mother’s absence will affect the group’s overall performance (Chen et al., 2006).

Provision of Breastfeeding Information

Creating awareness of breastfeeding-friendly measures in the workplace can substantially increase continued breastfeeding when mothers return to work (Chen et al., 2006). Mothers should be made aware of their rights within the workplace (ILO, 2015), and should be provided with information about the support that their employer will provide (Kosmala-Anderson & Wallace, 2006). Breastfeeding information should be shared with all the employees so that they can appreciate the value of breastfeeding to society and to enable a breastfeeding-friendly culture in the workplace and to gain their support (ILO, 2015). It is also crucial that employers, supervisors and co-workers are made aware of the benefits of breastfeeding, as it has been found to be one of the important contributing factors in their level of support (Rojjanasrirat, 2004; Witters-Green, 2003).

Interventions on Breastfeeding Support

In order to successfully protect, promote and support breastfeeding, a multi-layered approach is required across the various levels of government and society (Rollins et al., 2016; Victora et al., 2016, as cited in Du Plessis et al., 2016). This study will however only focus on interventions on breastfeeding support in the workplace. Workplace breastfeeding support interventions are able to contribute to higher breastfeeding prevalence rates (UNICEF, 2018). Breastfeeding support programmes that include multiple components have been found to be the most effective, resulting in lower rates of breastfeeding discontinuation, longer duration of breastfeeding and longer duration of exclusive breastfeeding (Balkam et al., 2011 & Dinour et al., 2017, as cited in UNICEF, 2018).

In a study conducted by Kim, Shin & Donovan (2019) of working mothers in the United States, they found that workplace lactation interventions consisting of the provision of breast pumps, lactation rooms, social support and breastfeeding classes resulted in increased breastfeeding initiation and duration and exclusive breastfeeding duration. Nakada (2021) found similar results in a study that was conducted to determine the effectiveness of a breastfeeding programme for mothers returning to work in Japan. The intervention was associated with a significant increase in breastfeeding continuation rates three months after returning to work.

Litwan, Tran, Nyhan and Pérez-Escamilla (2021) conducted a systematic review and found that in order for workplace interventions to be effective, employers need to raise awareness of the intervention among working mothers, change the culture of the workplace, encourage supervisor and co-worker support and provide mothers with sufficient time and adequate facilities to breastfeed or express breast milk during working hours. Workplace breastfeeding interventions should also be designed according to the various contextual factors underlying the different working conditions for mothers. It is crucial to ensure that a breastfeeding friendly and supportive working environment is created, which can be done through developing and implementing an intervention on workplace breastfeeding support (Basrowi et al., 2018b; Tsai, 2014).

Conceptual framework

A conceptual framework was developed based on a review of the literature. A programme theory will be developed in the Conclusion chapter, which will be informed by the findings of the study and a review of the literature. In a needs assessment a programme theory is a description of the mechanism by which the programme is expected to achieve its effects. The programme theory can be used to identify the final outcomes of the programme as well as the intermediate outcomes to determine whether the causes of the needs have been addressed. The information that has been discovered through the needs assessment will therefore identify the outcomes of the programme (Davidson, 2012b).

From the literature that was reviewed, the following interventions have been identified to address the identified problems:

Table 1

Context, Interventions and Outcomes

Context	Intervention	Outcome
Lack of knowledge of benefits of breastfeeding	Provide training to all employees	Increased knowledge about the benefits of breastfeeding
Lack of awareness of breastfeeding support	Provide training to mothers	Increased awareness of breastfeeding support
Factory employers are not supportive of breastfeeding mothers	Provide training to employers	Increased support from employers
Supervisors are not supportive of breastfeeding mothers	Provide training to supervisors	Increased support from supervisors
Co-workers are not supportive of breastfeeding mothers	Provide training to co-workers	Increased support from co-workers
Factory has no breastfeeding facilities	Ensure that the factory provides a breastfeeding facility for working mothers	Mothers are able to express in a designated breastfeeding facility
The location of the breastfeeding facility is too far from the mothers' working areas	Ensure that the factory provides a breastfeeding facility that is closer to the mothers' working area	Mother are able to access the breastfeeding facility easily

The condition of the breastfeeding facilities is poor	Ensure that the breastfeeding facilities are in a good condition	Working mothers feel comfortable to use the breastfeeding facilities
There are no storage facilities for mothers' breast milk	Ensure that there is a refrigerator for mothers to store their breast milk	Mothers are able to store their expressed breast milk in a refrigerator
Lack of breastfeeding policy in factory	Assist management in developing a breastfeeding policy	A breastfeeding policy is developed
The factory does not allow working mothers to take paid breastfeeding breaks	Ensure that the factory provides paid breastfeeding breaks to working mothers	Working mothers take paid breaks to express milk
Breastfeeding breaks are too short	Ensure that the factory provides sufficient time during breastfeeding breaks	Working mothers have sufficient time to express
Mothers are not able to take breastfeeding breaks, due to their workload and targets	Encourage supervisors and co-workers to help mothers with their work when they are busy expressing	Mothers are able to take breastfeeding breaks and meet their targets
Working mothers are not supported by the factory to continue breastfeeding	Create a supportive work environment for working mothers	Working mothers are able to breastfeed or express milk in the factory

The outcomes will result in mothers being supported in their workplace and being able to continue breastfeeding when they return to work, which will result in increased breastfeeding rates. If women are able to continue breastfeeding at work and increase their breastfeeding rates, then it will result in the following outcomes for the mothers, children and employers:

Table 2

Outcomes of a Supportive Work Environment

Children	Mothers	Employers
<ul style="list-style-type: none"> ● Increased protection against illnesses and infections. ● Children are provided with optimal nutrition ● Reduced child-mortality rates ● Protection against obesity and diabetes later in life ● Improved physical developed ● Improved neurocognitive development 	<p>Increased protection against the following health problems:</p> <ul style="list-style-type: none"> ● Ovarian cancer ● Osteoporosis ● Breast cancer before menopause ● Coronary heart disease ● Reduction in post-partum body weight ● Reduction in risk of associated health problems due to obesity <p>Cost savings from not having to purchase formula milk</p>	<ul style="list-style-type: none"> ● Lower absenteeism of working mothers ● Reduced levels of stress of working mothers ● Improved productivity of working mothers ● Improved employee morale and commitment towards employer ● The retainment of skilled female employees ● Improved employer–employee relations ● Improved company image

Method

This chapter includes the research design, research paradigm, data collection instruments, sampling methods and the data collection and data analysis procedures.

Research Design

For this study, I adopted the convergent parallel design, also known as a mixed methods approach. According to Creswell and Plano Clark (2011), a convergent parallel design is when a researcher implements quantitative and qualitative methods simultaneously during the same phase of the research process, prioritises the methods equally, analyses the data of each method separately and then combines the two sets of results into an overall interpretation.

Quantitative research techniques enable a researcher to produce results that can describe or indicate numerical changes in measurable characteristics of a population of interest (Kraska, 2010). Quantitative research is able to test objective theories by measuring and exploring the relationships between variables, which can be measured and analysed through statistical procedures (Creswell & Creswell, 2018). A limitation of this method is that it does not allow people to provide information using their own terms, meanings and understanding (Punch, 2014). Quantitative research techniques have been chosen for this study to gain a more general understanding of the views of employees in a clothing factory about breastfeeding support in the workplace.

Qualitative research techniques are used to gain an in-depth description and understanding of a central phenomenon in a specific context (Babbie & Mouton, 2001). The meaning that people attribute to a central phenomenon is explored and understood (Creswell & Creswell, 2018), through their own beliefs, histories and context (Babbie & Mouton, 2001). A limitation of the method is that the results cannot be generalised to the population (Babbie & Mouton, 2001). Qualitative research techniques were chosen for this study to gain an in-depth contextual understanding of breastfeeding support in the workplace by exploring the perspectives of mothers and supervisors in a clothing factory.

As quantitative and qualitative research methods provide different perspectives and have different strengths and weaknesses, I decided to employ both methods in a mixed-

methods approach. By combining the two methods, the limitations of one method can be offset by the strengths of the other method. The convergent parallel design was chosen as the mixed-methods approach, as it enables the convergence of both quantitative and qualitative data to obtain different, but complementary results to develop a more complete understanding of breastfeeding support in a clothing factory.

Research Paradigm

I adopted the pragmatist worldview to inform the methodology of the study and adopted elements of the constructivist worldview for the qualitative study. A worldview is a universal philosophical orientation about the world and the nature of research that a researcher will bring into a study (Creswell & Creswell, 2018). Pragmatism is usually associated with mixed methods research and enables a researcher to adopt a pluralistic stance of gathering all types of data to best answer the evaluation questions (Creswell & Plano Clark, 2011). By collecting diverse types of data, I will be able to develop a more complete understanding of breastfeeding support in a clothing factory (Creswell & Creswell, 2018).

Constructivism is typically associated with a qualitative approach, where the worldview consists of understanding a central phenomena through the subjective perspectives of participants. The constructivist approach was adopted during qualitative data collection to understand the multiple perspectives from mothers and supervisors through multiple interviews. The pragmatic approach was adopted in the rest of the study and deductive and inductive thinking will be combined when merging the results of the quantitative and qualitative results (Creswell & Plano Clark, 2011).

Data Collection Instruments

Quantitative Data Collection Instrument

The quantitative study contains primary data, which was collected through a survey. A survey design enables researchers to provide a quantitative description of trends, attitudes and opinions of a population, or to test for associations between variables of a population. A survey enables researchers to answer descriptive questions and questions about the relationships or predictive relationships between variables (Creswell & Creswell, 2018). For this study, the survey was used to gain a more general understanding of the views of

employees in a clothing factory about breastfeeding support in the workplace. The survey was cross-sectional as the data was collected at a single point in time (De Vaus, 2002).

The SACTWU Worker Health Programme requested UCT to design, implement and evaluate an intervention on workplace breastfeeding support for the clothing and textile industry. It was for these purposes that the survey was initially developed. I had no input in the development of the first draft of the survey, but I was able to assist with refining and piloting the survey later on. Various UCT Honours and Masters research students were part of the study, for the intention of using portions of primary data in their respective dissertations.

The survey was initially developed to examine the understanding and perceptions of the role of breastfeeding and workplace support for breastfeeding among all employees at clothing factories. The research team conducted interviews with SACTWU personnel and the owners and employees of clothing factories and reviewed literature. to inform the development of the quantitative survey. The study therefore contains elements of the exploratory sequential design as the first phase involved a qualitative explorative study, followed by a second phase in which the quantitative instrument was developed.

The survey was piloted at one of the factories, which was amongst the full sampling frame of factories affiliated with the SWHP. The survey was piloted in English after working hours by the project leader and myself, to test the wording and clarity of the items. Six employees consisting of a combination of males, females, supervisors, mothers and non-parents completed the survey. The participants completed the surveys in approximately 15-20 minutes by hand. The project leader went through each question with the participants to assess the relevance and logic of the question. Each participant was given R50 cash as a way to thank them for their participation. Data from these surveys were not included in the final study.

After the completion of the pilot study, the following adjustments were made to the survey. Where questions or wording were unclear to participants, the structure of the sentence or wording were changed to make it clearer. The responses of various questions were indicated on a sliding scale, which the participants struggled with. It was decided to rather

provide a list of responses, with a box next to each response which they could tick. The changes that were made to the survey can be viewed in [Appendix F](#) and the final survey used for primary data collection in this study can be viewed in [Appendix C](#). The Afrikaans survey can be viewed in [Appendix D](#) and the isiXhosa survey in [Appendix E](#).

The survey was semi-structured as it included both structured and unstructured response formats. The tool was aimed primarily to capture quantifiable data but allowed for the capture of narrative responses where necessary. The survey was designed to be completed by all low-income employees, except for the last section which was only relevant to female employees who are mothers. The survey was developed from previously validated scales and will therefore not be validated by the researcher.

The survey contained a cover page that indicated that the research was approved by the Commerce Faculty Ethics in Research Committee, that participation was voluntary, that participants would remain anonymous, that they would receive a R50 voucher for completing the survey, the approximate time for completing the survey and the project leader's contact details.

The survey was initially developed in English and the final survey was translated into Afrikaans and isiXhosa. The surveys were back translated to assess the quality of the translations, but the translations were not checked by professional translators. Back translation is often utilised as a translation quality assessment tool in research studies, but many argue that it is not able to recognise if the translation is understandable and simple and whether it sounds natural in the target language (Harkness, 2003; Harkness & Schoua-Glusberg, 1998; Harkness, Villar, Kephart, Behr, & Schoua-Glusberg, 2009, as cited in Son, 2018). Acknowledging these potential barriers, it is possible that the quality of the translated surveys was not up to standard, which could affect the results of the study if participants misinterpreted items on the survey.

I had limited input into the design of the survey as it was part of a larger study and designed by a separate research team. As the survey was not specifically designed for my study, I only used the data from the survey that was relevant to my study.

Qualitative Data Collection Instruments

The qualitative study contains primary data, which was collected through interviews with employees (mothers) and supervisors. Interviewing is an important data collection tool for qualitative social research and evaluation. Interviews enable the researcher to gain an understanding of the interviewee's meanings, viewpoints and perceptions (Punch, 2014), as it allows the interviewee to speak for him/herself (Babbie & Mouton, 2001). Semi-structured interviews were conducted, which enabled me to have greater flexibility in asking questions and gave participants the opportunity to provide a more accurate response of their perception of reality (Burns, 2000).

The semi-structured interview guides for the employees (mothers) and supervisors used in this study were initially developed by a separate UCT research team and then revised by me. The initial interview guides were informed by literature and by the qualitative results from the interviews conducted with SACTWU personnel and the owners and employees of clothing factories during the explorative study. The initial interview guides were developed to gain an understanding of the views of mothers and supervisors in factories about breastfeeding support in the workplace.

I reviewed the original interview guides and found that although many of the questions were relevant for the purpose of this study, additional questions and probes were needed to answer the evaluation questions. In both interview guides I added questions regarding the barriers in the factory that made it difficult for women to continue breastfeeding and what mothers would need from the factory to be able to continue breastfeeding. Additional questions were added to the supervisor interview guide, which focused on how breastfeeding mothers were supported when they returned to work and what SACTWU could do to help breastfeeding mothers. The revised interview guide for employees (mothers) that I developed can be viewed in [Appendix G](#) and the revised interview guide for supervisors that I developed can be viewed in [Appendix H](#).

Sampling Methods

Study Setting

The study focuses on the clothing and textile industry in the Cape Town area which often has rigid working conditions and predominantly employs low income, black women.

SACTWU has granted permission for the study to be conducted in four Western Cape factories, which have been selected from amongst the full sampling frame of factories affiliated with the SWHP. There is one small factory, which is defined as having less than 100 employees; two medium factories, which is defined as having between 100 and 499 employees; and one large factory, which is defined as having 500 or more employees. The factories were chosen due to the willingness of management to participate in the study.

This study will focus on the large factory, while the UCT research team and the other UCT research students will focus on the small and medium factories. Focusing on a single large factory has its advantages and disadvantages. I was able to get in-depth information about breastfeeding support or the lack thereof in the large factory. I can however not compare these findings to any of the other factories. The dynamics of the other factories might also be different from the large factory, especially the smaller factories. Although I only focused on a single factory, the basic principles can be adapted to other factories.

Study Population

The study population for the quantitative study included all the employees who are classified as low-income workers in the large factory. The study population for the qualitative study included employees who are mothers with children under two years of age and supervisors in the large factory.

Sampling Procedure

The large factory was selected through convenience sampling as they indicated that they were available for data collection. For the quantitative study, non-probability convenience sampling was utilised as participants were selected based on their accessibility. Convenience sampling was a cost-effective, efficient and easy way to gather data. Convenience sampling may however introduce bias and the findings cannot be generalised to the broader population (Jager, Putnick & Bornstein, 2017). The inclusion criteria included all employees that were classified as low-income workers and excluded office workers at the factory. A research team, consisting of the project leader, myself and two other research students were involved in collecting the data from the large factory. Factory management of the large factory allowed the research team to approach all the low-income employees at the factory during their lunch and tea breaks to invite them to participate in the study.

As the factory had approximately 1,400 employees who took their breaks in different canteens and at different times, data collection occurred over three days. The research team consisted of three researchers who approached employees in their tea and lunch breaks, where the following was explained to them: The purpose of the study and survey were explained to the employees, that they could participate at their own free will, that the survey was anonymous, that it would take approximately 20 minutes to complete and that they would receive a R50 gift voucher to Shoprite/Checkers if they completed the survey. Employees who wanted to participate were asked to raise their hands. Surveys were handed out in the preferred language of the employees and as their tea breaks were approximately 15 minutes and their lunch breaks 30 minutes, they were told that they could return the surveys either during their next break or the next day during their breaks. When participants handed in the surveys, a researcher did a quick check to see if they completed all the information to minimise missing data and then handed them a voucher. As participants were able to take their surveys home, there was a risk of participants making copies of the surveys to collect more vouchers. In order to minimise the risk, participants were asked to write down their names on a paper. Challenges of data collection included having no control over whether employees that collected surveys were low-income employees. Approximately 600 surveys were handed out and 520 surveys were completed and received.

For the qualitative study, purposive sampling was employed, which means that participants who have experienced the key concepts or the central phenomenon in the study were deliberately selected (Creswell & Plano Clark, 2011). The inclusion criteria for the qualitative study was female employees with children under two years of age and supervisors within the identified partner clothing factory. The project leader, two other research students and I collected the qualitative data. The project leader made arrangements with the large factory on behalf of the research team for interviews to be conducted with employees (mothers) and supervisors. I intended to identify and approach employees (mothers) and supervisors with the assistance of managers to invite them to participate in the study. It was however not possible for me to provide a sample size or to select the participants, as factory management selected the employees (mothers) and supervisors to participate in the study. Factory management provided us with a list of their names, their position and the dates and times of the interviews.

A limitation of the study is that we do not know how they made the selection of participants, apart from the inclusion criteria that the project leader provided them with. Participants were informed by factory management that they needed to avail themselves for an interview and it seemed that some participants were not really aware of why they were being interviewed. Although this indicates an ethical concern as it does not seem that participation was completely voluntary, we made it very clear before the interviews started that their participation was voluntary, that they could withdraw from the study at any time and that they would be anonymised in the study. As factory management selected the participants, they could have asked the women who were expressing at work to be involved in the study. Fortunately, this was not the case as some of the mothers did not express at work and some only expressed to relieve pressure.

Semi-structured, qualitative interviews were conducted with four supervisors and nine employees (mothers) from the large factory over a period of three days. The interviews were conducted in a private room in the factory. The researcher explained the purpose of the interviews and presented the participant consent forms to the participants to sign. Interviewees received a R50 Shoprite/Checkers voucher to thank them for the interview. As participants were unaware of the vouchers beforehand, it is unlikely that the vouchers would have influenced their decision to participate in the interviews. I conducted the interviews with the employees (mothers) together with another research student. As both of us needed to interview mothers and had a couple of overlapping questions, the project leader suggested that we conduct the interviews together. A benefit of conducting the interviews together, was that we could assist each other by asking probing questions. A challenge was that some of the interviews were rushed as we were worried that we would not have sufficient time for the interviews. The presence of two interviewers could also have been intimidating for participants, who could have felt uncomfortable during the interview. Interviews were conducted in English and audio-recorded, with permission from the participants. Participants felt comfortable to conduct the interviews in English, although we encouraged them to speak in their first language if they wished to. The interviews lasted between 30 minutes and one hour.

Data Collection Methods

In accordance with the Convergent parallel design, the quantitative and qualitative data were collected concurrently during the same phase, but separately as the results of one method is not dependent on the results of the other (Creswell & Plano Clark, 2011).

Data Capture and Management

Quantitative Data Capture

The surveys were captured on Qualtrics, an online management platform by me and two other research students. The responses from the Afrikaans and isiXhosa surveys were directly translated by the student who spoke the language and then captured in English. With the large number of employees and limited number of research students, it was not possible to administer the surveys face-to-face. As the surveys were self-administered, the researchers could not ensure that participants completed every question. We tried to minimise missing data by checking the surveys when participants handed them in, but it was not possible to check every survey thoroughly.

Data Cleaning

After the surveys were captured, I downloaded the data from the Qualtrics platform and imported it into SPSS. A codebook was developed which listed the variables and the numeric values assigned to the response options, which can be viewed in [Appendix I](#). The data was checked for errors, including if any values fell outside the range of possible values for a variable and whether the minimum and maximum values made sense. Any errors that were found were corrected. The number of valid and missing cases were also checked. There was not an unusual large number of missing cases for categorical variables. The last section of the survey which only the mothers had to complete, was challenging. It seemed that participants did not understand some of the questions as they gave inconsistent answers, which could affect the accuracy of the results of the study.

Qualitative Data Capture

The interview recordings were uploaded onto Dropbox and shared with a transcription company who transcribed the interviews in English.

Data Analysis

In accordance with the convergent parallel design, the quantitative and qualitative data were analysed separately and independently from each other (Creswell & Plano Clark, 2011). The results will be merged by comparing the results from the quantitative study with the qualitative study and in the final step I will interpret to what extent and in what manner the two sets of results converge, diverge and relate to each other in order to create an increased understanding in response to the overall purpose of the study.

Quantitative Data Analysis

The analysis of the quantitative data was descriptive, to describe and summarise the data to enable easy interpretation of the data, in order to determine the general trends in the data (Creswell & Plano Clark, 2011) and to understand the characteristics of the groups (Black, 1999). The data was analysed using the SPSS programme. Frequency distribution tables and measures of central tendency such as means, standard deviation and score ranges were compiled.

Qualitative Data Analysis

The semi-structured, qualitative interviews were transcribed and imported into NVivo, a Computer-Aided Qualitative Data Analysis Software (CAQDAS) programme which enabled me to electronically code the data and systematically organise the data for analysis. The analysis of qualitative data includes three interconnected processes, including data reduction, data display, and drawing and verifying conclusions (Punch, 2014). Coding is a fundamental component of data reduction as it enables a researcher to identify data and potential themes (Fielding & Lee, 1998). First and second level coding were used to analyse the data to answer the evaluation questions.

First-level coding includes a process of labelling and categorising data and the codes are solely descriptive (Fielding & Lee, 1998). I developed a list of descriptive codes 'inductively' from the conceptual framework, the evaluation questions, the literature and the interview guides. I developed a qualitative codebook which listed the codes and their definitions to help organise the data, which can be viewed in [Appendix J](#).

I started the analysis process by closely reading the transcripts, to help me interact with the data as a whole and to give me an initial sense of the range of ideas and opinions in the data (De Wet & Erasmus, 2005; Fielding & Lee, 1998). I read the transcripts more than once, which is a recommended practice to not "lose alternative narratives to what emerged as the predominant experiences and perceptions of the topic" (De Wet & Erasmus, 2005). I wrote my initial thoughts of the data by writing memos to get an idea of the range of ideas and opinions in the data and to identify possible codes and themes. Memos are important as it records all ideas that occur during coding (Punch, 2014). After reading the transcripts, I began with first level coding, which mainly uses descriptive, low inference codes, which "are very useful in summarising segments of data, and which provides the basis for later higher order coding" (Punch, 2014). Each transcript was read and coded in its entirety before I moved on to the next transcript. Additional first level codes were developed as they emerged from the data. As I coded, I recorded my thoughts about the data and the steps in analysis to keep a record of the procedures I followed.

I then proceeded with second-level coding, which "identifies clusters and hierarchies of information and identify a deeper level of analysis during which we identify patterns and relationships in the data" (De Wet & Erasmus, 2005). Guided by the evaluation questions I developed the following second-level codes:

- **Respondent information:** The characteristics and employment status of respondents.
- **Pregnancy and maternity:** Information about pregnancy and maternity leave.
- **Breastfeeding practices:** The breastfeeding practices of mothers at the factory.
- **Current support:** The type of support that is available to breastfeeding mothers.
- **Barriers:** The barriers in the factory that makes it difficult for working mothers to breastfeed or express milk at work.
- **Needs:** The needs that working mothers have regarding breastfeeding in the factory environment.
- **Union:** SACTWU's role in supporting breastfeeding mothers.

NVivo was useful for organising the data speedily and systematically. I grouped a range of first-level codes within these second-level codes to create the thematic clusters, to answer the evaluation questions.

Ethics

Ethical approval to conduct the study was obtained from the Commerce Faculty's Ethics in Research Committee at the University of Cape Town. See [Appendix A](#) for the approval letter.

SACTWU has granted permission for the study to be conducted in four Western Cape factories and for the UCT research team to approach the employers and employees of the factories to participate in the study. The factory management of these factories were willing to participate in the study and granted the researchers permission to conduct the pilot study at their factories and to collect data from their employees. The name of the large factory will not be included in the study and will only be referred to as the factory.

The large factory granted the researchers permission to administer the surveys to their employees. Informed consent forms were not given to the participants to sign, but the surveys contained a cover page that indicated that the research received ethical approval, that their participation was voluntary and that they would remain anonymous. This was also communicated to the participants before handing out the surveys. Participants' names did not appear on the surveys, and they were anonymised. Participants received a R50 gift voucher to Shoprite/Checkers if they completed the survey, which could have created bias in the recruitment of the sample.

Participants of the large factory were informed by factory management that they needed to avail themselves for an interview and it seemed that some participants were not really aware of why they were being interviewed. Although this indicates an ethical concern as it does not seem that participation was completely voluntary, we made it very clear before the interviews began that their participation was voluntary and that they could withdraw from the study at any time and that they would be anonymised in the study. They were asked to sign a written informed consent form before proceeding with the interview. Participants were also asked for permission to audio record the interviews. A copy of the consent form was provided to them. The informed consent form for the interviews is attached in [Appendix B](#).

Privacy and Confidentiality

The interview recordings and transcripts will not be stored on my personal computer but will be deposited and securely stored with DataFirst in accordance with the University of Cape Town Research Data Management Policy (UCT, 2018). To preserve confidentiality, the names of the factories and the personal information of participants will not be used in the reports or the findings or discussed with anyone. Personal identifiable data of the participants will not be included in the findings and the report.

Limitations of the Study

The limitations of the study are discussed below:

- The study only focuses on breastfeeding support within a clothing factory. There are many aspects outside of the factory environment that could also affect breastfeeding rates, which will not be addressed in this study.
- Original interview guides for the employees (mothers) and supervisors were not developed as the transcripts from these interviews were also going to be used in the larger breastfeeding project. I developed additional questions which I then added to the interview guides to answer the evaluation questions of this study.
- The qualitative study will only include data from the employees (mothers) and their supervisors, and not their co-workers. The study will therefore not include the perspectives of the co-workers.
- The quantitative data was not analysed by means of inferential statistics. As the convergent parallel mixed method approach was used, it became clear after the quantitative survey was administered that many of the questions in the survey lacked context and relevance and were most likely misinterpreted or misunderstood by the respondents. The survey was designed and administered purely for descriptive purposes.
- It was difficult to access possible interview participants in the highly structured factory environment where workers' time is highly regulated. Due to the nature of the work environment it was not possible for me to recruit participants directly. Instead the line managers of the factory workers were asked to identify workers in their teams according to a set of inclusion criteria. They did however not brief the participants properly about the nature of the study, which could possibly indicate power inequalities and a lack of consultation in the factory environment. Although it was not

possible for me to select the interview participants, the information that I received from them was very rich and appropriate for an exploratory study of this nature within a work environment that is characterised by power inequalities.

- It is uncertain how factory management made the selection of interviewees, apart from the inclusion criteria that the project leader provided them with.
- Informed consent was not obtained from the survey participants.

Limitations of the Instruments

The following problems were experienced with the survey:

- I had limited input into the design of the survey as it was part of a larger study, designed by a separate research team and administered to employees at four different factories. My role was to assist the project manager to administer the survey at the factories. It would not have been possible to develop my own survey and administer it to the employees of the large factory.
- As I was not directly involved in the development of the survey, the questions were not specifically developed to answer this study's evaluation questions. Various questions were therefore irrelevant to the study.
- Respondents were not asked to give consent before completing the survey. A tick box on the front of the survey could have been included where they could indicate that they give consent.
- The survey was 19 pages long, which could have led to respondent fatigue and bias.
- Some of the questions were very similar (e.g. Q29, 31, 32 and 33) and could have been left out or phrased differently. Questions with the same response options could have been grouped together into a table format to shorten the survey (e.g. Q34-42 and Q43-Q51).
- Some of the questions were indirect and the wording ambiguous, which could have resulted in participants misunderstanding the questions. The wording of the questions should have been clearer.
- The survey did not include questions about the participants' income level or job category. It should have been included to determine whether the respondents met the criteria for being low-income employees.
- The questions did not include skip patterns.
- The survey did not investigate the reasons why mothers breastfed.

- Questions around the same topic sub-area could have been grouped together (e.g. Q76-78).
- The quality of the translated surveys was not checked, which could have affected the results of the study if participants misinterpreted items on the survey.

The following problems were experienced with the employee (mother) interview guide:

- Some of the questions were not applicable to the study's evaluation questions.
- The order of some of the sections were not structured efficiently.
- Many of the questions were leading.

The following problems were experienced with the supervisors interview guide:

- Some of the questions were not applicable to the study's evaluation questions.
- The order of some of the sections were not structured efficiently.
- There should have been more questions about the supervisor's support to workers who returned from maternity leave.

Results

The following chapter presents the analyses of the data from the quantitative survey and the qualitative interviews. In accordance with the convergent parallel design, the results of the quantitative survey and the qualitative interviews will be displayed together in order to answer the evaluation questions.

Socio-Demographic Profile and Characteristics of Survey Respondents and Interviewees

Survey Respondents

The realised sample for the survey, by employees with children, female employees with children, women who had their last-born child while working at the factory and supervisors is shown in Table 3 below.

Table 3

Realised Survey Sample

Variable	Employees with children		Female employees with children		Mothers at factory ^a		Supervisors	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	483	91.7	468	93.2	172	36.9	48	9.1
No	44	8.3	34	6.8	294	63.1	481	90.9
Total	527	100.0	502	100.0	466	100.0	529	100.0

^aMothers at factory refer to the women who had their youngest child while working at the factory.

A total of 532 surveys were collected at the factory. The majority of the respondents were female (95.3%), 91.7% of respondents (n=483) had children and 36.9% of female respondents (n=172) had their last-born child while they were working at the factory. 9.1% of the respondents (n=48) were supervisors, of whom 93.8% were female and 93.8% had children. The socio-demographic profile of the respondents is shown in Table 4 and Table 5 below.

Table 4

Socio-Demographic Profile of the Survey Respondents

Variable	<i>n</i>	%
Gender		
Male	24	4.5
Female	506	95.3
Prefer not to answer	1	0.2
Total	531	100.0
Race		
African	94	17.7
Coloured	427	80.4
Asian	1	0.2
White	1	0.2
Prefer not to answer	7	1.3
Total	531	100.0
Home language		
English	192	36.3
Afrikaans	245	46.3
isiXhosa	90	17.0
Other	2	0.4
Total	529	100.0
Matric		
Yes	180	34.0
No	349	66.0
Total	529	100.0

Table 5

Demographic Statistics of the Survey Respondents

Variable	<i>n</i>	Min	Max	<i>M</i>	Median	<i>SD</i>	Skewness	Kurtosis
Age (years)	515	18	65	43.49	44	11.36	-0.12	-1.14
Number of children	484	1	6	2.24	2	1.04	0.66	0.08
Age of youngest child (years)	479	1	40	14.54	14	9.72	0.32	-0.97
Years working in the factory	525	1	45	6.39	5	7.07	3.63	13.37
Years working in clothing industry	513	1	50	19.58	18	12.34	0.33	-1.06

The age of the respondents ranged between 18 and 65 years, with an average age of 43 years. Most of the respondents were coloured (80.4%) and Afrikaans speaking (46.3%). Respondents had an average of two children with an average age of 15 years.

Interviewees (Mothers)

The socio-demographic profile of the mothers who were interviewed is shown in Table 6 and Table 7 below.

Table 6

Socio-Demographic Profile of the Interviewees (Mothers)

Variable	Mother1	Mother2	Mother3	Mother4	Mother5	Mother6	Mother7	Mother8
Home language	English Afrikaans	English Afrikaans	English	Afrikaans	Afrikaans	English Afrikaans	English	English Afrikaans
Age	27	34	29	39	31	30	30	27
Highest level of education	Grade 11	Grade 10	Grade 11	Grade 10	Grade 12	Grade 11	Grade 12	Grade 12
No. of children	2	2	3	4	2	2	2	3

	Mother 1	Mother 2	Mother 3	Mother 4	Mother 5	Mother 6	Mother 7	Mother 8
Age of youngest child (months)	24	11	21	24	24	20	18	12
Job description	Machinist	Machinist	-	Machinist	Loader	Machinist	Machinist	Machinist
Years in position	2	12	-	10	4-5	4	10	4
Years at factory	7	4	4	5	4-5	5	3	4

Table 7

Demographic Statistics of the Interviewees (Mothers)

Variable	<i>n</i>	Min	Max	<i>M</i>
Age (years)	8	27	34	30.89
Number of children	8	2	4	2.50
Age of children (months)	8	11	24	19.25
Years working in the factory	7	3	7	5.20
Years working in clothing industry	7	2	12	6.60

The age of the mothers who were interviewed ranged between 27 and 34 years, with an average age of 31 years. On average the mothers interviewed had three children with their youngest child at an average age of 19.25 months. All of the mothers indicated that they worked full time at the factory. They did not work in shifts but occasionally worked overtime when necessary.

Interviewees (Supervisors)

The socio-demographic profile of the supervisors is shown in Table 8 below.

Table 8

Socio-Demographic Profile of Interviewees (Supervisors)

Variable	Supervisor 1	Supervisor 2	Supervisor 3	Supervisor 4
Position	Supervisor	Supervisor	Supervisor	Module leader
Gender	Female	Female	Female	Female
Home language	Afrikaans	English & Afrikaans	English	English & Afrikaans
No. of children	3	3	1	2
Age of youngest child	10 years	14 years	24 years	7 months
Years in position	4	6	20	7
Years at factory	5	5	5	5
No. of people supervised	20 females	25-30 females, 1 male	30 females, 1 male	4 supervisors, all females
Age of people supervised	25 - 55, average 30 years	22 - 63, average late 30s and 40s	22 - 60, average between 20 and 35 years	30-55

All four supervisors who were interviewed were women and had children. The age of their youngest children ranged from seven months to 24 years. All the supervisors worked full-time, they did not work in shifts and occasionally worked overtime when necessary. Supervisors 1, 2 and 3 each supervised an average of 25 employees on the production floor. Supervisor 4 was a module leader who managed four production lines and worked closely with the supervisors and operators. She supervised four supervisors, who had approximately 120 employees in their production lines.

Pregnancy and Maternity Leave

More than a third of female respondents (36.9%) were working at the factory when they had their youngest child, as indicated in Table 3. All of the mothers and one supervisor who were interviewed were working at the factory when their youngest child was born.

Table 9

Age of Children when Mothers (Survey Respondents) Returned from Maternity Leave

Variable	<i>n</i>	Min	Max	<i>M</i>	Median	<i>SD</i>	Skewness	Kurtosis
Age of children (months)	172	1	60	6.4	6	5.73	6.27	49.25

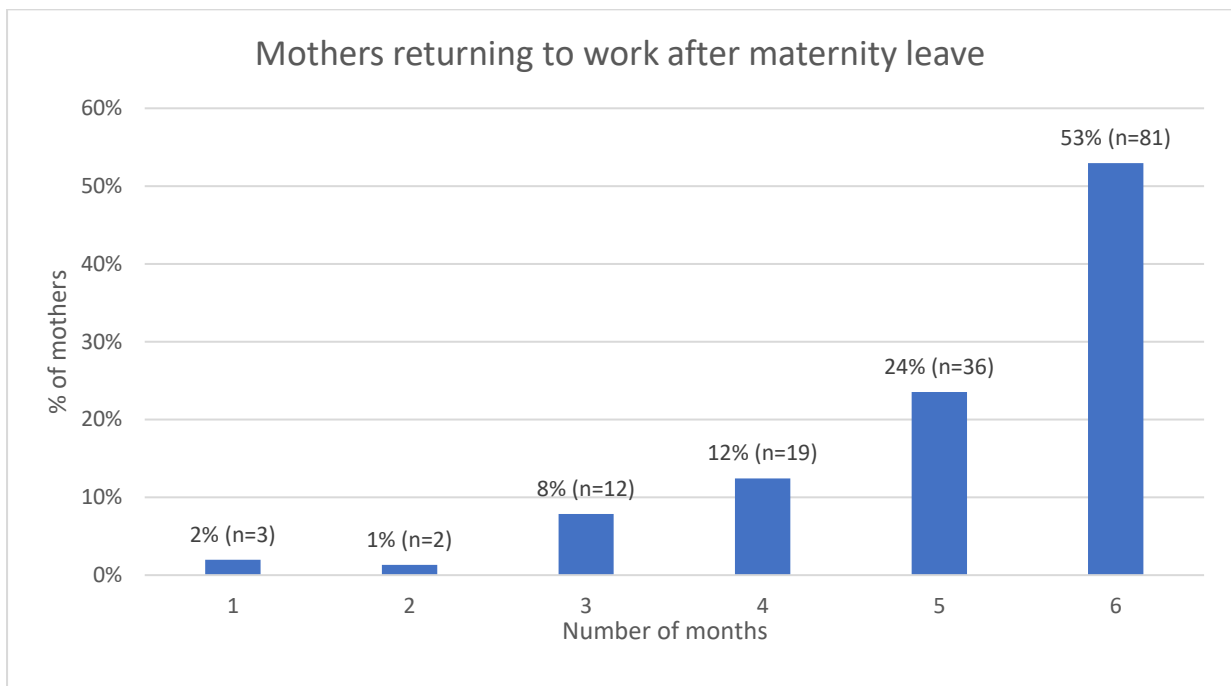


Figure 1: Mothers returning to work after maternity leave

The number and percentage of women who returned to work between one and six months after having a baby, is depicted in Figure 1. Most of the women returned to work when their babies were between five and six months old.

Table 10

Maternity Leave and Age of Children of Mothers (Interviewees)

Variable	Mother1	Mother2	Mother3	Mother4	Mother5	Mother6	Mother7	Mother8
Maternity leave (months)	6	6	6	5	6	6	6	6
Age of baby when mother returned to work (months)	5	6	4	5	-	5	6	5

According to a supervisor, weekly staff are allowed to take six months unpaid maternity leave and the monthly staff four months unpaid maternity leave. The female respondents who had their last-born child while working at the factory, returned to work from maternity leave when their children were on average 6.4 months old, as indicated in Table 9. The mothers who were interviewed returned to work when their children were on average five months old. Seven of the mothers took six months maternity leave, while one mother took five months maternity leave. This is much higher than what was anticipated for low-income workers.

Evaluation Question 1: What are the Breastfeeding Practices of Mothers in the Factory?

The breastfeeding practices of the mothers (women who were working at the factory when they had their youngest child), are shown below in Table 11 and Table 12.

Table 11

Breastfeeding Practices of Mothers (Survey Respondents)

Variable	Mothers at factory	
	<i>n</i>	%
Wanted to breastfeed when they were pregnant		
Yes	161	94.2
No	10	5.8

	Mothers at factory	
	<i>n</i>	%
Total	171	100.0
Breastfed or expressed milk for youngest child		
Yes	161	93.6
No	11	6.4
Total	172	100.0
Exclusively breastfed youngest child		
Yes	132	77.2
No	39	22.8
Total	171	100.0
Breastfed or expressed milk for youngest child after returning to work		
Yes	136	78.6
No	37	21.4
Total	173	100.0
Expressed breast milk in the factory during workday to take home to feed baby		
Yes	97	56.1
No	76	43.9
Total	173	100.0
Stopped breastfeeding because they returned to work		
Yes	54	31.6
No	117	68.4
Total	171	100.0
Suffered from painful or swollen breasts		
Yes	79	45.7

	Mothers at factory	
	<i>n</i>	%
No	94	54.3
Total	173	100.0

Table 12

Duration of Breastfeeding of Mothers (Survey Respondents)

Variable	<i>n</i>	Min	Max	M	Median	SD	Skewness
Age of child when stopped breastfeeding (months)	135	1	53	17.16	12	13.77	0.93
Duration of exclusively breastfeeding (months)	111	1	12	5.8	6	2.62	0.92

Most of the mothers (94.2%) wanted to breastfeed when they were pregnant, while 93.6% breastfed their youngest child. Most of the mothers (78.6%) continued to breastfeed their children when they returned to work and on average, they stopped breastfeeding at 17.16 months. A third of the mothers (31.6%) indicated that they stopped breastfeeding because they returned to work. More than half of the mothers (56.1%) expressed milk in the factory during their workday to take home to feed their baby, which is much higher than was anticipated. The breastfeeding practices of the mothers who were interviewed is shown below in Table 13.

Table 13

Breastfeeding Practices of Mothers (Interviewees)

Variable	Mother1	Mother2	Mother3	Mother4	Mother5	Mother6	Mother7	Mother8
Age of baby when mother returned to work (months)	5	6	4	5	-	5	6	5
During maternity leave	Breast milk and formula	EBF until 6m	Breast milk	EBF until 5m	Breast milk, formula, water, porridge	EBF until 4 months, then introduce rice cereal	EBF until 3m, then breast milk and formula	EBF until 6m

	Mother1	Mother2	Mother3	Mother4	Mother5	Mother6	Mother7	Mother8
When they returned to work	Formula during day and breast milk at night	Formula during day and breast milk at night	Formula during day and breast milk at night	Formula during day and breast milk and formula at night	Breast milk and formula during day and breast milk at night	Breast milk and formula during day and breast milk at night	Formula during day and breast milk at night	Formula during day and breast milk at night
Expressed at work	No	2-3 times a day, 5 min each to relieve pressure	20-25 min to relieve pressure	No	3 times a day, 5-10 min each	15-20 minutes	No	2-3 times a day, 5 min each
Took expressed milk home	n/a	No	No	n/a	Yes	Yes	n/a	Yes

All of the mothers who were interviewed breastfed their children when they were born, with two mothers exclusively breastfeeding their children until six months. When the mothers returned to work from maternity leave, they gave their children formula milk during the day and breastfed them at night. Five mothers expressed milk at work, with only three mothers taking the milk home. The mothers who expressed milk at work to take home, respectively expressed two to three times a day for approximately five minutes; three times a day for five to ten minutes and two to three times a day for five minutes. The mothers' breastfeeding practices will be discussed further in the results.

Evaluation Question 2 & 3

Evaluation question 2: What current support is in place to enable mothers to breastfeed or express milk at work?

Evaluation question 3: What are the nature and magnitude of the barriers in the factory environment that prevent working mothers from breastfeeding or expressing milk at work?

The Effect of Work on Breastfeeding Practices

A third of the mothers (31.6%), indicated that they stopped breastfeeding because they returned to work, as indicated in Table 14 below.

Table 14

Mothers' Breastfeeding Practices Affected by Work (Survey Respondents)

Variable	Mothers at factory	
	<i>n</i>	%
Stopped breastfeeding because they returned to work		
Yes	54	31.6
No	117	68.4
Total	171	100.0

The factory was very production driven and employees had targets to meet. Employees worked together in teams to make a garment and were affected by the productivity of their team members, making it difficult for women to leave their workstation to express milk.

"We don't make the whole garment...say for instance we are doing a jacket then maybe I do the collar the next person will put in the sleeves. Each of us, each person does a different operation".

(Mother 1)

"They pressurise you a lot...if you go to the toilet to drink a little water...you need to run back because everything is so in a rush...it is like a mad house".

(Mother 8)

"My work is a little bit very stressful because we have to get our targets during the day".

(Supervisor 1)

"The discipline procedures work normally if she gets a target maybe she must give me 20, and she cut up 10, 15, then she didn't make the target".

(Supervisor 1)

"Most of the women who are breastfeeding they are supposed to give the same target as the one next to them".

(Supervisor 4)

Some of the mothers stated how being at work made it difficult for them to continue breastfeeding.

“But it is only at work, in the workplace I see that there is a problem for me or that it is difficult for me to breastfeed”.

(Mother 1)

Knowledge and Awareness of the Benefits of Breastfeeding

Benefits of breastfeeding to babies. More than half of the mothers (56.1%), did not agree with the statement that formula fed babies are as healthy as babies who receive breast milk, which was surprisingly less than the supervisors (63.8%) and their co-workers (61.7%).

Table 15

Knowledge and Awareness of Benefits of Breast milk

Variable	All respondents		Mothers at factory		Supervisors		Co-workers	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Formula fed babies are as healthy as babies who receive breast milk								
I really don't agree	113	21.4	32	18.7	11	23.4	70	22.5
I don't agree	205	38.8	64	37.4	19	40.4	122	39.2
I'm not sure	81	15.3	28	16.4	4	8.5	49	15.8
I agree	95	18.0	37	21.6	9	19.1	49	15.8
I really agree	35	6.6	10	5.89	4	8.6	21	6.7
Total	529	100.0	171	100.0	47	100.0	311	100.0

All of the interviewees (mothers and supervisors) were aware that breastfeeding had health benefits for children.

"We were always told that the breast milk it is very healthy and that is why the children that are on breast milk don't get sick too easily".

(Mother 1)

Benefits of breastfeeding to mothers. None of the interviewees (mothers and supervisors) were aware of any health benefits that breastfeeding had for mothers. Some of the mothers acknowledged the following benefits:

“What I have learnt with the breast is that the mother and the baby has a strong bond when you breastfeed”.

(Mother 1)

“The formula is too expensive and for me that's working in a clothing factory”.

(Mother 8)

Benefits of breastfeeding to the factory. Two supervisors stated that the factory would benefit from allowing mothers to breastfeed.

“It will send a message out there that this company is for their workers...that this company cares about their people”.

(Supervisor 3)

“A healthy child creates a healthy mother. A healthy mother creates a productive mother”.

(Supervisor 4)

Awareness of the Law Regarding Breastfeeding in the Workplace.

When asked whether participants knew whether the South African government has done anything to support the rights of women to breastfeed or express milk at work, only 38% of the mothers (n=65) said yes, which was more than the supervisors (27.7%) and their co-workers (21.3%).

Table 16

Awareness of Government's Support for Breastfeeding Mothers at Work

Variable	All respondents		Mothers at factory		Supervisors		Co-workers	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Awareness of support provided by SA government for women breastfeeding at work								
Yes	143	27.3	65	38	13	27.7	65	21.3
No	380	72.7	106	62	34	72.3	240	78.7
Total	523	100.0	171	100.0	47	100.0	305	100.0

Seven of the mothers and the four supervisors who were interviewed were not aware of the laws regarding breastfeeding in the workplace. Only one mother was aware of her rights to take breaks to express milk at the workplace, as she read about it at a government clinic.

Breastfeeding Policy

Factory management confirmed that there was not a breastfeeding policy in the factory. It is thus surprising that approximately 6.4% of mothers, 12.5% of supervisors and 5.5% of co-workers said that there was a written policy about breastfeeding (expressing milk) at work, as indicated in Table 17.

Table 17

Written Breastfeeding Policy

Variable	All respondents		Mothers at factory		Supervisors		Co-workers	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
At the factory, do you have a written policy about breastfeeding (expressing milk) at work?								
Yes	34	6.5	11	6.4	6	12.5	17	5.5
No	260	49.3	86	50.0	18	37.5	156	50.8
I don't know	233	44.2	75	43.6	24	50.0	134	43.7
Total	527	100.0	172	100.0	48	100.0	307	100.0

None of the interviewees (mothers and supervisors) were aware of any policies or guidelines around breastfeeding in the factory.

Provision of Breastfeeding Information

Most of the respondents indicated that the factory has never given them any information on mothers' breastfeeding, as indicated below in Table 18.

Table 18

Information on Mothers' Breastfeeding

Variable	All respondents		Mothers at factory		Supervisors		Co-workers	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Has this factory ever given you any information on mothers' breastfeeding?								
Yes	137	26.1	46	26.9	15	31.3	76	24.9
No	387	73.9	125	73.1	33	68.8	229	75.1
Total	524	100.0	171	100.0	48	100.0	305	100.0

None of the interviewees (mothers and supervisors) have been provided with information on breastfeeding. There was also no information about breastfeeding at the factory's clinic, as illustrated in the quotes below:

"No one came to us to talk about breastfeeding to tell us where we should go".

(Mother 6)

"There is nothing in the clinic. There is nothing in the wall that maybe it is about breastfeeding".

(Mother 3)

"There's no one that I can say that comes in here and speaks to women to continue breastfeeding is better than the alternative formulas... It's just that this topic has never been brought up".

(Supervisor 3)

According to the mothers and supervisors, SACTWU often organises health professionals to talk to employees about health issues, such as TB, HIV etc., but they have never spoken to them about breastfeeding.

Breastfeeding facility

Almost half of the supervisors (41.7%) stated that the factory had a private area where mothers could breastfeed or express milk, while only 17% of mothers (n=29) knew about a private area. It could be due to mothers not being aware of being able to breastfeed in the clinic or the canteen, as was found in the interviews.

Table 19

Private Area to Breastfeed or Express Milk

Variable	All respondents		Mothers		Supervisors	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Does this factory have a private area (not the toilets) where mothers could go to breastfeed or express milk?						
Yes	78	14.7	29	17.0	20	41.7

	All respondents		Mothers		Supervisors	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
No	349	66.0	112	65.5	24	50.0
I don't know	102	19.3	30	17.5	4	8.3
Total	529	100.0	171	100.0	48	100.0

The supervisors indicated that women could either express in the canteen or the clinic.

“They must either go to the canteen when it’s empty...or to the staff clinic”.

(Supervisor 2)

Two of the mothers knew that they were able to express in the clinic, while another knew they could express in the canteen. However, they said that they would not express there, as there is no privacy in the canteens and the clinic is too far from the mother’s work area.

“In the canteens there is totally no privacy... so for me myself it would be uncomfortable for me to take out my breast in the canteen because there is men and women sitting there”.

(Mother 1)

“By the time I get there by the clinic then my tits is going to...because it’s like a distance, where I just run to the toilet and do my thing, quick there”.

(Mother 5)

According to the rest of the mothers interviewed, there was not a private designated area where they could express milk. All five mothers who expressed milk during working hours expressed in the toilets.

“There wasn’t facilities for us to go in no one came to us to talk about breastfeeding to tell us where we should go”.

(Mother 6)

The mothers who expressed in the toilets, experienced various challenges as illustrated in the quotations below:

“When I go to the toilet I need to bend over the basin and I need to express the milk like that and it is not always comfortable to do that”.

(Mother 2)

“Throw this milk away I must stand in the toilet, the toilet is filthy. I am talking about our toilet the people leave their stuff just like that there. Papers and everything on the floor...So I am just going to express and throw it away”.

(Mother 3)

“They smoke in the toilet”.

(Mother 3)

“Very nerve wrecking, then they would knock”.

(Mother 5)

“Sometimes where you breastfeed it is unhygienic and I mean, it's your child's milk your dealing with so”.

(Mother 6)

Storage Facilities for Breast Milk

When asked whether the factory had a place where mothers could store expressed breast milk, 52.9% of mothers (n=91) and 62.5% of supervisors (n=30) said yes, as indicated below in Table 20.

Table 20

Storage Facility for Expressed Breast Milk

Variable	All respondents		Mothers at factory		Supervisors	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Does this factory have a place (like a fridge) where mothers could store expressed breast milk?						
Yes	242	45.7	91	52.9	30	62.5
No	186	35.2	52	30.2	16	33.3
I don't know	101	19.1	29	16.9	2	4.2
Total	529	100.0	172	100.0	48	100.0

The supervisors said that mothers would be able to store their breast milk in the refrigerators that are situated in the canteen and the clinic. Three of the five mothers who expressed breast milk at the factory, stored their milk in a refrigerator at the factory to take home to their children. One mother threw her milk away as she could not store the milk in the refrigerator, as it was constantly full and the canteen's refrigerator was locked. The mothers expressed their concerns about storing their milk in the refrigerators in the canteens, as indicated below.

"That fridge is constantly full of the stuff that the people buy here and they put in the freezer, there is no place in the fridge. Even our food get missing in the fridge and stuff like that".

(Mother 3)

"You can go look in the canteen how the fridge has locks on. I don't have access to the fridge because there is a lock on the fridge".

(Mother 3)

"The milk that I express here at work, I don't use that milk because there is nowhere to put it. So then...that milk goes to waste".

(Mother 3)

"I'm comfortable but I don't have another choice, I must put it in there because where must I put it you see".

(Mother 5)

"I had to put a sticker on it, so people know it's not normal milk, you know in this place people intend to steal your stuff".

(Mother 6)

Breast Pumps

Breast pumps are very expensive and if mothers cannot afford to purchase a pump, they have to express manually using their hands. Only one mother mentioned that she had a breast pump to express milk with.

"But the breast pumps is very expensive. So it is not everyone who are by means for a breast pump or have the money to go a buy a breast pump".

(Mother 1)

Breastfeeding Breaks

When asked whether the factory allowed mothers to take special breaks (outside of their lunch break) to breastfeed, 85.4% of female respondents (n=147) who had their last-born child while working at the factory and 77.1% of supervisors (n=37), either said no or that they did not know, as seen below in Table 21.

Table 21
Special Breaks to Breastfeed or Express Breast Milk

Variable	All respondents		Mothers at factory		Supervisors	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Does this factory allow mothers to take special breaks (outside of lunch break) to breastfeed?						
Yes	64	12.1	26	15.0	11	22.9
No	342	64.5	118	68.2	28	58.3
I don't know	124	23.4	29	16.8	9	18.8
Total	530	100.0	173	100.0	48	100.0

According to the mothers and supervisors interviewed, mothers are only allowed to have a 30 minute lunch break and a 15 minute tea break. The factory does not provide mothers with additional breaks to breastfeed. When employees want to take extended breaks, they have to complete a slip to sign in and out and money will then be deducted from their pay.

“We won't call it a break because we don't deduct money...So if they're going to say it's a break, then they're going to say she must go in, scan in and out.”

(Supervisor 3)

Table 22

Duration of Expressing Breast Milk

Mother	Duration of expressing breast milk
1	Did not express
2	Expressed 2-3 times a day, 5 min each to relieve pressure
3	Expressed 20-25min to relieve pressure
4	Did not express
5	Expressed 5 – 10min, three times a day
6	Expressed 15-20 minutes
7	Did not express
8	Expressed 2-3 times a day, 5 min each

Only two mothers were able to express for longer than 15 minutes, while the other mothers expressed for short periods. Most mothers complained about a lack of time to express at work. Mother 1 and mother 7 decided not to express as they would not have had the time to express at work, while mother 8 stopped expressing due to not having sufficient time. The reasons why mothers experienced a lack of time, will be discussed further in the results.

“The reason why I stopped breastfeeding is that there wasn't enough time for me to be able to express my milk for baby”.

(Mother 8)

Support from Factory Management

The mothers did not receive any type of support or advice from factory management to express breast milk at work, which the supervisors agreed with.

“But in the sense where the support for women that breastfeeds, no it's non-existing in this company”.

(Supervisor 3)

All four supervisors said that factory management did not provide them with any information on how to manage staff pregnancy and breastfeeding support.

“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”.

(Supervisor 4)

Support from Co-workers

The intended support from co-workers is indicated below in Table 23.

Table 23

Intended Support from Co-workers

Variable	Employees with children		Employees without children	
	<i>n</i>	%	<i>n</i>	%
Do you intend to support mothers to breastfeed (or express milk) in this factory?				
Yes	143	81.7	19	86.4
No	118	10.3	2	9.1
I don’t know	14	8.0	1	4.5
Total	175	100.0	22	100.0
To me, providing support for breastfeeding working mothers is:				
Very important	98	56.3	9	40.9
Important	62	35.6	12	54.5
I’m not sure	13	7.5	1	4.5
Not important	1	0.6	0	0.0
Not at all important	0	0.0	0	0.0
Total	174	100.0	22	100.0

Most of the employees said that they intended to support mothers to breastfeed (or express milk) in the factory and that it was very important for them to provide support to breastfeeding mothers.

Table 24

Support from Co-workers

Mother	Expressed at work	Had discussions with co-workers about breastfeeding/expressing	Co-workers supportive when expressed	Co-workers helped out when mother left to express
1	No	Yes	Didn't express	Didn't express
2	Expressed 2-3 times a day, 5 min each to relieve pressure	No	No	No
3	Expressed 20-25min to relieve pressure	Yes	Yes	Yes
4	No	No	Didn't express	Didn't express
7	Expressed 5 – 10min, three times a day	Yes	Yes	No
8	Expressed 15-20 minutes	Yes	Yes	No
9	No	Yes	Didn't express	Didn't express
10	Expressed 2-3 times a day, 5 min each	Yes	Yes, but some had problem with her expressing	No

Most of the mothers said that they had discussions with their co-workers about breastfeeding or expressing milk.

“Sometimes we will talk, someone will say it is easy for that person and I will say but it more difficult for me because of this, that and the other. And that person will say no that person finds it more easier to do or to express milk”.

(Mother 1)

“How's the baby or did you breastfeed, did you express yet...they were asking a lot of questions”.

(Mother 5)

“There will be elderly ladies that will tell me go to the bathroom ask her of the superior if you could go to the bathroom quick and then you go and express milk”.

(Mother 8)

Four of the mothers who expressed at work, said that their co-workers were very supportive of them expressing. One of the mother's co-workers helped her with her work when she expressed.

"Then I always get somebody to work in my place. Say for instance my operation is critical. You got a workload, but your workload is not that heavy then I always ask the supervisor now can't I ask her to just sit here for a moment then I can leave and then I can".

(Mother 3)

There were however co-workers that had problems with mothers expressing.

"Some of the people they got the problem. Yeah why she is every time going to the bathroom and where is she going to go now why must I do everything".

(Mother 8)

"Like the people there sitting in front of me that I need to make work for and then that person is also going to sit and wait and do nothing and if the if management see that the person is sitting and doing nothing then she's going to get into trouble and she's going to blame me because I'm that long, yeah. They're not supportive. Not at all".

(Mother 8)

Three supervisors said that their employees would help each other out when they do not meet their targets, but not all employees were supportive.

"At the moment they do support, I would say they do because when the one is off they would fill in, and there will be no problem with it, ja, because they do understand".

(Supervisor 4)

"I will always tell them it's teamwork, whether they must help Gogo or whether they must help the youngest one, it's teamwork and we have a perfectly very good understanding".

(Supervisor 2)

According to one of the supervisors, the employees in her team would never help each other out.

“They will never do that, not here, the people are very nasty to each other...the support is very bad”.

(Supervisor 1)

Support from Supervisors

Whether mothers received support from their supervisors is indicated below in Table 25.

Table 25

Support from Supervisors

Variable	Mothers at factory	
	<i>n</i>	%
Did you speak to supervisor to help you express milk?		
Yes	65	38.7
No	103	61.3
Total	168	100.0
My supervisor would allow mothers in this factory to breastfeed (or express milk) during work hours		
I really don't agree	13	7.5
I don't agree	29	16.8
I'm not sure	49	28.3
I agree	64	37.0
I really agree	18	10.4
Total	173	100.0
My supervisor would adjust the work schedule to allow a mother in this factory to breastfeed (or express milk) at work		
I really don't agree	11	6.4
I don't agree	33	19.1
I'm not sure	49	28.3

	Mothers at factory	
	<i>n</i>	%
I agree	65	37.6
I really agree	15	8.7
Total	173	100.0
My supervisor would look after job duties of a mother who has taken a break to breastfeed (or express milk) at work		
I really don't agree	6	3.5
I don't agree	29	16.8
I'm not sure	41	23.7
I agree	80	46.2
I really agree	17	9.8
Total	173	100.0

Table 26

Supervisors' Intention to Support Breastfeeding Mothers

Variable	Supervisors	
	<i>n</i>	%
Do you intend to support mothers to breastfeed (or express milk) in this factory?		
Yes	37	77.1
No	7	14.6
I don't know	4	8.3
Total	48	100.0
To me, providing support for breastfeeding working mothers is:		
Very important	32	68.1
Important	12	25.5
I'm not sure	2	4.3

	Supervisors	
	<i>n</i>	%
Not important	1	2.1
Not at all important	0	0.0
Total	47	100.0

Table 27

Whether Mothers (Interviewees) Received Support from their Supervisors

Mother	Expressed at work	Conversations with supervisor	Supportive supervisor
1	No	No conversations	n/a
2	Expressed 2-3 times a day, 5 min each to relieve pressure	No conversations	Yes
3	Expressed 20-25min to relieve pressure	Yes – to express	Yes
4	No	No conversations	n/a
7	Expressed 5 – 10min, three times a day	No conversations	No
8	Expressed 15-20 minutes	No conversation	Yes
9	No	No conversations	n/a
10	Expressed 2-3 times a day, 5 min each	She approached supervisor Yes – told her to express in toilet	No

There was a lack of communication between mothers and their supervisors regarding breastfeeding. Two thirds of mothers (61.3%) did not speak to their supervisors about helping them to express in the factory, while none of the supervisors who were interviewed had formal conversations with their employees about breastfeeding at work. The three mothers who did not express at work, said that their supervisors did not speak to them about breastfeeding and they did not receive any support or advice from them.

Most of the supervisors (77.1%) said that they intended to support mothers to breastfeed (or express milk) in the factory and 93.6% (n=44) said that providing support for

breastfeeding mothers is important, while only 40.8% of mothers agreed that their supervisor would allow mothers in the factory to breastfeed. The supervisors who were interviewed said that they were supportive of their employees expressing milk and three of the mothers who expressed at work had very supportive supervisors.

One of the mothers decided not to express because she knew it was going to be a problem with her supervisor. Two of the mothers who expressed did not have supportive supervisors, while one mother eventually stopped expressing at work due to her unsupportive supervisor.

“I decided I’m not going to express anymore...I thought to myself okay I’m not going to do it just to avoid trouble and so I stopped”.

(Mother 5)

“I had decided not to do it because why it's going to be a problem”.

(Mother 7)

“She would say I mustn’t take long, there are people waiting on work, I must go and go back and be quick...It made me feel sad because I'm doing something good”.

(Mother 8)

Some of the mothers’ supervisors were concerned when they took long to express.

“They will tell us go to the bathroom and then express milk, but don’t take long because we working on production and stuff like that and you need to rub your breasts”.

(Mother 8)

When the mothers were asked whether their supervisors would adjust the work schedule to allow a mother in the factory to breastfeed at work, only 46.3% of mothers agreed, while 47.4% said that a supervisor would look after the job duties of a mother who has taken a break to express milk at work. Three of the supervisors said that they would get co-workers to assist a mother with her work if she wanted to express.

“That’s why I will put maybe two people with the breastfeeding lady to push the work. And then when she goes on a break then that one will still do the work”.

(Supervisor 1)

“I would fully support her and we know mos we balance them, I know she’s going to be a while so somebody needs to take her place while she’s in her absence, while she’s gone”.

(Supervisor 2)

“It’s nothing for me to sit there for ten minutes while she expresses her milk, and help her to do”.

(Supervisor 3)

Evaluation Question 4: What Needs do the Working Mothers Have Regarding Breastfeeding in the Factory Environment?

Information about Breastfeeding to Mothers

Most of the mothers expressed a need for the factory to provide them with information about breastfeeding, as indicated below.

“Say for instance advice on expressing. They must make it noticeable for us. There is nothing in the clinic...They must make the people more aware of this breastfeeding and how important it is...”.

(Mother 3)

“Maybe provide information encouraging people to stay on to keep on breastfeeding”.

(Mother 6)

“They can let the ‘gynies’ come in like to the staff or something come speak or give a speech or something...but by giving them advice about breastfeeding and how to do it or something”.

(Mother 7)

The supervisor who was recently pregnant suggested that the factory should put up visible information boards and have information sessions with women when they return from maternity leave.

Information about Breastfeeding to All Employees

Three of the mothers expressed a need for the factory to talk to all the employees in the factory about the importance and benefits of breastfeeding, so that their co-workers and supervisors will support them when they need to express milk.

“If they can explain to them and tell them the importance about breastfeeding so that they can also understand why the reason why I stood up to go to the bottom and we express”.

(Mother 8)

“If they are going to make people aware of breastfeeding, then they will make an issue about it, then you maybe going to get the support”.

(Mother 3)

The mothers and supervisors also expressed a need for SACTWU to talk to employees about breastfeeding. One supervisor said that SACTWU, instead of factory management should provide them with information about breastfeeding.

“Because the people believe in the union, and people listen to the union”.

(Supervisor 1)

Breastfeeding Facility

The mothers expressed the need for an appropriate, private room in the factory where they could comfortably express breast milk. They also indicated that it is important for them to be in a room that is clean and comfortable and where they can feel relaxed while expressing. Quotations illustrating the need for a breastfeeding facility are provided below.

“A place that is convenient for mothers who wants to express like not for instance in the toilet. So appropriate area, or place, or section that was made for mothers or parents who want to express”.

(Mother 1)

“When you maybe breastfeed and then you need to be relaxed...It needs to be clean around you...relaxing environment, it actually makes you produce more milk actually”.

(Mother 2)

The supervisors suggested that the room should have its own fridge where mothers can store their milk, a basin for them to clean themselves and a table and a chair where they

can sit. Another supervisor suggested that they should decorate the room to make it more comfortable for the women.

Storage Facility for Breast Milk

One of the mothers and a supervisor expressed their need for a refrigerator.

“Maybe a small fridge or something to put it like in there until we go home”.

(Mother 2)

Breastfeeding Breaks

All of the mothers indicated a need for more time to express breast milk at work and also for flexibility.

“I would just ask them for extra time because sometimes you struggle because you have to push and push before it eventually comes out”.

(Mother 4)

“Only if they could give us the time to express the milk...you don’t know when your breast are going to be full, you can only feel...so it could be any time of the day”.

(Mother 8)

Support from Factory Management

Some of the mothers expressed the need for factory management to be more supportive of them expressing milk. The mothers and supervisors expressed a need for SACTWU to speak to and educate management to better support mothers who want to express at work.

“If the union can maybe consult with the management and they can decide on what to do and how to do it and it would be something nice”.

(Mother 1)

“They must get people to teach them how to do some stuff. Like breastfeeding and how to handle mothers who come from maternity leave and so, because at that time when you come from maternity leave, you as a mother is still fragile”.

(Mother 5)

“I think right now the most, 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”.

(Supervisor 3)

Support from Supervisors

Some of the mothers expressed a need for more support from their supervisors so that they can express at work. One mother would have wanted her supervisor to have a discussion with her around breastfeeding, while another wanted her supervisor to grant her permission to express milk.

“They should have come to me and ask me am I breastfeeding you need somewhere private so that you can express”.

(Mother 6)

Some of the mothers expressed the need for their supervisors to ensure that their co-workers supported them and helped them with their work while they expressed.

“She is the one who needs to go to them and tell them listen here, she is quickly in the toilet is it fine if you can sit on her place you in front with your work?”.

(Mother 8)

Support from Co-Workers

Most of the mothers felt that their co-workers were supportive, but some did express the need for more support from their co-workers. The mothers wanted more encouragement and guidance from their co-workers and also wanted them to help them with their work when they were busy expressing.

“By supporting them, by telling them it is something good to do. We as co-workers can tell that person, give that person information, no go there, there is something, go and talk to the management there is people who will assist you by doing that if you want to breastfeed still or expressing”.

(Mother 1)

“They can encourage or give advice”.

(Mother 7)

Breast Pumps

One of the mothers and a supervisor who was recently pregnant expressed their need for breast pumps at the factory.

“I don’t think everyone has maybe a breast pump or...so it would have been nice maybe for the company just maybe to have and keep it at the company for anyone who comes from maternity...to know that there is maybe even breast pumps for them to express”.

(Mother 1)

Discussion

This chapter discusses the results by using the quantitative and qualitative data collected during the study and literature that is applicable to the study.

Breastfeeding is highly effective in providing children with optimal nutrition, protecting them against infections and illnesses, reducing infant mortality and improving their development (Baker & Milligan, 2008, as cited in Astuti & Morgan, 2018; Doherty et al., 2012; Johnston & Esposito, 2007; Lake et al., 2019; Victora et al., 2016). It is therefore crucial to encourage breastfeeding as the most optimal infant feeding practice, including exclusive breastfeeding for the first six months of a child's life and continued breastfeeding until age two or longer (WHO, 2008, as cited in NDoH, Stats SA, SAMRC & ICF, 2019).

Returning to formal employment has been identified as one of the leading barriers to exclusive and continued breastfeeding (Johnston & Esposito, 2007; Murtagh & Moulton, 2011; Rollins et al., 2016). A factory can be a challenging work environment for women who want to continue breastfeeding, as it often has very rigid working conditions. Studies conducted in Indonesia and Taiwan found that breastfeeding rates were much lower for factory workers than for office workers. Factory workers often have less control over their environment and schedules (Basrowi, Sulistomo, Adi, & Vandenplas, 2015; Tsai, 2013), have less protective working rights and are less likely to have the negotiating power to demand employment flexibility than office workers (Galtry, 2000).

Most of the mothers (survey respondents) in the clothing factory wanted to breastfeed their children and were able to when they were born. A third of the mothers (survey respondents) indicated that they stopped breastfeeding because they returned to work. In a study conducted in De Doorns in the Western Cape, participants indicated that going back to work and their working conditions were a barrier to breastfeeding and the reason why they stopped breastfeeding (Scott, 2017). Most of the mothers (interviewees) continued to breastfeed when they returned to work, but only during the evenings and weekends, as they gave their children formula milk during the day. There were three mothers (interviewees) who were able to take their expressed breast milk home to give to their children in addition to the formula milk. Some of the mothers (survey respondents) only expressed to relieve

pressure from their painful breasts, as almost half of the mothers (survey respondents) suffered from painful or swollen breasts.

There were various challenges within the factory that made it challenging for women to express during working hours. One of the biggest challenges that mothers experienced, was that they did not have sufficient time to express during working hours. A lack of proper time to express can make it difficult for women to continue breastfeeding once they return to work (Amin et al., 2011). Two of the mothers (interviewees) decided not to express at work and another mother eventually stopped expressing due to a lack of time. Reasons why mothers did not have sufficient time to express, included that they were not allowed to take longer breaks, they had targets to meet and could not leave their work areas for too long and some had unsupportive supervisors who did not allow them to express for too long. All the mothers (interviewees) indicated a need for more flexible time to express breast milk.

South African women are legally entitled to two 30-minute breaks per day at work to breastfeed or express breast milk for the first six months of a child's life (Republic of South Africa, 1997). Employees at the factory, including women who are breastfeeding, are only allowed to have a 30 minutes lunch break, a 15 minutes tea break and short toilet breaks each day. If they want to take an extended break, they have to complete a slip to sign in and out and money will then be deducted from their pay.

When employees do not meet their targets, it affects the whole production line and they can be disciplined by receiving a written warning. This may lead to mothers not wanting to take additional breaks to express as they can feel very pressured and afraid to lose their jobs. This was similar to a study where almost half of the female workers assumed that by taking two breaks a day could lower their work efficiency (Tsai, 2014). Employers and supervisors might also be concerned that by allowing employees to take breastfeeding breaks, will decrease their productivity (Brown et al., 2001).

In a study conducted by Brown et al. (2001) employers were worried that by giving mothers the time to express, would reduce their productivity. Factory management did not provide any type of support to breastfeeding mothers or to supervisors to manage breastfeeding in the factory. An unsupportive employer can make it difficult for women to

sustain their breastfeeding practices at work (Witters-Green, 2003). Mothers conveyed the need for factory management to be more supportive of them expressing milk. The mothers and supervisors indicated a need for SACTWU to speak to and educate management so that they would be able to better support mothers who want to express at work. They suggested that management needs to be educated on the importance of breastfeeding, how it affects women and how they should treat mothers returning from maternity leave.

Supervisors are responsible to ensure that the production lines keep moving and that employees meet their targets (Sorensen et al., 1996, as cited in Chen et al., 2006). In a study conducted in a large Taiwanese semiconductor manufacturer, the supervisors did not support the mothers' breastfeeding as they were concerned about their performance affecting the group's overall performance (Chen et al., 2006). This was similar to this study, where some of the supervisors did not want employees to express for too long as they were working on production. More than half of the mothers' supervisors (survey respondents) in the factory would not allow them to breastfeed during working hours. One mother (interviewee) decided not to express at work as she knew that her supervisor was going to have a problem with it, while another mother (interviewee) stopped expressing due to her unsupportive supervisor. There was also a lack of communication between supervisors and mothers, as most of the mothers (interviewees and survey respondents) had no discussions with their supervisors about expressing at work. Communication between the breastfeeding mother and her supervisor is crucial to ensure that appropriate support can be provided (U.S. Department of Health and Human Services, 2008, as cited in Mills, 2009).

The mothers (interviewees) who were able to express for the longest duration at the factory, had supportive supervisors who allowed them the time to express, even though it was not part of company procedures. Supervisors that are supportive towards breastfeeding mothers are crucial for a woman to successfully express at work (Rojjanasrirat, 2004; Witters-Green, 2003). In a study conducted by Tsai (2013), encouragement by supervisors to use breast pumping breaks were found to be a significant predictor of the intention of women to continue breastfeeding after returning to work. The women (interviewees) conveyed a need for their supervisors to be more supportive of them expressing, to have discussions around breastfeeding, to allow them to take sufficient breaks to express, to ensure that co-workers support them and to ask co-workers to help them with their work while they express.

As employees work in production lines, they need to work together to ensure that they meet their targets. This can create tension with a mother's co-workers if she takes a break to express and it creates a backlog in the production line (UNICEF & WHO, 2018). Some of the mothers' co-workers (interviewees) were not supportive of them, as they felt that it was unfair that the mothers could leave to express. Similarly, UNICEF and WHO (2018) found that some co-workers might view mothers taking breaks as unfair, especially if they will be required to cover the mothers' tasks. Co-workers could also be jealous of breastfeeding mothers receiving special treatment (Brown et al., 2001).

Most of the co-workers (survey respondents) were generally supportive of the mothers and said that they would support mothers to breastfeed or express milk in the factory. Most of the mothers (interviewees) had discussions with their co-workers about breastfeeding or expressing milk, and some of the co-workers encouraged mothers to express. One of the mothers (interviewee) who was able to express for a long duration had a supportive supervisor and co-workers that helped her with her work while she was busy expressing. As they helped her with her work, she did not have the pressure of having to rush while expressing to get back to her work. Co-workers play an important role in whether a mother is able to take advantage of her breastfeeding breaks (Department of Health, 2017, as cited in Basrowi et al., 2018a; Tsai, 2014). Although most of the mothers (interviewees) felt that their co-workers were supportive, some did express the need for more support from their co-workers. The mothers (interviewees) wanted their co-workers to encourage and give advice to women expressing at the factory and also to help them with their work when they were busy expressing.

Other reasons why there could possibly be a lack of support from employers, supervisors and co-workers, include a lack of awareness of the benefits of breastfeeding, a lack of awareness of the breastfeeding law and a lack of information on mothers' breastfeeding. Most of the mothers, supervisors and co-workers (survey respondents and interviewees) were not aware of the law regarding breastfeeding and were also not being made aware of it by factory management. Very few employers, unions or employees use the Code of Good Practice on the Protection of Employees during Pregnancy and After the Birth of a Child, to assert women's rights in the workplace in South Africa. Michael Bagraim, a

labour law specialist believes that it is due to people not knowing about the Code and the rights and responsibilities associated with the Code (Martin-Wiesner, 2018).

The factory did not provide mothers with information on breastfeeding and did not inform them about available support for breastfeeding at work. The majority of supervisors (survey respondents and interviewees) and co-workers said that the factory has never given them any information on mothers' breastfeeding. According to the mothers and supervisors (interviewees), SACTWU often organises health professionals to talk to employees about health issues, such as TB, HIV etc., but they have never spoken to them about breastfeeding. There was also no information about breastfeeding at the factory's clinic and the clinic staff did not distribute any information about breastfeeding to employees. Upon visiting the clinic, we saw that there was no information about breastfeeding on the walls and there were no pamphlets when we asked the staff about it. Most of the mothers (interviewees) indicated a need for the factory to provide them with information about breastfeeding and to encourage mothers to keep breastfeeding. They also indicated the need for visible information boards to be set up in the factory and for management to have sessions with women when they return from maternity leave.

Most of the mothers and supervisors (interviewees) knew about the benefits of breastfeeding for babies, but no one knew about the health benefits for the mother. Only two supervisors (interviewees) were aware that breastfeeding had benefits for the factory. The mothers and supervisors (interviewees) indicated a need for SACTWU to talk to employees about the importance and benefits of breastfeeding, so that the mothers' co-workers and supervisors will support them when they need to express milk. One of the supervisors said that SACTWU, instead of factory management should provide employees with information about breastfeeding as the employees listen to the union members.

Mothers could express breast milk in the canteen or the clinic, although most of the mothers (interviewees and survey respondents) were not aware that the factory had a private area where they could breastfeed or express milk. A lack of private breastfeeding facilities is some of the biggest challenges for South African mothers who are working, especially in male-dominated workplace environments (Daniels et al., 2020). The mothers (interviewees) who knew about the canteen and clinic said that they would not express there as the canteen

is not private and the clinic is too far from their work area. Even if there is a breastfeeding facility, the location of the facility could be a barrier if it is situated too far from the work area (Chen et al., 2006). All the mothers (interviewees) who expressed milk during working hours, expressed in the toilets. They experienced various challenges expressing in the toilets, including that it was uncomfortable, unhygienic, people smoked in the toilets and people knocked on the doors while they were busy expressing, causing them distress. Expressing in toilets often results in the premature cessation of breastfeeding (Johnston & Esposito, 2007).

The mothers (interviewees) indicated the need for an appropriate, private room in the factory where they could comfortably express breast milk. They also indicated that the room needs to be clean and comfortable and that they should be able to feel relaxed while expressing. The supervisors suggested that the room should have its own refrigerator where mothers can store their milk, a basin for them to clean themselves and a table and a chair where they can sit. Another supervisor suggested that they should decorate the room to make it more comfortable for the women.

Mothers (interviewees) were able to store their expressed milk in the refrigerators that were situated in the canteens and the clinic. However, almost half of mothers (survey respondents) indicated that either the factory did not have a place where mothers could store milk, or that they were not aware of it. The mothers (interviewees) had various concerns about storing their milk in the refrigerators, including that the refrigerators were constantly full, that it was not safe to store their milk as food often goes missing and one of the refrigerators was locked. According to Slavitt (2009) most women would rather keep their breast milk in a safe and private space rather than a public shared refrigerator, which colleagues might also be uncomfortable with. In a study conducted by Amin et al. (2011), the study found that when a workplace did not provide refrigerators, mothers were more likely to discontinue breastfeeding. One of the mothers (interviewee) who was able to express for a long duration did not take her breast milk home, as she could not store it in the refrigerators as it was constantly full and the refrigerator in the canteen was locked. One of the mothers (interviewee) expressed a need for a small refrigerator where mothers could store their milk. The availability of a refrigerator where mothers can store their breast milk, has been found to be an important factor for mothers to continue breastfeeding, as found in a study conducted by Amin et al. (2011).

Another barrier to expressing in the factory was that most women had to express milk manually with their hands instead of using a breast pump. Breast pumps are expensive and not everyone can afford it. An electric breast pump can pump both breasts simultaneously, allowing the easy and quick expression of breast milk (Ortiz et al., 2004). One of the mothers and a supervisor who was recently pregnant expressed their need for breast pumps at the factory.

Factory management confirmed that there was not a breastfeeding policy in the factory. Participants (interviewees) did not indicate a breastfeeding policy as a need, but various studies have revealed that breastfeeding friendly policies at work are important for breastfeeding continuation (Soomro, et al., 2016). Addressing the needs of breastfeeding mothers is best achieved when there is a clear policy to address these issues (Hassan & Musa, 2014, as cited in Soomro, et al., 2016).

It is crucial that a breastfeeding friendly and supportive working environment is created in the factory to ensure that mothers can continue with breastfeeding or milk expression when they return to work (Tsai, 2014). One of the most effective ways of achieving this, is by developing and implementing an intervention on workplace breastfeeding support (Basrowi et al., 2018b).

Conclusion

This chapter provides recommendations for the SACTWU Worker Health Programme to design and implement an intervention on workplace breastfeeding support for the clothing and textile industry. Although this study focused only on a single large factory, the basic principles can still be applied and adapted to other factories.

This study found that there was limited support for women to express breast milk in the factory. To enable women to express breast milk at work, an intervention on workplace breastfeeding support will need to be developed and implemented. Workplace breastfeeding support interventions provide various logistical arrangements in the work environment to accommodate the rights and needs of breastfeeding mothers to enable them to continue breastfeeding while working (Katcher & Lanese, 1985, as cited in Hirani & Karmaliani, 2011).

Studies of interventions on workplace breastfeeding support in South Africa were challenging to find (Daniels, 2019, as cited in Ebrahim, 2019; Scott, 2017). International studies, especially studies conducted in factories will therefore be reviewed for the purpose of this study.

The National Business Group on Health recommends the following steps to develop and implement an intervention on workplace breastfeeding support (Slavit, 2009):

Table 28

Steps to Develop and Implement an Intervention on Workplace Breastfeeding Support

Steps	Action
Start with a pilot project	Four factories have already been selected for piloting the intervention from amongst the full sampling frame of factories affiliated with SWHP.
Assess the need for an intervention	This study has conducted a needs assessment for an intervention and found that there is a need for an intervention on workplace breastfeeding support.
Gain support from factory employers	The employers of the four factories that are part of the pilot project have shown their willingness to participate in the study.

	When the intervention has been developed, the SWHP will present it to the management of the factory to gain their approval and support.
Determine the administrative home for the intervention	The intervention will be administered by the SACTWU Worker Health programme.
Assemble a working group	<p>A working group has already been created, consisting of representatives of UCT, the South African Medical Research Council and Middlesex University, who will assist the SWHP with the development of the intervention. UCT research students who were part of the study can also provide inputs, either personally or through their research reports.</p> <p>When tailoring the intervention to a specific factory, the SWHP can create a working group with representatives from the factory. This can include the human resource department, the clinic staff, shop stewards, managers, supervisors and employees who are breastfeeding or who have breastfed.</p>
Develop the intervention	The SWHP will develop the intervention, with the assistance from the working group and UCT research students. When tailoring the intervention to a specific factory, they can involve the working group from the factory.
Promote the intervention	The SWHP needs to promote the intervention to the factory management to gain their interest and support in the intervention. The intervention then needs to be promoted to the shop stewards, to the breastfeeding employees, their supervisors and co-workers.
Implement the intervention	The SWHP will implement the intervention in the factories with the assistance of the working group and UCT researchers. The working group at the factory can also assist them where possible.
Monitor and evaluate the intervention for effectiveness	The SWHP will either need to appoint a monitoring officer or appoint representatives in the factories to monitor the intervention. A feedback system needs to be implemented to gather ongoing feedback from employees (Slavit, 2009).

	External evaluation officers need to be appointed to evaluate the intervention.
--	---

The Development of an Intervention on Workplace Breastfeeding Support

When developing an intervention on workplace breastfeeding support, it is important to take into account the size of the factory, the number of employees, the available resources at the factory (Bar-Yam, 1998, as cited in Centers for Disease Control and Prevention, 2013), and the needs of the mothers (Hirani & Karmaliani, 2011). As factories are very production driven, it is important to develop an intervention that is least disruptive to their operations and cost-effective. The following aspects should be included in the development of a workplace breastfeeding support intervention:

Get Support from the Factory Employers and Senior Management

The SWHP should get buy-in from management to support the implementation of the intervention in the factory. SACTWU's representatives can provide them with information about the intervention at one of the bargaining council structural meetings and discuss it further in personal meetings. It is important that they understand the importance of the intervention and that they do not only agree with it to comply with the bargaining council. Training sessions need to be held with employers, to make them aware of the following:

- The benefits of breastfeeding and an intervention to the factory: That it may reduce absenteeism, reduce turnover rates, increase productivity and can result in improved employer-employee relations and greater employee loyalty (Heinig, 2007, as cited in Astuti & Morgan; 2018; Tsai, 2014).
- The benefits of breastfeeding to children and their mothers.
- How breastfeeding affects women: How expression is necessary to sustain milk supply and to relieve the discomfort and pain of full breasts (Register et al., 2000, as cited in Ortiz et al., 2004).
- The law regarding breastfeeding.

The SWHP should get feedback from management on the implementation of the intervention. They should discuss the following with them:

- How mothers will be able to take breastfeeding breaks.

- Possible breastfeeding facilities in the factory.
- Possible storage facilities in the factory.
- How supervisors and co-workers can support mothers.
- Information sessions that the SWHP will have with supervisors, mothers and employees during their lunch breaks.
- The training sessions that SWHP will have with the shop stewards.
- The development and implementation of a breastfeeding policy.

Assist Factory Management to Develop and Implement Policies and Organisational Strategies to Support Breastfeeding Women

The SWHP should make senior management aware of the benefits of having a breastfeeding policy in the workplace (Soomro, et al., 2016). They should provide them with assistance and resources to develop a breastfeeding policy that is in compliance with the law and best practice (CDC, 2013). The policy should promote, protect and sustain exclusive breastfeeding in the workplace (ILO, 2014). The policy should be tailored specifically for the factory and should include the following:

- The legislative framework.
- Guidance around the use and duration of breastfeeding breaks.
- Guidance around the use of the breastfeeding facilities in the factory.
- Guidance around the use of the storage facilities in the factory.
- Guidelines for how supervisors and co-workers can support mothers.
- The information sessions that will be provided to the mothers, their supervisors and co-workers (Slavit, 2009).

The South African government created a template of a workplace breastfeeding policy, which can be viewed in [Appendix K](#) (Department of Health, n.d.b). The breastfeeding policy should be distributed to all the employees in the factory (Slavit, 2009).

Ensure that Women Have Breastfeeding Breaks

The SWHP needs to have discussions with factory management regarding how women would be able to take additional breaks, apart from their lunch and tea breaks, to express milk during working hours (CDC, 2013). Ideally women should be able to take two 30-minute breaks per day for the first six months of their babies' lives. When babies start to eat solid foods, they will need less breast milk and mothers will need less time to express.

The SWHP should encourage factory management to allow mothers to take shorter breastfeeding breaks beyond six months. Factory management will need to change the policy around employees' breaks, to allow breastfeeding mothers to take longer breaks. Strategies for women to take additional breaks, include: Providing mothers with lighter duties or arranging with supervisors and co-workers to assist mothers with their duties while they are expressing.

Ensure that there are Breastfeeding Facilities in the Factory

The SWHP needs to ensure that the factory has a proper breastfeeding facility where breastfeeding mothers can express their breast milk (Burgess, 1998, as cited in Hirani & Karmaliani, 2011). They can involve factory management and breastfeeding mothers to choose a location for the breastfeeding facility (Slavit, 2009). Breastfeeding facilities can be created out of areas in the factory that are not frequently used, such as an office space, storage room, conference room or a small corner of a room that can be sectioned off with a permanent wall, curtains or a portable partitions (Scott et al., 2001, as cited in Slavit, 2009). The clinic can also be used as a facility for mothers who work close by. The location of the room is an important consideration, especially in large factories. The facility should be close to the mothers' work area so that they have sufficient time to get to the room and to express milk (Chen et al., 2006). A large factory should consider setting up multiple sites across the factory that are more conveniently located (Fein & Roe, 1998, as cited in Slavit, 2009). The breastfeeding facility should be clean, comfortable and private and should be easily accessible to the women. The room should be equipped with a small table, comfortable chair and water source for hand washing, where possible (Slavit, 2009).

Ensure that there are Storage Facilities for Breast Milk

Ideally a refrigerator should be provided specifically for the breastfeeding mothers as most women prefer to keep their breast milk in a refrigerator that is not shared with their colleagues (Slavit, 2009). It might however not be possible, especially if the factory has multiple breastfeeding facilities. Possible solutions should be discussed with factory management, including:

- Sectioning off a section of a shared refrigerator for the mother's milk. The milk should preferably be stored in a container and labeled with the mother's name to keep it separate from the other mothers' milk.

- When mothers do not want to store their milk in a shared refrigerator, they should be provided with their own insulated cool bags or encouraged to buy a cool bag. They will be able to store their milk in the cool bag with ice blocks for up to 24 hours (Slavit, 2009).

Mothers need to be made aware of where they can store their milk and should be encouraged to transport the expressed breast milk in a cool bag when they go home.

The following information needs to be provided to shop stewards, mothers, supervisors and co-workers during their training sessions:

- The benefits of breastfeeding to babies, mothers and the factory
- The law regarding breastfeeding and what mothers' rights are
- The breastfeeding policy
- The breastfeeding breaks that mothers are allowed to take
- The facility where mothers will be able to express
- The storage facilities where mothers will be able to store their milk
- The guidelines for supervisors and co-workers to support mothers

Provide Training to Shop Stewards

The SWHP should provide training to the shop stewards to give them information about the intervention, including how it will be implemented and what their role will be.

They should be made aware of the following:

- How they can support breastfeeding mothers
- How they can promote the intervention

The shop stewards should ensure that mothers receive the necessary support from the factory.

They should inform the SWHP when mothers are not receiving support and if the factory is not adhering to the breastfeeding policy.

Provide Training to Mothers

One of the most important interventions to promote breastfeeding among working mothers, is to provide them with the knowledge and guidance to manage breastfeeding with employment (Johnston & Esposito, 2007). The SWHP needs to provide pregnant employees and young mothers with prenatal and postnatal breastfeeding information, including methods to breastfeed, breast pumping methods, the benefits of breastfeeding to the baby and the

mother and nutrition for breastfeeding mothers (Basrowi et al., 2018). They also need to be made aware of how they will be supported by the SWHP and the factory. The SWHP can also provide mothers with pamphlets and books on working and breastfeeding (Slavit, 2009). They can put posters on the factory's clinic walls and leave pamphlets at the clinic for the clinic staff to distribute to the mothers.

Provide Training to Supervisors

Supervisors are often viewed as “gatekeepers who control a workers’ access” as they need to keep production lines moving (Sorensen et al., 1996, as cited in Chen et al., 2006). They therefore play a crucial role in enabling mothers to express at work. Training sessions need to be held with supervisors to make them aware of the intervention and how it will be implemented in the factory. When approval has been received from factory management, supervisors should be made aware that they are allowed to give breastfeeding mothers additional time to express milk. They also need to have discussions with mothers around breastfeeding before they leave for maternity leave and when they return from maternity leave. The SWHP needs to discuss strategies with the supervisors on how they can better support mothers when breastfeeding, including:

- Discussing the importance of supporting mothers with the co-workers
- Having conversations with mothers about breastfeeding and expressing
- Organising the production lines to help mothers to express
- Getting co-workers to assist mothers in their work while expressing
- Letting mothers do less pressurised work

Provide Training to the Mothers’ Co-workers

Co-workers need to be involved in the intervention to be more supportive of women breastfeeding (ILO, 2012, as cited in Astuti & Morgan, 2018). Research shows that most co-workers, especially those who have children, support health benefit programmes that include breastfeeding support (Slavit, 2009). The SWHP can provide training to co-workers, where they can do the following to improve co-worker support:

- Promote the intervention as a company health benefit
- Encourage co-workers to encourage women to express at the factory
- Encourage co-workers to help the mothers with their work when they are expressing (Kimbro, 2006).

Pamphlets can be distributed to employees and posters can be put up in the factory. The factory can also arrange mother-to-mother support opportunities by organising meetings where mothers can get support and advice from their breastfeeding colleagues (Kimbrow, 2006).

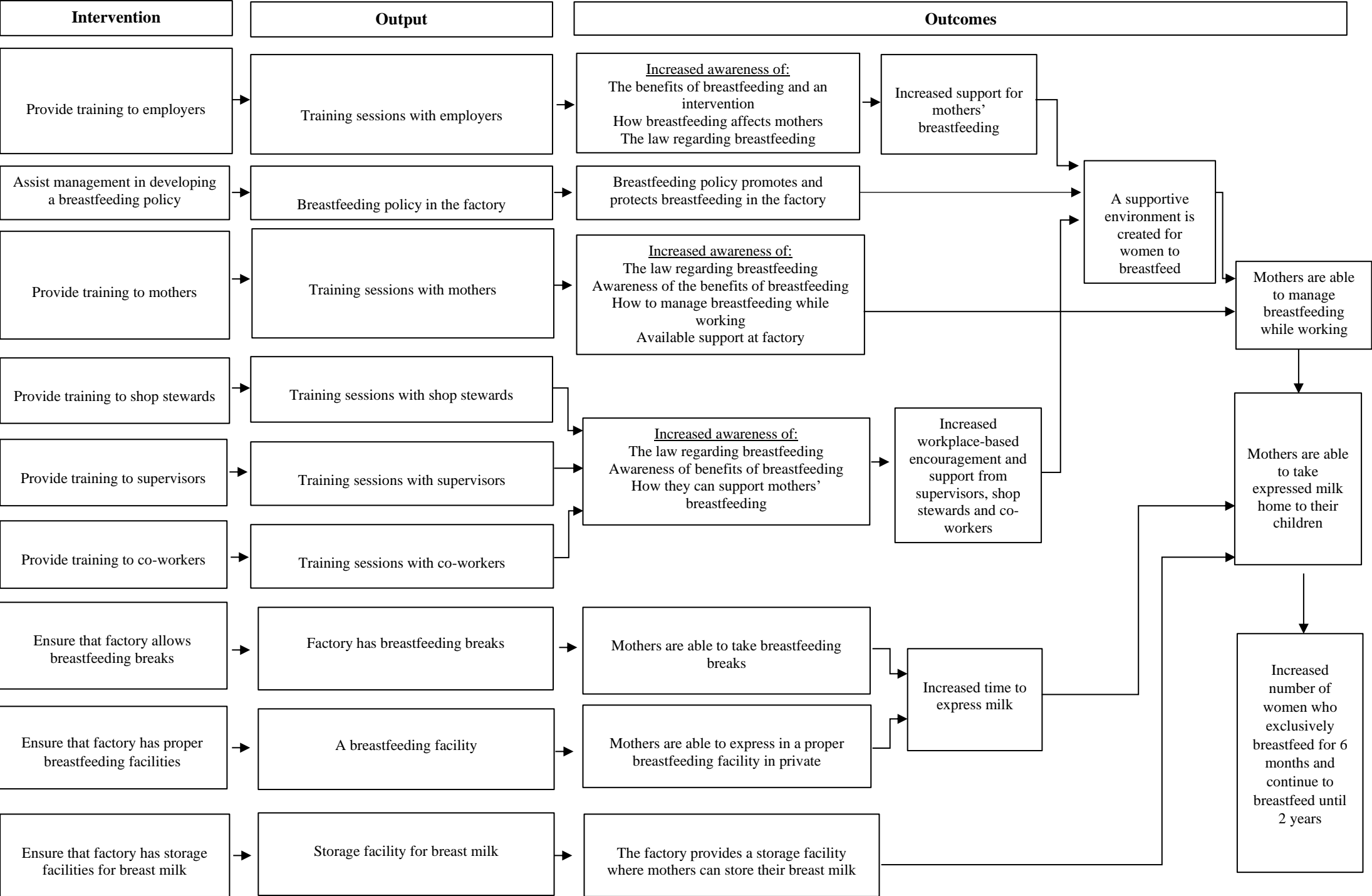
Provide Mothers with Breast Pumps

If financially possible, the factory or the SWHP can lend breast pumps to mothers so that they can use it at work. When expressing manually with their hands, it takes longer than using a breast pump. If they express with a breast pump they will be able to pump more milk in a shorter period.

Programme Theory

The following programme theory was developed from a review of the literature and the findings of this study. Although this study focused only on a single large factory, the basic principles can still be applied and adapted to other clothing factories.

Programme theory for an intervention on breastfeeding support



References

- ACAS (2014). *Accommodating breastfeeding employees in the workplace*. Retrieved from www.acas.org.uk/publications.
- Amin, R.M., Said, Z.M., Sutan, R., Shah, S.A., Darus, A. & Shamsuddin, K. (2011). Work related determinants of breastfeeding discontinuation among employed mothers in Malaysia. *International Breastfeeding Journal*, 6(4). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3048519/>.
- Astuti, A.W. & Morgan, R. (2018). Interventions analysis of addressing exclusive breastfeeding barriers to improve EBF coverage among industrial women employees in Indonesia. *Journal of Health Technology Assessment in Midwifery*, 1(1), 1 - 16. Retrieved from <https://www.researchgate.net/publication/327927187>.
- Babbie, E. & Mouton, J. (2001). *The Practice of Social research*. Cape Town: Oxford University Press Southern Africa.
- Bamford, L.J., McKerrow, N.H., Barron, P. & Aung, Y. (2018). Child mortality in South Africa: Fewer deaths, but better data are needed. *S Afr Med Journal*, 108, 25 - 32. Retrieved from <https://ads.uct.ac.za/ads/l/>.
- Basrowi, R.W., Sulistomo, A.B., Adi, N.P. & Vandenplas, Y. (2015). Benefits of a Dedicated Breastfeeding Facility and Support Program for Exclusive Breastfeeding among Workers in Indonesia. *Pediatr Gastroenterol Hepatol Nutr*, 18(2), 94 – 99. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4493252/>.
- Basrowi, R.W., Sastroasmoro, S., Sulistomo, A.W., Bardosono, S., Hendarto, A., Soemarko, D.S., ... & Vandenplas, Y. (2018a). Challenges and Supports of Breastfeeding at Workplace in Indonesia. *Pediatr Gastroenterol Hepatol Nutr*, 21(4), 248 - 256. <https://doi.org/10.5223/pghn.2018.21.4.248>.

Basrowi, R.W., Sastroasmoro, S., Sulistomo, A.W., Bardosono, S., Hendarto, A., Soemarko, D.S., ... & Vandeplas, Y. (2018b). Developing a workplace lactation promotion model in Indonesia using Delphi technique. *Archives of Public Health*, 76(70). <https://doi.org/10.1186/s13690-018-0312-2>.

Bickman, L. & Rog, D.J. (Eds.). (2009). *The SAGE Handbook of Applied Social Research methods* (2nd ed.). California: SAGE Publications Inc.

Black, T. (1999). *Doing Quantitative Research in the Social Sciences: An integrated Approach to Research Design, Measurement and Statistics*. London: SAGE Publications.

Bourne, L.T., Hendricks, M.K., Marais, D. & Eley, B. (2007). Addressing malnutrition in young children in South Africa. Setting the national context for paediatric food-based dietary guidelines. *Maternal and Child Nutrition*, 3, 230 – 238. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6860700/>.

Brown, C.A., Poag, S. & Kasprzycki, C. (2001). Exploring Large Employers' and Small Employers' Knowledge, Attitudes, and Practices on Breastfeeding Support in the Workplace. *J Hum Lact*, 17(1), 39 - 46. Retrieved from <https://journals-sagepub-com.ezproxy.uct.ac.za/doi/10.1177/089033440101700108>.

Burns, R. (2000). *Introduction to research methods*. London: Sage Publications.

Centers for Disease Control and Prevention (CDC). (2013). *Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies*. Atlanta: U.S. Department of Health and Human Services.

Chang, P., Li, S. Yang, H. Wang, L. Weng, C. Chen, K., ... & Fan, S. (2019). Factors associated with cessation of exclusive breastfeeding at 1 and 2 months postpartum in Taiwan. *International Breastfeeding Journal*, 14(18). Retrieved from <https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-019-0213-1>.

- Chhetri, S., Rao, A.P. & Guddattu, V. (2018). Factors affecting exclusive breastfeeding (EBF) among working mothers in Udupi taluk Karnataka. *Clinical Epidemiology and Global Health*, 6(4), 216 - 2019. Retrieved from <https://www.sciencedirect.com/science/article/abs/pii/S2213398418300071?via%3Dihub>
- Chen, Y.C., Wu, Y. & Chie, W. (2006). Effects of work-related factors on the breastfeeding behavior of working mothers in a Taiwanese semiconductor manufacturer: a cross-sectional survey. *BMC Public Health*, 6(160), 1 – 8. Retrieved from [https://www-ncbi-nlm-nih-gov.ezproxy.uct.ac.za/pmc/articles/PMC1538587/](https://www.ncbi.nlm.nih.gov.ezproxy.uct.ac.za/pmc/articles/PMC1538587/).
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: qualitative, quantitative, and mixed methods approaches* (5th ed.). Los Angeles: SAGE.
- Creswell, J.W. & Plano Clark, V.L. (2011). *Designing and conducting mixed methods research* (2nd ed.). Los Angeles: SAGE Publications.
- Daniels, L., Du Plessis, L.M. & Mbhenyane, X. (2020). Breastfeeding support practices in designated workplaces in the Breede Valley sub-district, Western Cape, South Africa. *SAJCH*, 14(2). Retrieved from <http://www.sajch.org.za/index.php/SAJCH/article/view/1548>.
- Davidson, E.J. (2012a). *Evaluation Methodology Basics: The Nuts and Bolts of Sound Evaluation*. Thousand Oaks: SAGE Publications, Inc. DOI: <https://dx.doi.org/10.4135/9781452230115>.
- Davidson, E.J. (2012b). *Identifying Evaluative Criteria: The Nuts and Bolts of Sound Evaluation*. Thousand Oaks: SAGE Publications, Inc. DOI: <http://dx.doi.org/10.4135/9781452230115>.
- Deedat, H. (n.d.). *A report on the working and living conditions of Workers in the Clothing and retail sector in South Africa*. Retrieved from <https://alrei.org/education/a-report-on-the-working-and-living-conditions-of-workers-in-the-clothing-and-retail-sector-in-south-africa-compiled-by-hamedadeedat>.

Department of Health (n.d.a). *Breastfeeding: investing in our children's future is everyone's business*. Retrieved from: <http://www.health.gov.za/index.php/hiv-aids-tb-and-maternal-and-child-health/category/163-women-s-maternal-and-reproductivehealth?download=1200:fact-sheet-breastfeeding-investing-in-our-childrens-future>.

Department of Health. (n.d.b). Supporting breastfeeding in the workplace: A guide for employers and employees. Retrieved from <https://sidebyside.co.za/wp-content/uploads/2019/03/Breastfeeding-in-Workplace-Booklet.pdf>.

Department of Health, Medical Research Council, OrcMacro. (2007). *South Africa Demographic and Health Survey 2003*. Pretoria: Department of Health.

De Vaus, D. (2002). *Surveys in Social Research*. United Kingdom: Routledge.

De Wet, J. & Erasmus, D. (2005). Towards rigour in qualitative analysis. *Qualitative Research Journal*, 5(1), 27 - 40.

Doherty, T., Sanders, D., Jackson, D., Swanevelder, S., Lombard, C., Zembe, W. & Engebretsen, I. M. (2012). Early cessation of breastfeeding amongst women in South Africa: an area needing urgent attention to improve child health. *BMC pediatrics*, 12(1), 105-115. Retrieved from <https://uu.diva-portal.org/smash/get/diva2:560887/FULLTEXT01.pdf>.

Du Plessis, L.M. (2013). Commitment and capacity for the support of breastfeeding in South Africa. *S Afr J Clin Nutr*, 26(3), 120 – 128. Retrieved from <http://www.sajcn.co.za>.

Du Plessis, L., Peer, N., English, R., & Honikman, S. (2016). Breastfeeding in South Africa: are we making progress? *South African Health Review*, 1, 109-123. Retrieved from <https://journals.co.za/content/healthr/2016/1/EJC189314>.

Ebrahim, S. (2019, May 22). Right to breastfeed in the workplace is enshrined within in law. *The Daily Vox*. Retrieved from <https://www.thedailyvox.co.za/right-to-breastfeed-in-the-workplace-is-enshrined-within-in-law-shaazia-ebrahim/>.

Fielding, N. & Lee, R. (1998). *Computer Analysis and Qualitative Research*. London: SAGE.

Galtry, J. (2000). Extending the "Bright Line": Feminism, Breastfeeding, and the Workplace in the United States. *Gender and Society*, 14(2), 295-317. Retrieved from <https://journals-sagepub-com.ezproxy.uct.ac.za/doi/abs/10.1177/089124300014002005>.

Galtry, J. (2003). The impact on breastfeeding of labour market policy and practice in Ireland, Sweden, and the USA. *Social Science & Medicine*, 57(1), 167-177. Retrieved from <https://www-sciencedirect-com.ezproxy.uct.ac.za/science/article/pii/S0277953602003726>.

Goosen, C. (2014). Factors impeding exclusive breastfeeding in a low-income area of the Western Cape province of South Africa. *Africa Journal of Nursing and Midwifery*, 16 (1), 13 – 31. Retrieved from <https://journals-co-za.ezproxy.uct.ac.za/content/ajnm/16/1>.

Heymann, J., Raub, A., & Earle, A. (2013). Breastfeeding policy: a globally comparative analysis. *Bulletin of the World Health Organization*, 91(6), 398 - 406. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3777140/>.

Hirani, S.A. & Karmaliani, R. (2011). Evidence based workplace interventions to promote breastfeeding practices among Pakistani working mothers. *Women and Birth*, 26, 10 - 16. Retrieved from <https://www-sciencedirect-com.ezproxy.uct.ac.za/science/article/pii/S1871519212000029>.

Horwood, C., Haskins, L., Engebretsen, I.M., Phakathi, S., Connolly, C., Coutsoydis, A. & Spies, L. (2018). Improved rates of exclusive breastfeeding at 14 weeks of age in KwaZulu Natal, South Africa: What are the challenges now? *BMC Public Health*, 18(757). Retrieved from <https://www-ncbi-nlm-nih-gov.ezproxy.uct.ac.za/pmc/articles/PMC6006942/>.

International Labour Organization (ILO). (2014). *A toolkit nutrition security and maternity protection: Through exclusive and continued breastfeeding promotion in the workplace*. Retrieved from https://www.ilo.org/manila/publications/WCMS_351263/lang-en/index.htm.

International Labour Organization (ILO). (2015). *Healthy beginnings for a better society breastfeeding in the workplace is possible: A tool kit*. Retrieved from https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-manila/documents/publication/wcms_493121.pdf.

Jager, J., Putnick, D.L. & Bornstein, M.H. (2017). More than Just Convenient: The Scientific Merits of Homogeneous Convenience Samples. *Monogr Soc Res Child Dev.*, 82(2), 13–30. doi:10.1111/mono.12296.

Jama, N.A., Wilford, A., Masango, Z., Haskins, L., Coutsoudis, A., Spies, L. & Horwood, C. (2017). Enablers and barriers to success among mothers planning to exclusively breastfeed for six months: A qualitative prospective cohort study in KwaZulu-Natal, South Africa. *International Breastfeeding Journal*, 12(43). Retrieved from <https://search.proquest.com/docview/1946806391?pq-origsite=primo>.

Jarlenski, M.P., Bennett, W.L., Bleicha, S.N., Barry, C.L., Stuart, E.A. (2014). Effects of breastfeeding on postpartum weight loss among U.S. women. *Preventive Medicine*, 69, 146–150. Retrieved from <https://www-sciencedirect-com.ezproxy.uct.ac.za/science/article/pii/S0091743514003600>.

Johnston, M. L., & Esposito, N. (2007). Barriers and facilitators for breastfeeding among working women in the United States. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 36(1), 9-20. Retrieved from <https://onlinelibrary-wiley-com.ezproxy.uct.ac.za/doi/full/10.1111/j.1552-6909.2006.00109.x>.

- Kim, J.H., Shin, J.C. & Donovan, S.M. (2019). Effectiveness of Workplace Lactation Interventions on Breastfeeding Outcomes in the United States: An Updated Systematic Review. *J Hum Lact.*, 35(1), 100 - 113. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/29928834/>.
- Kimbrow, R.T. (2006). On-the-Job Moms: Work and Breastfeeding Initiation and Duration for a Sample of Low-Income Women. *Maternal and Child Health Journal*, 10(1). Retrieved from <https://link-springer-com.ezproxy.uct.ac.za/article/10.1007/s10995-005-0058-7>.
- Koetaan, D., Smith, A., Liebenberg, A., Brits, M., Halkas, C., van Lill, M. & Joubert, G. (2018). The prevalence of underweight in children aged 5 years and younger attending primary health care clinics in the Mangaung area, Free State. *Afr J Prm Health Care Fam Med*, 10(1). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6018728/>.
- Kosmala-Anderson, J. & Wallace, L.M. (2006). Breastfeeding works: the role of employers in supporting women who wish to breastfeed and work in four organizations in England. *Journal of Public Health*, 28(3), 183 -191. Retrieved from <https://academic-oup-com.ezproxy.uct.ac.za/jpubhealth/article/28/3/183/1515898>.
- Kraska, M. (2010). Quantitative Research. In Salkin, N.J. (Ed.), *Encyclopedia of Research Design* (pp. 1167 - 1171). Thousand Oaks: SAGE Publications, Inc. Retrieved from <https://methods.sagepub.com/reference/encyc-of-research-design>.
- Lake, L., Shung-King, M., Hendricks, M., Heywood, M., Nannan, N., Laubscher, ... & Chirindavi, W. (2019). Prioritising child and adolescent health: A human rights imperative. In Shung-King, M., Lake, L., Sanders, D. & Hendricks, M. (Eds.), *South African Child Gauge 2019. Child and adolescent health - leave no one behind* (pp. 30 – 62). Retrieved from https://www.researchgate.net/publication/337973440_Prioritising_child_and_adolescent_health_A_human_rights_imperative.

- Litwan, K., Tran, V., Nyhan, K. & Pérez-Escamilla, (2021). R. How do breastfeeding workplace interventions work?: a realist review. *International Journal for Equity in Health*, 20(148). Retrieved from <https://go-gale-com.ezproxy.uct.ac.za/ps/i.do?p=AONE&u=unict&id=GALE|A672263474&v=2.1&it=r>.
- Martin-Wiesner, P. (2018). *A Policy-Friendly Environment for Breastfeeding: A review of South Africa's progress in systematising its international and national responsibilities to protect, promote and support breastfeeding*. Johannesburg: DST-NRF Centre of Excellence in Human Development. Retrieved from <https://www.wits.ac.za/media/wits-university/research/coe-human/documents/Breastfeeding%20policy%20review.pdf>.
- Mills, S.P. (2009). Workplace Lactation Programs. A Critical Element for Breastfeeding Mothers' Success. *AAOHN Journal*, 57(6), 227 – 231. Retrieved from <https://journals-sagepub-com.ezproxy.uct.ac.za/doi/abs/10.1177/216507990905700605>.
- Mirkovic, K.R., Perrine, C.G., Scanlon, K.S. & Grummer-Strawn, L.M. (2014). Maternity Leave Duration and Full-time/Part-time Work Status Are Associated with US Mothers' Ability to Meet Breastfeeding Intentions. *Journal of Human Lactation*, 30(4), 416 – 419. Retrieved from <https://journals-sagepub-com.ezproxy.uct.ac.za/doi/full/10.1177/0890334414543522>.
- Modjadji, P. & Madiba, S. (2019). Childhood Undernutrition and Its Predictors in a Rural Health and Demographic Surveillance System Site in South Africa. *International Journal of Environmental Research and Public Health*, 16(17). DOI:10.3390/ijerph16173021.
- Murtagh, L., & Moulton, A. D. (2011). Working mothers, breastfeeding, and the law. *American Journal of Public Health*, 101(2), 217 - 223. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3020209/>.
- Nakada, K. (2021). Effectiveness of a breastfeeding program for mothers returning to work in Japan: a quasi-experimental study. *International Breastfeeding Journal*, 16(10). Retrieved from <https://go-gale-com.ezproxy.uct.ac.za/ps/i.do?p=AONE&u=unict&id=GALE|A650589888&v=2.1&it=r>

Nannan N., Dorrington R.E., Laubscher R., Zinyakatira N., Prinsloo M., Darikwa T.B.,... & Bradshaw D. (2012). *Under-5 mortality statistics in South Africa: Shedding some light on the trends and causes 1997-2007*. Cape Town: South African Medical Research Council.

National Department of Health (NDoH), Statistics South Africa (Stats SA), South African Medical Research Council (SAMRC), and ICF. (2019). *South Africa Demographic and Health Survey 2016*. Pretoria, South Africa, and Rockville, Maryland, USA: NDoH, Stats SA, SAMRC, and ICF.

Netshandam, V.O. (2002). Breastfeeding practices of working women. *Curationis*, 25(1). Retrieved from <https://curationis.org.za/>.

Office, E. (2011). The Tshwane declaration of support for breastfeeding in South Africa. *South African Journal of Clinical Nutrition*, 24(4), 214. Retrieved from <http://www.sajcn.co.za/index.php/SAJCN/article/view/586>.

Ogundele, M.O. (2000). Techniques for the storage of human breast milk: implications for anti-microbial functions and safety of stored milk. *Eur J Pediatr*, 159, 793 - 797. Retrieved from <https://web-a-ebsochost-com.ezproxy.uct.ac.za/ehost/pdfviewer/pdfviewer?vid=1&sid=1b18c9eb-c044-4118-a5c2-edd472c25d42%40sessionmgr4008>.

Ortiz, J., McGilligan, K. & Kelly, P. (2004). Duration of breast milk expression among working mothers enrolled in an employer-sponsored lactation program. *Pediatric Nursing*, 30(2), 111-119. Retrieved from https://search-proquest-com.ezproxy.uct.ac.za/docview/199491017?accountid=14500&rfr_id=info%3Axri%2Fsid%3Aprimo.

Pokhrel, S., Quigley, M.A., Fox-Rushby, J.F., McCormicks, F., Williams, A., Trueman, P., ... & Renfrew, M.J. (2015). Potential economic impacts from improving breastfeeding rates in the UK. *Archives of Disease in Childhood*, 100, 334 - 340. Retrieved from <https://adc-bmj-com.ezproxy.uct.ac.za/content/100/4/334>.

Punch, K. (2014). *Introduction to Social Research: Quantitative and Qualitative Approaches*. 3rd ed. Los Angeles, California: SAGE.

Republic of South Africa. (1997). *Basic Conditions of Employment Act, No. 75 of 1997*. Pretoria: Government Printers.

Rojjanasrirat, W. (2004). Working women's breastfeeding experiences. *MCN The American Journal of Maternal/Child Nursing*, 29(4), 222-227. Retrieved from: https://www.researchgate.net/publication/8469853_Working_women's_breastfeeding_experiences.

Rollins, N.C., Bhandari, N., Hajeebhoy, N., Horton, S., Lutter, C.K., Martines, J.C., ... & Victora, C.G. (2016). Why invest, and what it will take to improve breastfeeding practices? *Lancet*, 387, 491 - 504. Retrieved from <https://www.sciencedirect-com.ezproxy.uct.ac.za/science/article/pii/S0140673615010442>.

Rossi, P. H., Lipsey, M. W. & Freeman, H. E. (2004). *Evaluation: A Systematic Approach*, (7th ed.). Thousand Oaks: Sage Publications.

Sámamo, R., Martínez-Rojano, H., Martínez, E.G., Jiménez, B.S., Rodríguez, G.P.V., Zamora, J.P., & Casanueva, E. (2013). Effects of breastfeeding on weight loss and recovery of pregestational weight in adolescent and adult mothers. *Food and Nutrition Bulletin*, 34(2). Retrieved from <https://pubmed.ncbi.nlm.nih.gov/23964385/>.

Scott, K.L. (2017). *Exploring the barriers to optimal infant feeding in the first six months of life in De Doorns, Western Cape* (Master's Thesis). Retrieved from <https://etd.uwc.ac.za/xmlui/handle/11394/5982>.

Siziba, L.P. (2015). Low rates of exclusive breastfeeding are still evident in four South African provinces. *S Afr J Clin Nutr*, 28(4), 170-179. Retrieved from <http://www.sajcn.co.za/index.php/SAJCN/article/view/996>.

Slavit W. (Ed.). (2009). *Investing in Workplace Breastfeeding Programs and Policies: An Employer's Toolkit*. Washington, DC: Center for Prevention and Health Services, National Business Group on Health.

Son, J. (2018). Back translation as a documentation tool. *The International Journal for Translation & Interpreting Research*, 10(2). Retrieved from <https://doaj.org/article/000c8441160f452591f0ad4416a7c397>.

Soomro, J.A., Shaikh, Z.N., Saheer, T.B. & Bijarani, S.A. (2016). Employers' perspective of workplace breastfeeding support in Karachi, Pakistan: a cross-sectional study. *International breastfeeding journal*, 11(24). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5013577/>.

Tsai, S. (2013). Impact of a Breastfeeding-Friendly Workplace on an Employed Mother's Intention to Continue Breastfeeding After Returning to Work. *Breastfeeding Medicine*, 8(2), 210 – 216. Retrieved from [https://www.ncbi.nlm.nih.gov/pmc/?term=%22Breastfeed+Med%22\[journal\]](https://www.ncbi.nlm.nih.gov/pmc/?term=%22Breastfeed+Med%22[journal]).

Tsai, S. (2014). Employee Perception of Breastfeeding-Friendly Support and Benefits of Breastfeeding as a Predictor of Intention to Use Breast-Pumping Breaks After Returning to Work Among Employed Mothers. *Breastfeeding Medicine*, 9(1), 16 - 23. Retrieved from [https://www.ncbi.nlm.nih.gov/pmc/?term=%22Breastfeed+Med%22\[journal\]](https://www.ncbi.nlm.nih.gov/pmc/?term=%22Breastfeed+Med%22[journal]).

The United Nations Children's Fund (UNICEF). (2018). *Let's make it work! Breastfeeding in the workplace: Using Communication for Development to make breastfeeding possible among working mothers*. New York: UNICEF.

The United Nations Children's Fund (UNICEF). (2020). *Breastfeeding Support in the Workplace: A Global Guide for Employers*.

The United Nations Children's Fund (UNICEF) & World Health Organization (WHO). (2018). *Global breastfeeding scorecard, 2018: Enabling women to breastfeed through better policies and programmes*. Retrieved from <https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2018.pdf?ua=1>.

University of Cape Town. (2018). *University of Cape Town Research Data Management Policy*. Retrieved from https://www.uct.ac.za/sites/default/files/image_tool/images/328/about/policies/TGO_Policy_Research_Data_Management_2018.pdf.

Victora, C.G., Bahl, R., Barros, A.J.D., França, G.V.A., Horton, S., Krasevec, J., ... & Rollins, N.C. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*, 387, 475 - 490. Retrieved from <https://www-sciencedirect-com.ezproxy.uct.ac.za/science/article/pii/S0140673615010247>.

Vlok, E. (2017, April 6). SA clothing and textile industry drops from 200000 to 19000 jobs – researcher. *Cape Talk*. Retrieved from <http://www.capetalk.co.za/articles/251378/sa-clothing-and-textile-industry-drops-from-200-000-to-19-000-jobs-researcher>.

Wallenborn, J.T., Perera, R.A., Wheeler, D.C., Lu, J., Masho, S.W. (2019). Workplace support and breastfeeding duration: The mediating effect of breastfeeding intention and self-efficacy. *Birth*, (46), 121 – 128. Retrieved from <https://onlinelibrary-wiley-com.ezproxy.uct.ac.za/doi/full/10.1111/birt.12377>.

Witters-Green, R. (2003). Increasing Breastfeeding Rates in Working Mothers. *Families, Systems & Health*, 21(4), 415 - 434. Retrieved from: <https://go-gale-com.ezproxy.uct.ac.za/ps/i.do?p=AONE&u=unict&id=GALE|A112719966&v=2.1&it=r>.

WHO. (2010). *Guidelines on HIV and infant feeding 2010: Principles and recommendations for infant feeding in the context of HIV and a summary of evidence*. Retrieved from https://www.who.int/maternal_child_adolescent/documents/9789241599535/en/.

- WHO. (2011). Exclusive breastfeeding for six months best for babies everywhere.
<https://www.who.int/news/item/15-01-2011-exclusive-breastfeeding-for-six-months-best-for-babies-everywhere>.
- WHO (2014). Global nutrition targets 2025: policy brief series (WHO/NMH/NHD/14.2).
Geneva: World Health Organization.
- World Health Organization (2019). Global strategy for infant and young children feeding.
https://www.who.int/elena/titles/exclusive_breastfeeding/en/.
- Yimyam, S. & Hanpa, W. (2014). Developing a workplace breastfeeding support model for employed lactating mothers. *Midwifery*, (30), 720 – 724. Retrieved from <https://www-sciencedirect-com.ezproxy.uct.ac.za/science/article/pii/S0266613814000217>.

Appendices

Appendix A: Ethics approval



Faculty of Commerce

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

 @Commerce UCT  UCT Commerce Faculty Office

06th June 2019

Ms Hilde Heyns
School of Management
Studies
University of Cape Town

Dear Ms Heyns

REF: REC 2019/000/053

A NEEDS ASSESSMENT FOR AN INTERVENTION ON SUPPORTING BREASTFEEDING AT WORK IN CAPE TOWN CLOTHING FACTORIES

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.

Shandre Swain
Administrative Assistant
University of Cape Town
Commerce Faculty Office
Room 2.26 | Leslie Commerce Building

Office Telephone: +27 (0)21 650 2685 / 4375
Office Fax: +27 (0)21 650 4369
E-mail: sl.swain@uct.ac.za
Website: www.commerce.uct.ac.za <<http://www.commerce.uct.ac.za/>>

Appendix B: Informed consent form for interviews



Informed consent: A needs assessment for an intervention on supporting breastfeeding at work in Cape Town clothing factories

Name of principal researcher: Hilde Heyns

Department: Faculty of Commerce, School of Management Studies, University of Cape Town

Telephone: +2776 062 2728

Email: heynshilde@gmail.com

Supervisor: Associate Professor Sarah Chapman

Telephone: +2721 650 5218 or +2779 727 5682

Email: sarah.chapman@uct.ac.za

The aim of the study is to determine the extent to which there is a need for an intervention on workplace support for breastfeeding in the clothing and textile industry. The results from the study will be utilised in the planning and designing of an intervention on workplace breastfeeding support. This research has been approved by the Commerce Faculty Ethics in Research Committee.

I volunteer to participate in a research project conducted by Hilde Heyns from the University of Cape Town. I understand that this research project is designed to conduct a needs analysis for an intervention on workplace support for breastfeeding in the clothing and textile industry. I understand that I am being invited to take part in the study and to be interviewed, and that while this study will make general recommendations to improve workplace conditions for

breastfeeding women, there is no guarantee that any actual changes will be implemented in my workplace environment as a result of this study. I understand that in agreeing to participate:

- My participation is voluntary. I understand that I will not be paid for my participation.
- I understand that I am under no obligation to take part in this project.
- I understand I have the right to withdraw from this project at any stage.
- I understand that the researcher will not identify me by name in any reports using the information obtained from the interview. My confidentiality as a participant will remain secure. Subsequent uses of data will be subject to standard data use policies which protect anonymity of individuals and institutions.
- Administrative and other teaching staff at (factory name) will not have access to raw notes of the survey.
- I have read and understand the participant information sheet provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.
- I have been given a copy of this consent form.

I hereby agree / disagree (circle the applicable option) to participate in this study and to be interviewed.

Should you have any questions regarding the research please feel free to contact the researcher, Hilde Heyns.

Signature of Participant: _____

Name of Participant: _____

Signature of principal researcher: _____ (Hilde Heyns)

Date: _____

Appendix C: English Survey



Workplace Support for Breastfeeding in South African clothing factories

Thank you for taking part in this research

Please note:

- For this research we are interested in understanding your views about breastfeeding at work.
- This research has been approved by the Commerce Faculty Ethics in Research Committee.
- Your name will not be on any part of this survey, so your responses cannot be linked to you.
- Your participation is of your own free will.
- You can choose not to be part of this research at any time.
- If you have any questions, please contact Ameeta Jaga on x
- For your completed survey (please answer every question), you will receive a R50 voucher.
- This survey should take about 20 minutes to complete.

START HERE...

Please answer all the questions below:

1. What is your home language? (please tick ✓)
 - English
 - Afrikaans
 - Xhosa
 - Other, please tell us what language you speak _____

2. How old are you (in years)? _____

3. What is your gender?
 - Male
 - Female
 - Prefer not to answer

4. What is your race?
 - Asian
 - African
 - Coloured
 - Indian
 - White
 - Other
 - Prefer not to answer

5. Did you finish matric?
 - Yes
 - No

6. Are you a supervisor in this Factory?
 - Yes - If yes, how many people do you supervise? _____
 - No

7. How long have you been working at **this factory** (in years)? _____

8. How long have you been working in the clothing industry? _____
9. How do you get to work? (tick all that you use in one day to get to work)
- Public bus / train
 - Taxi
 - Car
 - Walk from home to work
 - The factory organises transport
10. Which area (suburb) do you live? _____
11. How difficult is it for you to get to work and back home on a normal day?
- Very difficult
 - Difficult
 - I'm not sure
 - Easy
 - Very easy
12. Do you have children?
- Yes
 - No
13. If you have children, how many children do you have? _____
- tick this box if you **do not** have children
14. If you have children, what is the age of your youngest child (in years?) _____
- Tick this box if you **do not** have children
15. If you have children, do both parents (father and mother) live in the home with the child?
- Yes
 - No
 - Tick this box if you **do not** have children

16. Were you working **at this factory** when your last child was born?
- Yes
 - No
 - Tick this box if you **do not** have children
17. Do you know of anything that the South African government has done to support the rights of women to breastfeed or express milk at work after maternity leave?
- Yes
 - No
18. In this factory, do you know of any woman who has ever breastfed her baby or expressed breast milk in the factory, during her workday?
- Yes
 - No
19. In your community (including your family), do you know of any woman who has ever breastfed her baby or expressed breast milk at her workplace, during her workday?
- Yes
 - No
20. Did this factory ever give you any information (such as posters, pamphlets or talks) on mothers breastfeeding or expressing breast milk and working?
- Yes
 - No
21. At this factory, do you have a written policy about breastfeeding (expressing milk) at work?
- Yes
 - No
 - I don't know

22. Does this factory have a private area (not the toilets) where mothers could go to breastfeed or express breast milk?
- Yes
 - No
 - I don't know
23. Does this factory have a place (like a fridge) where mothers could store breast milk?
- Yes
 - No
 - I don't know
24. Does this factory allow mothers to take special breaks (not including lunch time) to breastfeed or express milk for their baby?
- Yes
 - No
 - I don't know
25. Does this factory allow employee to take cigarette breaks (outside of their lunch breaks)?
- Yes
 - No
 - I don't know
26. Is it a common practice in my community to breast feed babies?
- Yes
 - No
 - I don't know
27. Do you intend to support mothers to breastfeed (or express milk) in this factory?
- Yes
 - No
 - I don't know

For the next questions, please tick (✓) the box which is closest to how you feel (breastfeeding includes expressing breast milk).

28. Formula fed babies are as healthy as babies who receive breast milk.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

29. To me, providing support for breastfeeding working mothers is:

- Very necessary
- Necessary
- I'm not sure
- Not necessary
- Not at all necessary

30. To me, providing support for breastfeeding working mothers is:

- Very embarrassing
- Embarrassing
- I'm not sure
- Not embarrassing
- Not at all embarrassing

31. To me, providing support for breastfeeding working mothers is:

- Very positive
- Positive
- I'm not sure
- Negative
- Very negative

32. To me, providing support for breastfeeding working mothers is:

- Very important

- Important
- I'm not sure
- Not important
- Not at all important

33. To me, providing support for breastfeeding working mothers is:

- Very beneficial
- Beneficial
- I'm not sure
- Not beneficial
- Not at all beneficial

For the next questions, **support** mean anything such as sharing information about breastfeeding with a mother, listening to the mother's challenges that she is going through, encouraging her or helping her with managing her work and breastfeeding.

34. If I support a breastfeeding working mother, she will be able to continue breastfeeding (or expressing milk) without difficulty.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

35. If I support a breastfeeding working mother, she will be able to get information about breastfeeding (or expressing milk) at work.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

36. If I support a breastfeeding working mother, she will be able to combine breastfeeding (or expressing milk) and work successfully.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

37. If I support a breastfeeding working mother, she will feel satisfied with her role as a worker and a mother.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

38. If I support a breastfeeding working mother, she is less likely to stay away from work.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

39. If I support a breastfeeding working mother, she will feel happier with her work.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

40. If I support a breastfeeding working mother, she is able to get her work done.

- I really don't agree
- I don't agree
- I'm not sure
- I agree

I really agree

41. If I support a breastfeeding working mother, her baby will be able to receive breast milk while she is at work.

I really don't agree

I don't agree

I'm not sure

I agree

I really agree

42. If I support a breastfeeding working mother, her baby will have fewer illnesses.

I really don't agree

I don't agree

I'm not sure

I agree

I really agree

43. In your view, how important is it that the working mother and baby will be able to continue breastfeeding without difficulty?

Not at all important

Not important

I'm not sure

Important

Very important

44. In your view, how important is it that the working mother will be able to get information about breastfeeding (or expressing milk) from the workplace?

Not at all important

Not important

I'm not sure

Important

Very important

45. In your view, how important is it that the working mother will be able to combine breastfeeding (or expressing milk) and work successfully?
- Not at all important
 - Not important
 - I'm not sure
 - Important
 - Very important
46. In your view, how important is it that the breastfeeding working mother will feel satisfied with her role as a worker and a mother.
- Not at all important
 - Not important
 - I'm not sure
 - Important
 - Very important
47. In your view, how important is it that there will be less working mothers staying away from work?
- Not at all important
 - Not important
 - I'm not sure
 - Important
 - Very important
48. In your view, how important is it that the breastfeeding working mother will experience happiness with her work?
- Not at all important
 - Not important
 - I'm not sure
 - Important
 - Very important

49. In your view, how important is it that the breastfeeding working mother is able to get her work done?

- Not at all important
- Not important
- I'm not sure
- Important
- Very important

50. In your view, how important is it that the babies of breastfeeding working mothers will be able to receive breast milk while the mother is at work?

- Not at all important
- Not important
- I'm not sure
- Important
- Very important

51. In your view, how important is it that babies of breastfeeding working mothers have fewer illnesses?

- Not at all important
- Not important
- I'm not sure
- Important
- Very important

For the next questions, please tick (✓) the box which is closest to how you feel (breastfeeding includes expressing breast milk).

52. Workers in this factory would be happy to look after a colleague's job duties if she needs time for breastfeeding (or expressing milk) at work.

- I really don't agree
- I don't agree
- I'm not sure
- I agree

I really agree

53. Workers in this factory would not mind if a colleague took a break to breastfeed (or express milk) at work.

I really don't agree

I don't agree

I'm not sure

I agree

I really agree

54. Workers in this factory would make fun of a colleague if her breast milk leaks through her clothes sometimes.

I really don't agree

I don't agree

I'm not sure

I agree

I really agree

55. If a colleague took a break to breastfeed (or express milk) at work, then she should not be allowed to have lunch breaks.

I really don't agree

I don't agree

I'm not sure

I agree

I really agree

56. I think that breaks for mothers breastfeeding (or expressing milk) at work are unfair to employees who don't have children.

I really don't agree

I don't agree

I'm not sure

I agree

I really agree

57. I think it is unfair that mothers breastfeeding (or expressing milk) will need to have special privileges at work.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

58. I think it is unfair to have a factory that is mother-friendly.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

59. A mother may risk losing her job if she tries to breastfeed (or express milk) at work.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

60. My supervisor makes me feel comfortable talking to him/her about my work and family issues.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

61. My supervisor works well with employees to come up with ways to solve difficulties between my work and my family tasks.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

62. My supervisor shows effective ways for how to manage work and family issues.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

63. My supervisor organises the work in my department or line to help employees and the factory.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

64. My supervisor would allow mothers in this factory to breastfeed (or express milk) during work hours.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

65. My supervisor would adjust the work schedule to allow a mother in this factory to breastfeed (or express milk) at work.

- I really don't agree

- I don't agree
- I'm not sure
- I agree
- I really agree

66. My supervisor would look after job duties of a mother who has taken a break to breastfeed (or express milk) at work.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

67. My supervisor would make a mother feel comfortable if she wanted to talk about breastfeeding (or expressing milk) during her work hours.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

68. In general, I like my job.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

69. All in all, I'm satisfied with my job.

- I really don't agree
- I don't agree
- I'm not sure

- I agree
- I really agree

70. In general, I like working at this factory.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

71. I feel a strong connection to this factory.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

72. I feel emotionally attached to this factory.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

73. I feel like part of the family at this factory.

- I really don't agree
- I don't agree
- I'm not sure
- I agree
- I really agree

74. This factory has a lot of personal meaning to me.

- I really don't agree

- I don't agree
- I'm not sure
- I agree
- I really agree

THE NEXT QUESTIONS ARE ONLY FOR MOTHERS

PLEASE ANSWER THESE QUESTIONS IF YOU ARE A MOTHER

75. Did you get money from UIF (Unemployment Insurance Fund) for your last maternity leave? Yes

No - If no, please tell us why you did not get money from UIF

76. When you were pregnant with your last-born child, did you hope to breastfeed after you gave birth?

- Yes
- No

77. Did you ever breastfeed or express milk for your last-born child?

- Yes
- No

78. If you did ever breastfeed or express milk for your last-born child, how old was your child when you stopped breastfeeding completely? _____ months old.

79. If you did ever breastfeed your last-born child, did you stop breastfeeding because you had to return to work?

- Yes
- No

80. If you did breastfeed your last-born child, did you suffer from swollen/painful breasts when returning to work?

- Yes
- No

81. How many months old was your last-born child when you returned to work?

_____months.

82. Who looked after your child while you were at work?

- Family member (for example: mother, aunt, grandmother, or sibling)
- Paid helper
- Crèche or other paid childcare facility
- Other such as _____

83. Did you ever feed your last-born child breast milk only (no topping up with sugar water, cereal, solid food, water, formula or juice)?

- Yes – If yes, please tell us for how many months you fed your last-born child breast milk only: _____ months.
- No, I did not feed my last-born child breast milk only

84. Did you ever breastfeed or express milk for your last-born child after you returned to work?

- Yes
- No

85. Did you ever express breast milk in the factory during your workday to take home to feed your baby?

- Yes
- No - if no, please tell us why you did not:

86. If you expressed milk at work, did you ever speak to your supervisor to help you do this (for example, let you take a break to express, change your work schedule)?

Yes

No

Thank you for completing our survey.

If you were paid for your time, would you be willing to speak to us about your experiences with feeding your baby? If yes, please can you give us your phone number to contact you:

My phone number is: _____

Appendix D: Afrikaans Survey



Ondersteuning in die werkplek vir borsvoeding in Suid-Afrikaanse klerefabrieke

Dankie vir jou deelname aan hierdie navorsing

Neem asseblief kennis van die volgende:

- Vir hierdie navorsing stel ons belang om jou menings oor borsvoeding by die werk te verstaan.
- Hierdie navorsing is goedgekeur deur die Handelsfakulteit Etiek in Navorsingskomitee.
- Jou naam sal nie op enige deel van hierdie vraelys wees nie, dus sal jou antwoorde nie aan jou gekoppel kan word nie.
- Jou deelname is uit eie vrye wil.
- Jy kan enige tyd kies om nie deel te wees van hierdie navorsing nie.
- Indien jy enige vrae het, kontak asseblief vir Ameeta Jaga by x
- Vir jou voltooide vraelys (antwoord asseblief elke vraag), sal jy 'n R50 koopbewys kry.
- Die vraelys sal ongeveer 20 minute neem om te voltooi.

Antwoord asseblief al die vrae hieronder:

1. Wat is jou huistaal? (Merk asseblief ✓)

- Engels
- Afrikaans
- Xhosa
- Ander, vertel ons asseblief watter taal jy praat _____

2. Hoe oud is jy (in jare?) _____

3. Wat is jou geslag?

- Manlik
- Vroulik
- Verkies om nie te antwoord nie

4. Wat is jou ras?

- Asiaties
- Swart
- Kleurling
- Indiër
- Wit
- Ander
- Verkies om nie te antwoord nie

5. Het jy matriek voltooi?

- Ja
- Nee

6. Is jy 'n toesighouer in hierdie fabriek?

- Ja – Indien ja, oor hoeveel mense hou jy toesig? _____
- Nee

7. Hoe lank werk jy al by **hierdie fabriek** (in jare)? _____

8. Hoe lank werk jy al in die klerebedryf? _____

9. Hoe kom jy by die werk? (merk alles wat jy op een dag gebruik om by die werk te kom)
- Publieke bus / trein
 - Taxi
 - Kar
 - Stap vanaf jou huis werk toe
 - Die fabriek reël vervoer
10. In watter area (woonbuurt) bly jy? _____
11. Hoe moeilik is dit vir jou om by die werk en terug by die huis te kom op 'n normale dag?
- Baie moeilik
 - Moeilik
 - Ek is nie seker nie
 - Maklik
 - Baie maklik
12. Het jy kinders?
- Ja
 - Nee
13. Indien jy kinders het, hoeveel kinders het jy? _____
- Merk hierdie blokkie indien jy **nie kinders het nie**
14. Indien jy kinders het, wat is die ouderdom van jou jongste kind (in jare?) _____
- Merk hierdie blokkie indien jy **nie kinders het nie**
15. Indien jy kinders het, woon albei ouers (pa en ma) in die huis saam met die kind?
- Ja
 - Nee
 - Merk hierdie blokkie indien jy **nie kinders het nie**
16. Het jy by **hierdie fabriek** gewerk toe jou laaste kind gebore is?
- Ja

Nee

Merk hierdie blokkie indien jy **nie kinders het nie**

17. Weet jy van enigiets wat die Suid-Afrikaanse regering gedoen het om vrouens se regte om te borsvoed of om borsmelk uit te melk by die werk na hul kraamverlof, te ondersteun?

Ja

Nee

18. In hierdie fabriek, weet jy van enige vrou wat al ooit haar baba geborsvoed het of borsmelk uitgemelk het in die fabriek, gedurende haar werksdag?

Ja

Nee

19. In jou gemeenskap (insluitende jou familie), weet jy van enige vrou wat al ooit haar baba geborsvoed het of borsmelk uitgemelk het by haar werkplek, gedurende haar werksdag?

Ja

Nee

20. Het hierdie fabriek al ooit vir jou enige inligting gegee (soos plakkate, pamflette of praatjies) oor ma's wat borsvoed of borsmelk uitmelk en werk?

Ja

Nee

21. By hierdie fabriek, het julle 'n geskrewe beleid oor borsvoeding (of die uitmelk van borsmelk) by die werk?

Ja

Nee

Ek weet nie

22. Het hierdie fabriek 'n privaat area (nie die toilette) waar ma's kan borsvoed of borsmelk uitmelk?

- Ja
- Nee
- Ek weet nie

23. Het hierdie fabriek 'n plek (soos 'n yskas) waar ma's hul borsmelk kan stoor?

- Ja
- Nee
- Ek weet nie

24. Laat hierdie fabriek ma's toe om spesiale breke te neem (uitgesluit middagete tyd) om te borsvoed of borsmelk uit te melk vir hul babas?

- Ja
- Nee
- Ek weet nie

25. Laat hierdie fabriek werknemers toe om rookbreke te neem (uitgesluit middagete tyd)?

- Ja
- Nee
- Ek weet nie

26. Is dit algemene praktyk in jou gemeenskap om babas te borsvoed?

- Ja
- Nee
- Ek weet nie

27. Is jy van plan om ma's te ondersteun om in hierdie fabriek te borsvoed (of uit te melk)?

- Ja
- Nee
- Ek weet nie

Vir die volgende vrae, merk (✓) asseblief die blokkie wat die naaste is aan hoe jy voel (borsvoeding sluit die uitmelk van borsmelk in).

28. Babas wat formule melk gevoer word is so gesond soos babas wat borsmelk kry.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

29. Om werkende ma's wat borsvoed te ondersteun, is vir my:

- Baie nodig
- Nodig
- Ek is nie seker nie
- Nie nodig nie
- Glad nie nodig nie

30. Om werkende ma's wat borsvoed te ondersteun, is vir my:

- 'n Groot verleentheid
- 'n Verleentheid
- Ek is nie seker nie
- Nie 'n verleentheid nie
- Glad nie 'n verleentheid nie

31. Om werkende ma's wat borsvoed te ondersteun, is vir my:

- Baie positief
- Positief
- Ek is nie seker nie
- Negatief
- Baie negatief

32. Om werkende ma's wat borsvoed te ondersteun, is vir my:

- Baie belangrik

- Belangrik
- Ek is nie seker nie
- Nie belangrik nie
- Glad nie belangrik nie

33. Om werkende ma's wat borsvoed te ondersteun, is vir my:

- Baie voordelig
- Voordelig
- Ek is nie seker nie
- Nie voordelig nie
- Glad nie voordelig nie

Vir die volgende vrae: Wanneer ons van **ondersteuning** praat, bedoel ons enige iets soos om inligting oor borsvoeding met 'n ma te deel, om na die ma se uitdagings te luister, om haar aan te moedig of om haar te help om haar werk en borsvoeding te bestuur.

34. As ek 'n werkende ma wat borsvoed ondersteun, sal sy sonder moeite kan aanhou borsvoed (of borsmelk uitmelk).

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

35. As ek 'n werkende ma wat borsvoed ondersteun, sal sy inligting oor borsvoeding (of die uitmelk van borsmelk) by die werk kan kry.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

36. As ek 'n werkende ma wat borsvoed ondersteun, sal sy borsvoeding (of die uitmelk van borsmelk) en werk suksesvol kan kombineer.

- Ek stem glad nie saam nie

- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

37. As ek 'n werkende ma wat borsvoed ondersteun, sal sy tevrede voel met haar rol as 'n werker en 'n ma.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

38. As ek 'n werkende ma wat borsvoed ondersteun, sal sy minder geneig wees om van die werk af weg te bly.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

39. As ek 'n werkende ma wat borsvoed ondersteun, sal sy gelukkiger voel met haar werk.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

40. As ek 'n werkende ma wat borsvoed ondersteun, sal sy haar werk gedoen kan kry.

- Ek stem glad nie saam nie
- Ek stem nie saam nie

- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

41. As ek 'n werkende ma wat borsvoed ondersteun, sal haar baba borsmelk kan kry terwyl sy by die werk is.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

42. As ek 'n werkende ma wat borsvoed ondersteun, sal haar baba minder siektes hê.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

43. In jou opinie, hoe belangrik is dit dat die werkende ma en haar baba sonder moeite sal kan aanhou borsvoed?

- Glad nie belangrik nie
- Nie belangrik nie
- Ek is nie seker nie
- Belangrik
- Baie belangrik

44. In jou opinie, hoe belangrik is dit dat die werkende ma inligting oor borsvoeding (of die uitmelk van borsmelk) sal kan kry by haar werkplek?

- Glad nie belangrik nie

- Nie belangrik nie
- Ek is nie seker nie
- Belangrik
- Baie belangrik

45. In jou opinie, hoe belangrik is dit dat die werkende ma borsvoeding (of die uitmelk van borsmelk) en werk suksesvol sal kan kombineer?

- Glad nie belangrik nie
- Nie belangrik nie
- Ek is nie seker nie
- Belangrik
- Baie belangrik

46. In jou opinie, hoe belangrik is dit dat die werkende ma wat borsvoed tevrede sal voel met haar rol as 'n werker en 'n ma?

- Glad nie belangrik nie
- Nie belangrik nie
- Ek is nie seker nie
- Belangrik
- Baie belangrik

47. In jou opinie, hoe belangrik is dit dat daar minder werkende ma's sal wees wat wegbly van die werk af?

- Glad nie belangrik nie
- Nie belangrik nie
- Ek is nie seker nie
- Belangrik
- Baie belangrik

48. In jou opinie, hoe belangrik is dit dat die werkende ma wat borsvoed vreugde sal ervaar in haar werk?

- Glad nie belangrik nie

- Nie belangrik nie
- Ek is nie seker nie
- Belangrik
- Baie belangrik

49. In jou opinie, hoe belangrik is dit dat die werkende ma wat borsvoed haar werk gedoen sal kry?

- Glad nie belangrik nie
- Nie belangrik nie
- Ek is nie seker nie
- Belangrik
- Baie belangrik

50. In jou opinie, hoe belangrik is dit dat werkende ma's wat borsvoed se babas borsmelk sal kan kry terwyl hul ma's by die werk is?

- Glad nie belangrik nie
- Nie belangrik nie
- Ek is nie seker nie
- Belangrik
- Baie belangrik

51. In jou opinie, hoe belangrik is dit dat die babas van werkende ma's wat borsvoed minder siektes het?

- Glad nie belangrik nie
- Nie belangrik nie
- Ek is nie seker nie
- Belangrik
- Baie belangrik

Vir die volgende vrae, merk asseblief die blokkie wat die naaste is aan hoe jy voel (borsvoeding sluit die uitmelk van borsmelk in).

52. Werkers in hierdie fabriek sal bly wees om na 'n kollega se werksverpligtinge om te sien indien sy tyd nodig het om te borsvoed of om borsmelk uit te melk by die werk.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

53. Werkers in hierdie fabriek sal nie omgee as 'n kollega 'n breek neem om borsmelk uit te melk nie.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

54. Werkers in hierdie fabriek sal 'n kollega spot as haar borsmelk deur haar klere lek.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

55. Indien 'n kollega 'n breek neem om te borsvoed of om borsmelk uit te melk by die werk, dan moet sy nie toegelaat word om 'n middagete breek te kry nie.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

56. Ek dink dat breke vir ma's wat borsvoed (of borsmelk uitmelk) by die werk onregverdig is teenoor werknemers wat nie kinders het nie.

- Ek stem glad nie saam nie

- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

57. Ek dink dit is onregverdig dat ma's wat borsvoed (of borsmelk uitmelk) spesiale voorregte by die werk moet hê.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

58. Ek dink dit is onregverdig om 'n fabriek te hê wat ma-vriendelik is.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

59. 'n Ma kan moontlik haar werk verloor indien sy by die werk probeer uitmelk.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

60. My toesighouer laat my gemaklik voel om met hom/haar te praat oor my werk en familie kwessies.

- Ek stem glad nie saam nie

- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

61. My toesighouer werk goed saam met werknemers om maniere te vind om probleme tussen my werk en familie take op te los.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

62. My toesighouer wys ons effektiewe maniere hoe om werk en familie kwessies te bestuur.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

63. My toesighouer organiseer die werk in my departement (of lyn) om werknemers en die fabriek te help.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

64. My toesighouer sal ma's in hierdie fabriek toelaat om borsmelk uit te melk gedurende werksure.

- Ek stem glad nie saam nie
- Ek stem nie saam nie

- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

65. My toesighouer sal die werkskedule aanpas om 'n ma in hierdie fabriek toe toe laat om borsmelk uit te melk by die werk.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

66. My toesighouer sal omsien na die werksverpligtinge van 'n ma wat 'n breek geneem het om borsmelk uit te melk by die werk.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

67. My toesighouer sal 'n ma gemaklik laat voel indien sy wou praat oor die uitmelk van borsmelk gedurende haar werksure.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

68. Oor die algemeen hou ek van my werk.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie

- Ek stem saam
- Ek stem heeltemal saam

69. Ek is tevrede met my werk.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

70. Oor die algemeen hou ek daarvan om by hierdie fabriek te werk.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

71. Ek voel 'n sterk konneksie met hierdie fabriek.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

72. Ek voel emosioneel geheg aan hierdie fabriek.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

73. Ek voel soos deel van die familie by hierdie fabriek.

- Ek stem glad nie saam nie

- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

74. Hierdie fabriek het baie persoonlike betekenis vir my.

- Ek stem glad nie saam nie
- Ek stem nie saam nie
- Ek is nie seker nie
- Ek stem saam
- Ek stem heeltemal saam

DIE VOLGENDE VRAE IS SLEGS VIR MA'S

ANTWOORD ASSEBLIEF HIERDIE VRAE INDIEN JY 'N MA IS

75. Het jy geld gekry by die UIF (Werkloosheidsversekeringsfonds) vir jou laaste kraamverlof?

- Ja
- Nee – Indien nee, vertel ons asseblief hoekom jy nie geld gekry het by die UIF nie

76. Toe jy swanger was met jou jongste kind, het jy gehoop om te borsvoed nadat jy geboorte geskenk het?

- Ja
- Nee

77. Het jy ooit geborsvoed of borsmelk uitgemelk vir jou jongste kind?

- Ja
- Nee

78. Indien jy hierdie kind geborsvoed het (of borsmelk uitgemelk het), hoe oud was jou kind toe jy heeltemal opgehou het om te borsvoed? _____ maande oud.
79. Indien jy jou jongste kind geborsvoed het, het jy opgehou borsvoed omdat jy moes terugkeer werk toe?
- Ja
- Nee
80. Indien jy jou jongste kind geborsvoed het, het jy met geswelde/seer borste gesukkel toe jy teruggekeer het werk toe?
- Ja
- Nee
81. Hoeveel maande oud was jou jongste kind toe jy teruggekeer het werk toe?
_____maande.
82. Wie het jou kind opgepas terwyl jy by die werk was?
- Familielid (byvoorbeeld: ma, tannie, ouma of broer/suster)
- Betaalde helper (byvoorbeeld: kinderoppasser)
- Crèche of ander betaalde kindersorgfasiliteit
- Ander soos _____
83. Was daar ooit 'n tyd wat jou jongste kind slegs borsmelk gevoer is (geen suikerwater, pap, vaste kos, tee, water, formula of sap nie)
- Ja – Indien ja, vir hoeveel maande het jy vir jou jongste kind slegs borsmelk gevoer:
_____ maande
- Nee, ek het nie slegs borsmelk vir my jongste kind gevoer nie.
84. Het jy ooit geborsvoed of borsmelk uitgemelk vir jou jongste kind nadat jy terug werk toe is?
- Ja
- Nee

85. Het jy ooit gedurende jou werksdag borsmelk uitgemelk in die fabriek, sodat jy dit huis toe kon vat om jou baba te voer?

Ja

Nee – indien nee, vertel ons asseblief hoekom jy dit nie gedoen het nie.

86. Indien jy by die werk borsmelk uitgemelk het, het jy ooit met jou toesighouer gepraat om jou te help om dit te kan doen (byvoorbeeld, om jou toe te laat om 'n breek te neem om borsmelk uit te melk of om jou werkskedule te verander)?

Ja

Nee

Baie dankie dat jy die vraelys voltooi het. Indien jy betaal sou word vir jou tyd, sal jy bereid wees om met ons te gesels oor jou ervarings om jou baba te voer? Indien ja, gee asseblief jou telefoon nommer sodat ons jou kan kontak:

My telefoon nommer is: _____

Appendix E: isiXhosa Survey



Ukuxhaswa kokuncancisa emisebenzini
yaseMzantsi Afrika kwimizi-mveliso (kwiifektri)
yempahla.

Enkosi ngokuthatha inxaxheba kolu phando.

Nceda uqaphele:

- Koluphando sinomdla wokwazi iimbono zakho malunga nokuncancisa emsebenzini.
- Oluphando luvunywe yi Commerce Faculty Ethics in Research Committee.
- Igama lakho alizukuchazwa naphi na kule saveyi, ngoko ke iimpedulo zakho azizukwaziwa ukuba zivela kuwe.
- Inxaxheba yakho yintando yakho.
- Ungakhetha ukungathathi inxaxheba koluphando nanini na.
- Ukuba unawo nawuphi na umbuzo, nceda utsalele umnxeba uAmeeta Jaga ku x
- Ukugqiba kwakho isaveyi (nceda uphendule yonke imibuzo), uzakufumana ivawutsha ye-R50.
- Le saveyi ingathatha imizuzu engama-20 ukuyigqiba.

Nceda uphendule yonke imibuzo engezantsi:

1. Loluphi ulwimi lwakho lwasekhaya? (nceda uphawule kubekanye✓)

- IsiNgesi
- Afrikansi
- IsiXhosa
- Enye, nceda usixelele ulwimi oluthethayo _____

2. Unangaphi ? _____

3. Sithini isini sakho?

- Ndoda
- Mfazi
- Khetha ukungaphenduli

4. Loluphi uhlanga lwakho?

- Asian
- African
- Coloured
- Indian
- White
- Enye
- Khetha ukungaphenduli

5. Wayigqiba imatriki?

- Ewe
- Hayi

6. Ingaba ungumphathi kulomzi-mveliso?

- Ewe - ukuba ewe, Bangaphi abantu obaphetheyo? _____
- Hayi

7. Lingakanani ixesha onalo usebenza kulomzi-mveliso (ngokweminyaka)?

8. Lingakanani ixesha onalo usebenza kwishishini lempahla? _____
9. Uya njani emsebenzini? (Khetha zonke ozisebenzisayo ukuya emsebenzini)
- ibhasi kawonke-wonke / uloliwe
 - iteksi
 - imoto
 - hamba ngenyawo ukusuka ekhaya ukuya emsebenzini
 - Umzi-mveliso usilungiselela isithuthi
10. Uhlala kweyiphi idolophu okanye ilokishi? _____
11. Kunzima kangakani ukuya nokubuya emsebenzini ngeemini eziqhelekileyo?
- Kunzima kakhulu
 - Kunzima
 - Andiqinisekanga
 - Kulula
 - Kulula kakhulu
12. Unabo abantwana?
- Ewe
 - Hayi
13. Ukuba unabo abantwana, bangaphi abantwana onabo? _____
- phawula le bhokisi ukuba **awunabo** abantwana.
14. Ukuba unabo abantwana, mngakanani oyena mntwana umncinci (ngokweminyaka)_____
- Phawula le bhokisi ukuba **awunabo** abantwana.
15. Ukuba unabo abantwana, ingaba bobabini abazali (umama notata) bahlala kwikhaya elinye kunye nomntwana?
- Ewe
 - Hayi

- phawula le bhokisi ukuba **uwunabo** abantwana
16. Wawusebenza **kulomzi-mveliso** ngokuya kwakuzalwa umntana wakho wokugqibela?
- Ewe
 - Hayi
 - Phawula le bhokisi ukuba **awunabo** abantwana
17. Ikhona into oyaziyo eyenziwe ngurhulumente waseMzantsi Afrika ukuncedisa amalungelo abafazi ukuze bakwazi ukuncancisa okanye bakhamele ubisi emisebenzini emva komhlala phantsi wokumitha (maternity leave)?
- Ewe
 - Hayi
18. Kulomzi-mveliso, ingaba ukhona umfazi omaziyo owakhe wancancisa umntwana wakhe okanye wasebenzisa ubisi olukhanyelweyo ngexesha lokusebenza?
- Ewe
 - Hayi
19. Ekuhlaleni (nakusapho lwakho), ingaba ukhona umfazi omaziyo owakhe wancancisa emsebenzini okanye wasebenzisa ubisi olukhanyelweyo ngexesha lakhe lokusebenza?
- Ewe
 - Hayi
20. Lomzi-mveliso wakhe wanikezela nangaluphi na ulwazi (olufana ne-powsta, iincwadana okanye intetho) ngoomama abancancisayo okanye abakhamela ubisi abasebenzayo?
- Ewe
 - Hayi
21. Kulomzi-mveliso, ninawo umgaqo-nkqubo (ipolisi) obhaliweyo malunga nokuncancisa (okanye ukukhamela ubisi) emsebenzini?
- Ewe
 - Hayi
 - Andiyazi

22. Ingaba lomzi-mveliso unayo indawo efihlakeleyo (hayi indlu yangasese) apho oomama bangancisela okanye bakhamele ubisi khona
- Ewe
 - Hayi
 - Andiyazi
23. Ingaba lomzi-mveliso unayo indawo (efana nefriji) apho oomama bangacina khona ubisi olukhanyelweyo?
- Ewe
 - Hayi
 - Andiyazi
24. Ingaba lomzi-mveliso uyabavumela oomama bathathe ikhefu lokuyoncancisa (ngaphandle kwekhefu lokutya) okanye bayokhamela ubisi lwamasana (w)abo?
- Ewe
 - Hayi
 - Andiyazi
25. Ingaba lomzi-mveliso uyabavumela abasebenzi bathathe ikhefu lokuyotshaya icuba (ngaphandle kwekhefu lokutya)?
- Ewe
 - Hayi
 - Andiyazi
26. Ingaba kuqhelekile ukuncancisa usana ibele ekuhlaleni?
- Ewe
 - Hayi
 - Andiyazi
27. Ingaba uzimisele ukubaxhasa oomama ukuba bakwazi ukuncancisa (okanye ukukhamela ubisi lwebele) kulomzi-mveliso?
- Ewe

- Hayi
- Andiyazi

Kwimibuzo elandelayo, nceda uphawule (✓) eyona bhokisi isondeleyo kwindlela oziva ngayo (ukuncancisa kuquka ukukhamela ubisi lwebele).

28. Iintsana ezondliwe ngobisi lomgubo ziphile qethe okweentsana ezifumana ubisi lwebele.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma
- Ndivuma kakhulu

29. Ngokunokwam, ukunikeza inkxaso koomama abancancisa besebenza ku:

- Kunyanzeleke kakhulu
- Kunyanzelekile
- Andiqinisekanga
- akunyanzelekanga
- akunyanzelekanga kwaphela

30. Ngokunokwam, ukunikeza inkxaso koomama abancancisa besebenza:

- Kuhlaza kakhulu
- Kuyahlaza
- Andiqinisekanga
- Akuhlazi
- Akuhlazi kwaphela

31. Ngokunokwam, ukunikeza inkxaso koomama abancancisa besebenza:

- Kulunge kakhulu
- kulungile
- Andiqinisekanga
- Akulunganga
- Akulunganga kwaphela

32. Ngokunokwam, ukunikeza inkxaso koomama abancancisa besebenza:

- Kubaluleke kakhulu
- Kubalulekile
- Andiqinisekanga
- Akubalulekanga
- Akubalulekanga kwaphela

33. Ngokunokwam, ukunikeza inkxaso koomama abancancisa besebenza:

- Kuyinzuzo kakhulu
- Kuyinzuzo
- Andiqinisekanga
- Akuyonzuzo
- Akuyonzuzo kwaphela

Kulemibuzo ilandelayo, **inkxaso** ithetha ukunika umama ulwazi olumalunga nokuncancisa, ukumamela ukuba yeyiphi imiceli-mngeni aye ahlangabezane nayo umama, ukumkhuthaza okanye ukumnceda akwazi ukumelana nomsebenzi kwakunye nokuncancisa.

34. Ukuba ndiyamxhasa umama osebenza encancisa, uzokwazi ukuqhubeka nokuncancisa (okanye ukukhamela ubisi lwebele) ngaphandle kokusokola.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma
- Ndivuma kakhulu

35. Ukuba ndiyamxhasa umama osebenza encancisa, uzokwazi ukufumana ulwazi olumalunga nokuncancisa (okanye ukukhamela ubisi lwebele) emsebenzini.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma

Ndivuma kakhulu

36. Ukuba ndiyamxhasa umama osebenza encancisa, uzokukwazi ukudibanisa ukuncancisa (okanye ukukhamela ubisi lwebele) nokusebenza ngempumelelo.

Andivumi kwaphela

Andivumi

Andiqinisekanga

Ndiyavuma

Ndivuma kakhulu

37. Ukuba ndiyamxhasa umama osebenza encancisa, uzoziva onelisekile ngendima yakhe njengamsebenzi kwaye njengomama.

Andivumi kwaphela

Andivumi

Andiqinisekanga

Ndiyavuma

Ndivuma kakhulu

38. Ukuba ndiyamxhasa umama osebenza encancisa, azobambalwa amathuba okunqaba kwakhe emsebenzini.

Andivumi kwaphela

Andivumi

Andiqinisekanga

Ndiyavuma

Ndivuma kakhulu

39. Ukuba ndiyamxhasa umama osebenza encancisa, uzoziva onwabile ngomsebenzi wakhe.

Andivumi kwaphela

Andivumi

Andiqinisekanga

Ndiyavuma

Ndivuma kakhulu

40. Ukuba ndiyamxhasa umama osebenza encancisa, uzokwazi ukugqiba umsebenzi wakhe.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma
- Ndivuma kakhulu

41. Ukuba ndiyamxhasa umama osebenza encancisa, usana lwakhe luzokwazi ukufumana ubisi lwebele ngexa yena esemsebenzini.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma
- Ndivuma kakhulu

42. Ukuba ndiyamxhasa umama osebenza encancisa, usana lwakhe aluzokufane lugule.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma
- Ndivuma kakhulu

43. Ngokwembono zakho, kubaluleke kangakanani ukuba umama osebenzayo kunye nosana akwazi ukuqhubeka ukuncacisa ngaphandle kokusokola?

- Akubalulekanga kwaphela
- Akubalulekanga
- Andiqinisekanga
- Kubalulekile
- Kubaluleke kakhulu

44. Ngokwembono zakho, kubaluleke langakanani ukuba umama osebenzayo akwazi ukufumana ulwazi olumalunga nokuncancisa (okanye ukukhamela ubisi lwebele) kwindawo asebenza kuyo?
- Akubalulekanga kwaphela
 - Akubalulekanga
 - Andiqinisekanga
 - Kubalulekile
 - Kubaluleke kakhulu
45. Ngokwembono zakho, kubaluleke kangakanani ukuba umama osebenzayo akwazi ukudibanisa ukuncancisa (okanye ukukhamela ubisi lwebele) kunye nomsebenzi wakhe ngokuphumeleleyo?
- Akubalulekanga kwaphela
 - Akubalulekanga
 - Andiqinisekanga
 - Kubalulekile
 - Kubaluleke kakhulu
46. Ngokwembono zakho, kubaluleke kangakanani ukuba umama osebenzayo encancisa azive onelisekile yindima yakhe njengamsebenzi kwaye njangomama?
- Akubalulekanga kwaphela
 - Akubalulekanga
 - Andiqinisekanga
 - Kubalulekile
 - Kubaluleke kakhulu
47. Ngokwembono zakho, kubaluleke kangakanani ukuba babembalwa oomama abangeziyo emsebenzini?
- Akubalulekanga kwaphela
 - Akubalulekanga
 - Andiqinisekanga
 - Kubalulekile
 - Kubaluleke kakhulu

48. Ngokwembono zakho, kubaluleke kangakanani ukuba umama osebenza encancisa abenamava amnandi ngomsebenzi wakhe?

- Akubalulekanga kwaphela
- Akubalulekanga
- Andiqinisekanga
- Kubalulekile
- Kubaluleke kakhulu

49. Ngokwembono zakho, kubaluleke kangakanani ukuba umama osebenza encancisa akwazi ukugqiba umsebenzi wakhe?

- Akubalulekanga kwaphela
- Akubalulekanga
- Andiqinisekanga
- Kubalulekile
- Kubaluleke kakhulu

50. Ngokwembono zakho, kubaluleke kangakanani ukuba usana lomama osebenza encancisa lukwazi ukufumana ubisi lwebele ngelixa unina asemsebenzini?

- Akubalulekanga kwaphela
- Akubalulekanga
- Andiqinisekanga
- Kubalulekile
- Kubaluleke kakhulu

51. Ngokwembono zakho, kubaluleke kangakanani ukuba amasana oomama abasebenza bencancisa bangafane bagule?

- Akubalulekanga kwaphela
- Akubalulekanga
- Andiqinisekanga
- Kubalulekile
- Kubaluleke kakhulu

Kulemibuzo ilandelayo, nceda uphawule (✓) eyona bhokisi isondeleyo kwindlela oziva ngayo (ukuncancisa kuquka ukukhamela ubisi lwebele).

52. Abasebenzi balomzi-mveliso bangakuvuyela ukunceda bajongane nemisebenzi yabantu abasebenza nabo xa bedinga ixesha lokuncancisa (okanye ukukhamela ubisi lwebele) emsebenzini.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma
- Ndivuma kakhulu

53. Abasebenzi balomzi-mveliso abanokubanangxaki ukuba umntu abasebenza naye angathatha ikhefu lokuncancisa (okanye lokukhamela ubisi lwebele) emsebenzini.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma
- Ndivuma kakhulu

54. Abasebenzi balomzi-mveliso bangahlekisa ngomntu abasebenza naye xa ibele lakhe livuza ubisi kwaye libonakala empahleni yakhe ngamanye amaxesha.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma
- Ndivuma kakhulu

55. Ukuba omnye wabasebenzi uthathe ikhefu lokuncancisa (okanye lokukhamela) emsebenzini, akumelanga ukuba avunyelwe ukuthatha ikhefu lokutya.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma

Ndivuma kakhulu

56. Ndicinga ukuba amakhulu akhethekileyo woomama abancancisayo (okanye abakhamela ubisi lwebele) emsebenzini yiqqatho kubasebenzi abangenabantwana.

Andivumi kwaphela

Andivumi

Andiqinisekanga

Ndiyavuma

Ndivuma kakhulu

57. Ndicinga ukuba kuyinqqatho into yokuba oomama abancancisayo (okanye abakhamela ubisi lwebele) bazokudinga ukuba babenamalungelo akhethekileyo emsebenzini.

Andivumi kwaphela

Andivumi

Andiqinisekanga

Ndiyavuma

Ndivuma kakhulu

58. Ndicinga ukuba kuyinqqatho into yokubakho umzi-mveliso onobubele koomama.

Andivumi kwaphela

Andivumi

Andiqinisekanga

Ndiyavuma

Ndivuma kakhulu

59. Umama angazibeka emngciphekweni wokulahlekelwa ngumsebenzi ukuba uzama ukuncancisa (okanye ukukhamela ubisi lwebele) emsebenzini.

Andivumi kwaphela

Andivumi

Andiqinisekanga

Ndiyavuma

Ndivuma kakhulu

60. Umphathi wam undenza ndizive ndikhululekile ukuthetha naye malunga nomsebenzi kunye nemiba yosapho lwam.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma
- Ndivuma kakhulu

61. Umphathi wam usebenzisana kakuhle nabasebenzi ekuzeni neendlela zokuxazulula ubunzima bomsebenzi wam kunye nemisebenzi yam yasekhaya.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma
- Ndivuma kakhulu

62. Umphathi wam uyandibonisa iindlela eziluncedo zokumelana neemeko zomsebenzi kunye nezosapho lwam.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma
- Ndivuma kakhulu

63. Umphathi wam uyawuququzelela umsebenzi okwisebe lam okanye (emgceni wethu) endikulo ukuncedisa abasebenzi kunye nomzi-mveliso.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma
- Ndivuma kakhulu

64. Umphathi wam angabavumela oomama kumzi-mveliso ukuba bancancise (okanye bakhamele ubisi lwebele) ngeeyure zokusebenza.
- Andivumi kwaphela
 - Andivumi
 - Andiqinisekanga
 - Ndiyavuma
 - Ndivuma kakhulu
65. Umphathi wam angayilungisa ishedyuli yomsebenzi ukuze umama akwazi ukuncancisa (okanye ukukhamela ubisi lwebele) emsebenzini.
- Andivumi kwaphela
 - Andivumi
 - Andiqinisekanga
 - Ndiyavuma
 - Ndivuma kakhulu
66. Umphathi wam angavuma ukujongana nemisebenzi yomama othathe ikhefu lokuncancisa (okanye lokukhamela ubisi lwebele) emsebenzini.
- Andivumi kwaphela
 - Andivumi
 - Andiqinisekanga
 - Ndiyavuma
 - Ndivuma kakhulu
67. Umphathi wam angakwazi ukwenza umntu ongumama azive ekhululekile ukuba umama ufuna ukuthetha malunga nokuncancisa (okanye ukukhamela ubisi lwebele) ngexesha lomsebenzi.
- Andivumi kwaphela
 - Andivumi
 - Andiqinisekanga
 - Ndiyavuma
 - Ndivuma kakhulu

68. Nje, Ndiyawuthanda umsebenzi wam.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma
- Ndivuma kakhulu

69. Ngokupheleleyo, ndonelisekile ngumsebenzi wam.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma
- Ndivuma kakhulu

70. Nje, Ndiyakuthanda usebenza kulomzi-mveliso.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma
- Ndivuma kakhulu

71. Ndiziva ndinonxibelelwano olungamandla kulomzi-mveliso.

- Andivumi kwaphela
- Andivumi
- Andiqinisekanga
- Ndiyavuma
- Ndivuma kakhulu

72. Ndiziva ndingenokwazi ukohlukana nalomzi-mveliso.

- Andivumi kwaphela
- Andivumi
- Andinisekanga
- Ndiyavuma

Ndivuma kakhulu

73. Ndiziva ndiyinxalenye yolusapho kulomzi-mveliso.

Andivumi kwaphela

Andivumi

Andiqinisekanga

Ndiyavuma

Ndivuma kakhulu

74. Lomzi-mveliso unentsingiselo yobuqu eninzi kum.

Andivumi kwaphela

Andivumi

Andiqinisekanga

Ndiyavuma

Ndivuma kakhulu

LEMIBUZO ILANDELAYO YEYOOMAMA KUPHELA

NCEDA UPHENDULE LEMIBUZO UKUBA UNGUMAMA

75. Wawuyifumene imali kwiUIF (Unemployment Insurance Fund) yomhlala phantsi wokumitha yokugqibela?

Ewe

Hayi – ukuba hayi, nceda usixelele ukuba kwakutheni uzungayifumani imali kwiUIF.

Lemibuzo ilandelayo imalunga ngawe kunye NOMNTWANA WAKHO WOKUGQIBELA WAKHO KUPHELA

76. Ngokuya wawusakhulelwe umntwana wakho wokugqibela, ingaba ubufuna ukuncancisa emvakokuba ubelekile?

Ewe

Hayi

77. Wawukhe wamncancisa okanye wamkhamela ubisi lwebele umntwana wakho wokugqibela?

Ewe – Ukuba uthe ewe wayenangaphi umntwana wakho ngoku wawuyeka ukuncancisa? Iinyanga ezi ududala.

Hayi, andikhange ndincancise/ndikhamele ubisi

78. Ingaba wayeka ukuncancisa ngenxa yokuba kwakufuneka ubuyele emsebenzini?

Ewe

Hayi

79. Ingaba uye wadunjelwa/waqaqanjwela ngamabele ngoku ububuyela emsebenzini?

Ewe

Hayi

80. Wayenangaphi umntwana wakho ngoku wawubuyela emsebenzini? zinyanga ezi _____ ubudala.

81. Ngubani obegcine umntwana wakho ngelilixa ubusemsebenzini? (Nceda uphawule ✓ ibenye)

Ilungu losapho (umzekelo: umama, umakazi, umakhulu, okanye umtakwenu)

Umncedisi ohlawulelweyo (umzekelo, umntu ogcina abantwana)

Khritshi okanye iziko lokugcina umntwana oluhlawulelweyo

abanye, abafana no _____

82. Ingaba umntwana wakho ubumtyisa ubisi lwebele **kuphela** (kungagalelwanga manzi aneswekile, siriyeleli, ukutya okuhlafunwayo, amanzi, ubisi olungumgubo, iti, okanye ijusi)?

Ewe – Zingaphi iinyanga utyisa umntwana wakho ubisi lwebele **kuphela**? Iinyanga ezi _____.

Hayi, andimtyisanga ubisi lwebele kuphela umntwana wam

83. Ingaba ubumncancisa/ubumkhamela ubisi lwebele umntwana wakho emvakokuba ubuyele emsebenzini?

Ewe

Hayi

84. Wawukhe walukhamela ubisi lwebele emsebenzini waze wagoduka nalo ngeenjongo zokulutyisa umntwana wakho ekhaya?

Ewe

Hayi – ukuba hayi, nceda ukusixelele ukuba kwakutheni uzungenzi njalo:

85. Ukuba ubukhamela ubisi lwebele emsebenzini, ingaba wakhe wathetha nomphathi wakho ukuze akuncede wenze njalo (umzekelo, akuvumele uthathe ikhefu lokukhama ubisi lwebele, utshintshe ishedyuli yomsebenzi wakho)?

Ewe

Hayi

Enkosi ngokugqiba uphando lwethu.

Ukuba ubuhlawulwe ngexesha lakho, ungavuma na ukuthetha nathi malunga ngamava akho wokondla umntwana wakho? Ukuba ewe, siyacela ukuba usinike inombolo yakho yomnxeba ukuze siqhakamshelane nawe:

Inombolo yam yomnxeba ithi: _____

Appendix F: Changes in the Survey

Question	Original survey	Final survey
Question 7: The words “At this factory” were made bold.	How long have you been working at this factory (in years)?	How long have you been working at this factory (in years)?
Question 10 was added to the survey.		Which area (suburb) do you live?
Question 11: The sliding scale was changed to a list of responses.	How difficult is it for you to get to work and back home on a normal day? Very easy Very difficult <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	How difficult is it for you to get to work and back home on a normal day? <input type="checkbox"/> Very difficult <input type="checkbox"/> Difficult <input type="checkbox"/> I’m not sure <input type="checkbox"/> Easy <input type="checkbox"/> Very easy
Question 16: The structure of the sentence was changed.	If you have children, have you been working at this factory when you had your last child?	Were you working at this factory when your last child was born?
Question 21: The wording of the sentence was changed.	At this factory, do you have a written policy about breastfeeding?	At this factory, do you have a written policy about breastfeeding (expressing milk) at work?
Question 24: The wording of the sentence was changed.	Does this factory allow mothers to take special breaks to breastfeed their baby or express milk for their babies?	Does this factory allow mothers to take special breaks (not including lunch time) to breastfeed or express milk for their baby?
Question 28: The sliding scale was changed to a list of responses.	Formula fed babies are as healthy as babies who receive breast milk. I really don’t agree I really agree <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Formula fed babies are as healthy as babies who receive breast milk. <input type="checkbox"/> I really don’t agree <input type="checkbox"/> I don’t agree <input type="checkbox"/> I’m not sure <input type="checkbox"/> I agree <input type="checkbox"/> I really agree
Question 29: The sliding scale was changed to a list of responses.	To me, providing support for breastfeeding working mothers is: Necessary Unnecessary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	To me, providing support for breastfeeding working mothers is: <input type="checkbox"/> Very necessary <input type="checkbox"/> Necessary <input type="checkbox"/> I’m not sure <input type="checkbox"/> Not necessary <input type="checkbox"/> Not at all necessary
Question 30: The sliding scale was changed to a list of responses.	To me, providing support for breastfeeding working mothers is: Embarrassing Not embarrassing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	To me, providing support for breastfeeding working mothers is: <input type="checkbox"/> Very embarrassing <input type="checkbox"/> Embarrassing <input type="checkbox"/> I’m not sure <input type="checkbox"/> Not embarrassing <input type="checkbox"/> Not at all embarrassing

<p>Question 31: The sliding scale was changed to a list of responses.</p>	<p>To me, providing support for breastfeeding working mothers is:</p> <p>Positive Negative</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>						<p>To me, providing support for breastfeeding working mothers is:</p> <p><input type="checkbox"/> Very positive <input type="checkbox"/> Positive <input type="checkbox"/> I'm not sure <input type="checkbox"/> Negative <input type="checkbox"/> Very negative</p>
<p>Question 32: The sliding scale was changed to a list of responses.</p>	<p>To me, providing support for breastfeeding working mothers is:</p> <p>Important Unimportant</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>						<p>To me, providing support for breastfeeding working mothers is:</p> <p><input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> I'm not sure <input type="checkbox"/> Not important <input type="checkbox"/> Not at all important</p>
<p>Question 33: The sliding scale was changed to a list of responses.</p>	<p>To me, providing support for breastfeeding working mothers is:</p> <p>Beneficial Not beneficial</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>						<p>To me, providing support for breastfeeding working mothers is:</p> <p><input type="checkbox"/> Very beneficial <input type="checkbox"/> Beneficial <input type="checkbox"/> I'm not sure <input type="checkbox"/> Not beneficial <input type="checkbox"/> Not at all beneficial</p>
<p>The instructions before Question 34 were changed.</p>	<p>Below please tell us what you believe might happen if an employee provides support to a breastfeeding working mother and her baby. Please mark the spot on the scale that most clearly represents how you feel.</p>	<p>For the next questions, support mean anything such as sharing information about breastfeeding with a mother, listening to the mother's challenges that she is going through, encouraging her or helping her with managing her work and breastfeeding.</p>					
<p>Question 34: The structure of the sentence was changed and the sliding scale was changed to a list of responses.</p>	<p>The working mother and baby will be able to continue breastfeeding without difficulty.</p> <p>Unlikely Likely</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>						<p>If I support a breastfeeding working mother, she will be able to continue breastfeeding (or expressing milk) without difficulty.</p> <p><input type="checkbox"/> I really don't agree <input type="checkbox"/> I don't agree <input type="checkbox"/> I'm not sure <input type="checkbox"/> I agree <input type="checkbox"/> I really agree</p>
<p>Question 41: The structure of the sentence was changed and the sliding scale was changed to a list of responses.</p>	<p>The baby will be able to receive breast milk while the mother is at work?</p> <p>Not important Important</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>						<p>If I support a breastfeeding working mother, her baby will be able to receive breast milk while she is at work.</p> <p><input type="checkbox"/> I really don't agree <input type="checkbox"/> I don't agree <input type="checkbox"/> I'm not sure <input type="checkbox"/> I agree <input type="checkbox"/> I really agree</p>

<p>Question 42: The structure of the sentence was changed and the sliding scale was changed to a list of responses.</p>	<p>The baby has fewer illnesses?</p> <p>Not important Important</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>						<p>If I support a breastfeeding working mother, her baby will have fewer illnesses.</p> <p><input type="checkbox"/> I really don't agree</p> <p><input type="checkbox"/> I don't agree</p> <p><input type="checkbox"/> I'm not sure</p> <p><input type="checkbox"/> I agree</p> <p><input type="checkbox"/> I really agree</p>
<p>Questions 34 - 42 and Questions 52 – 74: The sliding scale was changed to a list of responses.</p>	<p>Not important Important</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>						<p><input type="checkbox"/> I really don't agree</p> <p><input type="checkbox"/> I don't agree</p> <p><input type="checkbox"/> I'm not sure</p> <p><input type="checkbox"/> I agree</p> <p><input type="checkbox"/> I really agree</p>
<p>Questions 43 – 51: The sliding scale was changed to a list of responses.</p>	<p>I really don't agree I really agree</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>						<p><input type="checkbox"/> Not at all important</p> <p><input type="checkbox"/> Not important</p> <p><input type="checkbox"/> I'm not sure</p> <p><input type="checkbox"/> Important</p> <p><input type="checkbox"/> Very important</p>

Appendix G: Employee (mother) interview guide



My name is Hilde and I am a master's student at UCT. I am exploring breastfeeding in the workplace for my research study this year. The aim of the study is to determine the extent to which there is a need for an intervention on workplace support for breastfeeding in the clothing and textile industry. When I talk about breastfeeding in the workplace I mean expressing milk at work, having breastfeeding breaks and having facilities at work that help mothers with their breastfeeding experience. I am conducting this study because breastfeeding has important health, social and economic outcomes. I am interested in understanding your thoughts and experiences on this topic. I would also like your permission to audio record the conversation please so that I have the opportunity to go back and listen to any aspect in detail to help improve my understanding of this challenge. A reminder that your participation in this research is voluntary and you can choose to withdraw from the research at any time. Your name will not appear anywhere when using this information. Would that be ok?

1. I am going to begin by asking you some questions about yourself:
 - 1.1 What is your current position?
 - 1.2 How long have you been in this position? And at this company?
 - 1.3 Is it part time or full time?
 - 1.4 How many hours a week do you work?
 - 1.5 Is there any shift work?
 - 1.6 How many children do you have? And how old is your youngest child?
 - 1.7 What is your home language?
 - 1.8 How do you travel to work and back home?
 - 1.9 How long does it take to get to work in the mornings and home in the evenings?
Probe where they live?
 - 1.10 How long is a usual working day? (starting and ending)
 - 1.11 How old are you?

- 1.12 What is your highest level of schooling?
- 1.13 Can you please tell me about your work and what you do? (Establish what their day to day work life looks like / nature of activities / which part of the business / and their workspace?)

2. How was your experience of being pregnant at work?

Probes:

- 2.1 When did you tell your manager that you were pregnant? (probe male or female manager). (Probe –What was this conversation like?).
- 2.2 How long did you take maternity leave for? How old was your baby when you went back to work? (Probe - How long were you allowed to take maternity leave? Was it paid maternity leave? (Probe –Did your workplace give you any information about maternity leave?).
- 2.3 Baby feeding
 - 2.3.1 How did you feed your baby since birth? Did you feed the baby water? What else did you feed your baby (try establish how long they exclusively breastfed for which is no water at all)
 - 2.3.2 What made you decide that this was how you wanted to feed your baby?
- 2.4 How old was your baby when you started feeding them?
- 2.5 When you returned to work, how did you feed your baby? (Probe, if expressing, where, when, how was it stored and experiences in general). (Probe –Did you stop breastfeeding because you had to go back to work? what are the reasons? Would you have wanted to continue breastfeeding when you returned to work?). (Probe – Did you have a conversation with your manager about how you were going to feed your baby?)
- 2.6 Did you have to change your feeding intention once you returned to work? (Why?)
- 2.7 Are there any other barriers at the factory that prevented you from breastfeeding? / What was difficult about returning to work to carry on breastfeeding?

3. Support

- 3.1 Does your employer inform staff about any available support for breastfeeding at work?

- 3.2 What kind of advice or support did you receive from anyone about breastfeeding?
And breastfeeding at work?
- 3.2.1 What support did you receive from the employer (factory management)? (How does it look?)
- 3.2.2 What support did you receive from your manager?
- 3.2.3 What support did you receive from your co-workers (breastfeeding support groups)?
- 3.2.4 Where would breastfeeding mothers express their milk? (Tell me more about the facilities, do they provide breast pumps?).
- 3.2.5 Did you get breastfeeding breaks? (How long, how often? Twice a day, 3 hours each, first six months).
- 3.2.6 Did they provide information about breastfeeding to you? To the employees?
- 3.2.7 Any other type of support? Lactation services, factory-based day care?
- 3.2.8 Did this advice make you want to breastfeed or not and why?
- 3.3 If no support, how does that make you feel? Probe. Does it influence your approach to your work or your feelings toward your company / community / partner? 3.4 How did you still manage to breastfeed your baby? Did you speak to anyone?

4. Are you aware of any policies or guidelines on breastfeeding mothers in the workplace (try establishing how they became aware of this information)? (Probe –Laws, national policies).

5. 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)

6. What do you need from the factory to support you to continue breastfeeding at work?

7. What do you think could realistically be done by your employer to better support women who want to continue breastfeeding after returning to work?

Probes:

7.1 Why do you say these could help?

7.2 Do you know any mothers in other companies who have been supported?

8. Is there anything the union could do to help you get the support you need to combine breastfeeding and work (Probe: Speak to employers about the benefits of supporting employees to breastfeed in the workplace, provide training, help with the development of breastfeeding policy). *(If we were to design a programme that helps women to continue breastfeeding in the workplace, describe what it might look like?)*

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

Thank you!

Appendix H: Supervisors interview guide



My name is Hilde and I am a master's student at UCT. I am exploring breastfeeding in the workplace for my research study this year. The aim of the study is to determine the extent to which there is a need for an intervention on workplace support for breastfeeding in the clothing and textile industry. When I talk about breastfeeding in the workplace I mean expressing milk at work, having breastfeeding breaks and having facilities at work that help mothers with their breastfeeding experience. I am conducting this study because breastfeeding has important health, social and economic outcomes. I am interested in understanding your thoughts and experiences on this topic. I would also like your permission to audio record the conversation please so that I have the opportunity to go back and listen to any aspect in detail to help improve my understanding of this challenge. A reminder that your participation in this research is voluntary and you can choose to withdraw from the research at any time. Your name will not appear anywhere when using this information. Would that be ok?

1. I am going to begin by asking you some questions about yourself:
 - 1.1 What is your current position?
 - 1.2 How long have you been in this position? And at this company?
 - 1.3 Is it part time or full time?
 - 1.4 Do you work in shifts?
 - 1.5 Do you supervise a team of people? (If yes, establish how many, and gender composition, age – young or older team for childbearing years)
 - 1.6 How many children do you have? And how old is your youngest child?
 - 1.7 What is your home language?
 - 1.8 How long is a usual working day? (starting and ending)

1.9 Can you please tell me about your work and what you do? (Establish what their day to day work life looks like / nature of activities / which part of the business / and their workspace?)

2. Have you had any experience with any of your employees having a baby?

Probes:

2.1 Did you have a conversation about breastfeeding with them? (before or after maternity leave?)

2.2 How much maternity leave are women able to take? (On average, how much maternity leave do women in this factory take?)

2.3 Is it paid leave or unpaid leave?

2.4 Do women usually apply for UIF benefits?

Support

3. How are breastfeeding mothers supported when they return to work? (Probe: By employer, manager, co-workers).

3.1 How do you provide support to employees who want to continue breastfeeding when they return to work?

3.2 What support do they receive from the employer (factory management)? (How does it look?)

3.3 What support do they receive from co-workers (breastfeeding support groups)?

3.4 Where would breastfeeding mothers express their milk? (Tell me more about the facilities, do you provide breast pumps?).

3.5 Do the breastfeeding mothers get breastfeeding breaks? (How long, how often? Twice a day, 3 hours each, first six months).

3.6 Do you provide information about breastfeeding to the mothers? To the employees?

3.7 Any other type of support? Lactation services, factory-based day care?

4. Does factory management provide you with any information on how to manage staff pregnancy and breastfeeding support?

5. Are you aware of any policies or guidelines on breastfeeding mothers in the workplace (and establish how they came to know these)? (Probe: Legal, National?) (Probe: Are all of the employees made aware of this?)

6. What within the factory environment would make it difficult for women to breastfeed when they return to work?
7. What do you think breastfeeding mothers will need from the factory to be able to continue breastfeeding when they return to work?
8. 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)
8.1 Establish HOW they would be beneficial.
9. In your view, what could be realistically done in this workplace by employers, managers and co-workers to support breastfeeding mothers?
10. Is there anything the union could do to help breastfeeding mothers to get the support they need to continue breastfeeding when they return to work?
(Probe: Speak to employers about the benefits of supporting employees to breastfeed in the workplace, provide training, help with the development of breastfeeding policy).
(If we were to design a programme that helps women to continue breastfeeding in the workplace, describe what it might look like?)
11. Do you feel that there is anything that I have missed? Do you have any questions for me?

Appendix I: Codebook for quantitative data

SPSS Variable name	Question	Variable	Coding Instructions	Measure
V001a	What is your home language?	Home language	1 = English	Nominal
			2 = Afrikaans	
			3 = Xhosa	
			4 = Other	
V001b	Other: Please tell us what language you speak	Home language other	Home language	String
V002	How old are you (in years)?	Age in years	Age in years	Scale
V003	What is your gender?	Gender	1 = Male	Nominal
			2 = Female	
			3 = Prefer not to answer	
V004	What is your race?	Race	1 = Asian	Nominal
			2 = African	
			3 = Coloured	
			4 = Indian	
			5 = White	
			6 = other	
			7 = Prefer not to answer	
V005	Did you finish matric?	Matric	1 = Yes	Nominal
			2 = No	
V006a	Are you a supervisor in this factory?	Supervisor	1 = Yes	Nominal
			2 = No	
V006b	If yes, how many people do you supervise?	Number of people supervised	Number of people supervised	Scale
V007	How long have you been working at this factory?	Number of years at factory	Number of years at factory	Scale
V008	How long have you been working in the clothing industry?	Number of years in clothing industry	Number of years in clothing industry	Scale
V009a	How do you get to work?	Types of transport to get to work	1 = Public bus/train	Nominal
V009b	How do you get to work?	Types of transport to get to work	1 = Taxi	Nominal
V009c	How do you get to work?	Types of transport to get to work	1 = Car	Nominal
V009d	How do you get to work?	Types of transport to get to work	1 = Walk	Nominal
V009e	How do you get to work?	Types of transport to get to work	1 = Factory organises transport	Nominal
V010	Which area (suburb) do you live?	Suburb	Suburb	String

V011	How difficult is it for you to get to work and back home on a normal day?	Difficulty to commute	1 = Very difficult	Ordinal
			2 = Difficult	
			3 = I'm not sure	
			4 = Easy	
			5 = Very easy	
V012	Do you have children?	Have children	1 = Yes	Nominal
			2 = No	
V013	If you have children, how many children do you have?	Number of children	Number of children	Scale
V014	If you have children, what is the age of your youngest child (in years)?	Age of youngest child in years	Age in years	Scale
V015	If you have children, do both parents (father and mother) live in the home with the child?	Child lives with both parents	1 = Yes	Nominal
			2 = No	
V016	Were you working at this factory when your last child was born?	Worked at this factory when last child was born	1 = Yes	Nominal
			2 = No	Nominal
V017	Do you know of anything that the South African government has done to support the rights of women to breastfeed or express milk at work after maternity leave?	Knowledge of government laws	1 = Yes	Nominal
			2 = No	
V018	In this factory, do you know of any woman who has ever breastfed her baby or expressed milk in the factory, during her work day?	Role model in factory	1 = Yes	Nominal
			2 = No	
V019	In your community (including your family), do you know of any woman who has ever breastfed her baby or expressed breast milk at her workplace, during her work day?	Community role model	1 = Yes	Nominal
			2 = No	
V020	Has this factory ever given you any information (such as posters, pamphlets or talks) on mothers breastfeeding or expressing breast milk and working?	Availability of pamphlets	1 = Yes	Nominal

			2 = No	
V021	At this factory, do you have a written policy about breastfeeding (expressing milk) at work?	Availability of written policy	1 = Yes	Nominal
			2 = No	
			3 = I don't know	
V022	Does this factory have a private area (not the toilets) where mothers could go to breastfeed or express milk?	Availability of private area	1 = Yes	Nominal
			2 = No	
			3 = I don't know	
V023	Does this factory have a place (like a fridge) where mothers could store expressed breast milk?	Availability of storage	1 = Yes	Nominal
			2 = No	
			3 = I don't know	
V024	Does this factory allow mothers to take special breaks (outside of their lunch break) to breastfeed or express milk for their baby?	Availability of special breastfeeding breaks	1 = Yes	Nominal
			2 = No	
			3 = I don't know	
V025	Does this factory allow employees to take cigarette breaks (outside of their lunch breaks)?	Availability of cigarette breaks	1 = Yes	Nominal
			2 = No	
			3 = I don't know	
V026	Is it a common practice to breastfeed babies in your community?	Community practice breastfeeding (bf)	1 = Yes	Nominal
			2 = No	
			3 = I don't know	
V027	Do you intend to support mothers to breastfeed (or express milk) in this factory?	Intention to support bf at work	1 = Yes	Nominal
			2 = No	
			3 = I don't know	
V028	Formula fed babies are as healthy as babies who receive breast milk	Attitude of bf at work	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	

V029	To me, providing support for breastfeeding working mothers is:	Feelings about providing support	1 = Very necessary	Ordinal
			2 = Necessary	
			3 = I'm not sure	
			4 = Not necessary	
			5 = Not at all necessary	
V030	To me, providing support for breastfeeding working mothers is:	Feelings about providing support	1 = Very embarrassing	Ordinal
			2 = Embarrassing	
			3 = I'm not sure	
			4 = Not embarrassing	
			5 = Not at all embarrassing	
V031	To me, providing support for breastfeeding working mothers is:	Feelings about providing support	1 = Very positive	Ordinal
			2 = Positive	
			3 = I'm not sure	
			4 = Negative	
			5 = Very negative	
V032	To me, providing support for breastfeeding working mothers is:	Feelings about providing support	1 = Very important	Ordinal
			2 = Important	
			3 = I'm not sure	
			4 = Not important	
			5 = Not at all important	
V033	To me, providing support for breastfeeding working mothers is:	Feelings about providing support	1 = Very beneficial	Ordinal
			2 = Beneficial	
			3 = I'm not sure	
			4 = Not beneficial	
			5 = Not at all beneficial	
V034	If I support a breastfeeding working mother, she will be able to continue breastfeeding (or expressing milk) without difficulty	With support mothers are able to continue bf	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V035	If I support a breastfeeding working mother, she will	With support mothers get information about bf	1 = I really don't agree	Ordinal

	be able to get information about breastfeeding (or expressing milk) at work			
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V036	If I support a breastfeeding working mother, she will be able to combine breastfeeding (or expressing milk) and work successfully.	With support mothers combine bf and work	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V037	If I support a breastfeeding working mother, she will feel satisfied with her role as a worker and a mother.	With support mothers feel satisfied with role as worker and mother	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V038	If I support a breastfeeding working mother, the number of days that she will be absent from work will be less.	With support mothers are less absent from work	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V039	If I support a breastfeeding working mother, she will feel happier with her work.	With support mothers feel happier with work	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V040	If I support a breastfeeding working mother, she is able to get her work done	With support mothers get work done	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V041	If I support a breastfeeding working mother, her baby will be able to receive	With support babies will receive milk	1 = I really don't agree	Ordinal

	breast milk while she is at work.			
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V042	If I support a breastfeeding working mother, her baby will be less likely to get sick.	With support babies are less likely to get sick	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V043	In your view, how important is it that the working mother and baby will be able to continue breastfeeding without difficulty?	Importance of working mothers continuing to breastfeed	1 = Not at all important	Ordinal
			2 = Not important	
			3 = I'm not sure	
			4 = Important	
			5 = Very important	
V044	In your view, how important is it that the working mother will be able to get information about breastfeeding (or expressing milk) from the workplace?	Importance of getting information about bf	1 = Not at all important	Ordinal
			2 = Not important	
			3 = I'm not sure	
			4 = Important	
			5 = Very important	
V045	In your view, how important is it that the working mother will be able to combine breastfeeding (or expressing milk) and work successfully?	Importance of combining bf and work	1 = Not at all important	Ordinal
			2 = Not important	
			3 = I'm not sure	
			4 = Important	
			5 = Very important	
V046	In your view, how important is it that the breastfeeding working	Importance of feeling satisfied as worker and mother	1 = Not at all important	Ordinal

	mother will feel satisfied with her role as a worker and a mother.			
			2 = Not important	
			3 = I'm not sure	
			4 = Important	
			5 = Very important	
V047	In your view, how important is it that there will be less working mothers staying away from work, because their babies will be less sick?	Importance of less mothers staying away from work	1 = Not at all important	Ordinal
			2 = Not important	
			3 = I'm not sure	
			4 = Important	
			5 = Very important	
V048	In your view, how important is it that the breastfeeding working mother will experience happiness with her work?	Importance of mothers being happy with work	1 = Not at all important	Ordinal
			2 = Not important	
			3 = I'm not sure	
			4 = Important	
			5 = Very important	
V049	In your view, how important is it that the breastfeeding working mother is able to get her work done?	Importance of mothers getting work done	1 = Not at all important	Ordinal
			2 = Not important	
			3 = I'm not sure	
			4 = Important	
			5 = Very important	
V050	In your view, how important is it that the babies of breastfeeding working mothers will be able to receive breast milk while the mother is at work?	Importance of babies receiving breast milk while mothers at work	1 = Not at all important	Ordinal
			2 = Not important	
			3 = I'm not sure	
			4 = Important	
			5 = Very important	

V051	In your view, how important is it that babies of breastfeeding working mothers have fewer illnesses?	Importance of babies having fewer illnesses	1 = Not at all important	Ordinal
			2 = Not important	
			3 = I'm not sure	
			4 = Important	
			5 = Very important	
V052	Workers in this factory would be happy to look after a colleague's job duties if she needs time for breastfeeding (or expressing milk) at work.	Workers are happy to look after a colleague's job duties	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V053	Workers in this factory would not mind if a colleague took a break to breastfeed (or express milk) at work	Workers would not mind if mothers took a break to bf	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V054	Workers in this factory would make fun of a colleague if her breast milk leaks through her clothes sometimes.	Workers would make fun if mothers' breast milk leaks through clothes	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V055	If a colleague took breaks to breastfeed (or express milk) at work, then she would not be allowed to have lunch breaks.	When taking a break to bf, lunch breaks are not allowed	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V056	I think that special breaks for mothers breastfeeding (or expressing milk) at work are unfair to	Special breaks for mothers are unfair	1 = I really don't agree	Ordinal

	employees who don't have children.			
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V057	I think it is unfair that mothers breastfeeding (or expressing milk) will need to have special privileges at work.	Unfair that mothers have special privileges	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V058	I think it is unfair to have a factory that is mother-friendly	Unfair to have mother-friendly factory	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V059	A mother may risk losing her job if she tries to breastfeed (or express milk) at work	Risk of losing job when bf at work	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V060	My supervisor makes me feel comfortable talking to him/her about my work and family issues	Supervisor makes employees feel comfortable to talk about work and family issues	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V061	My supervisor works well with employees to come up with ways to solve difficulties between my work and my family tasks	Supervisor works well with employees to solve difficulties	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V062	My supervisor shows helpful ways for how to manage work and family issues	Supervisor shows helpful ways to manage work and family issues	1 = I really don't agree	Ordinal

			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V063	My supervisor organises the work in my department or line to help employees and the factory	Supervisor organises work to help employees and factory	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V064	My supervisor would allow mothers in the factory to breastfeed (or express milk) during work hours.	Supervisors allow mothers to bf during work hours	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V065	My supervisor would adjust the work schedule to allow a mother in this factory to breastfeed (or express milk) at work	Supervisors adjust work schedule to allow mothers to bf	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V066	My supervisor would look after job duties of a mother who has taken a break to breastfeed (or express milk) at work	Supervisors look after the job duties of mothers who bf	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V067	My supervisor would make a mother feel comfortable if she wanted to talk about breastfeeding (or expressing milk) during her work hours.	Supervisors make mothers feel comfortable to talk about bf	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V068	In general, I like my job.	Like job	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	

			4 = I agree	
			5 = I really agree	
V069	All in all, I'm satisfied with my job	Satisfied with job	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V070	In general, I like working at this factory	Like working at the factory	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V071	I feel a strong connection to this factory	Strong connection to factory	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V072	I feel emotionally attached to this factory.	Emotionally attached to factory	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V073	I feel like part of the family at this factory	Family at factory	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V074	This factory has a lot of personal meaning to me	Factory has personal meaning	1 = I really don't agree	Ordinal
			2 = I don't agree	
			3 = I'm not sure	
			4 = I agree	
			5 = I really agree	
V075a	Did you get money from UIF for your last maternity leave?	UIF	1 = Yes	Nominal
			2 = No	
V075b	If no, please tell us why you did not get money from UIF	Reason for no UIF		String
V076	When you were pregnant with your last-born child, did you hope to breastfeed after you gave birth?	Hoped to bf	1 = Yes	Nominal
			2 = No	

V077	Did you ever breastfeed or express milk for your last-born child?	Breastfed or expressed milk	1 = Yes	Nominal
			2 = No	
V078	If you did ever breastfeed or express milk for your last-born child, how old was your child when you stopped breastfeeding completely?	Age of child when stopped breastfeeding	Age in months	Scale
V079	If you did ever breastfeed your last-born child, did you stop breastfeeding because you had to return to work?	Stopped bf because returned to work	1 = Yes	Nominal
			2 = No	
V080	If you did breastfeed your last-born child, did you suffer from swollen/painful breasts when returning to work?	Suffered from swollen/painful breasts	1 = Yes	Nominal
			2 = No	
V081	How many months old was your last-born child when you returned to work?	Age of child when returned to work	Age in months	Scale
V082a	Who looked after your child while you were at work?	Child carer	1 = Family member	Nominal
			2 = Paid helper	
			3 = Creche or other paid childcare facility	
			4 = Other	
V082b	Other			String
V083a	Did you ever feed your last-born child breast milk only?	Exclusive breastfeeding	1 = Yes	Nominal
			2 = No	
V083b	If yes, please tell us for how many months you fed your last-born child breast milk only	Duration of exclusive breastfeeding		Scale
V084	Did you ever breastfeed or express milk for your last-born child after you returned to work?	Breastfed or expressed milk after returning to work	1 = Yes	Nominal
			2 = No	
V085a	Did you ever express breast milk in the factory during your work day to take home to feed your baby?	Expressed breast milk in the factory to take home	1 = Yes	Nominal
			2 = No	

V085b	If no, please tell us why you did not	Reason for not expressing at factory		String
V086	If you expressed milk at work, did you ever speak to your supervisor to help you do this?	Discussions with supervisor about expressing at work	1 = Yes	Nominal

Appendix J: Codebook for qualitative data

Mothers (Interviewees)	
Code	Description
1. Respondent information	
Empl_Profile_M	Information relating to the employment status of the mothers.
Travel_M	Information about the mothers' travel arrangements to work.
Characteristics_M	Characteristics of the mothers.
2. Pregnancy and maternity	
Pregnancy_M	How mothers experienced being pregnant at work.
Maternity_M	Information about mothers' maternity leave.
UIF_Union_M	Whether mothers received money from UIF or the union while on maternity leave.
3. Infant feeding practices	
IF_Maternity_M	Information about mothers' infant feeding practices while on maternity leave.
IF_Work_M	Information about mothers' infant feeding practices when they returned to work.
Advice_M	Whether mothers gave their co-workers advice about breastfeeding or expressing.
IF_Stress_M	Whether mothers' stress at work affected their breastfeeding practices.
4. Current support for mothers' breastfeeding	
Cur_Breaks_M	Information about breastfeeding breaks at the factory.
Cur_Facility_M	Information about breastfeeding facilities at the factory.
Cur_Policy_M	Information about policies or guidelines at the factory for breastfeeding mothers and whether mothers were aware of it.
Cur_Store_M	Information about storage facilities for mothers' breast milk.
Cur_Info_M	Information provided to mothers, supervisors employees about breastfeeding and available support in the factory.
Cur_Sup_Cowork_M	The type of support that mothers received from co-workers.
Cur_Sup_Empl_M	The type of support that mothers received from the employer.
Cur_Sup_Super_M	The type of support that mothers received from their supervisors.
SAlaw_M	Mothers' awareness of the law on breastfeeding in the factory.
Cur_Other_M	Any other type of support that the factory provided to mothers.
Ben_BF_Baby_M	Mothers' knowledge about the benefits of breastfeeding to a baby.
Ben_BF_Moth_M	Mothers' knowledge about the benefits of breastfeeding to a mother.
Ben_BF_Empl_M	Mothers' knowledge about how the employer can benefit by supporting breastfeeding mothers.
Ben_BF_Society_M	Mothers' knowledge about how society can benefit when mothers breastfeed.

Clinic_M	Information about the type of support that the clinic provides to breastfeeding mothers.
5. Barriers to mothers' breastfeeding	
Barrier_Break_M	Whether there is a lack of breastfeeding breaks and how it affects the mothers' breastfeeding practices at work.
Barrier_Facility_M	Whether there is a lack of breastfeeding facilities and how it affects the mothers' breastfeeding practices at work.
Barrier_Policy_M	Whether there is a lack of a breastfeeding policy in the factory and how it affects the mothers' breastfeeding practices at work.
Barrier_Store_M	Whether there is a lack of storage facilities for breast milk in the factory and how it affects the mothers' breastfeeding practices at work.
Barrier_Info_M	Whether there is lack of information about mothers' breastfeeding and how it affects the mothers' breastfeeding practices at work.
Barrier_Cowork_M	Whether there is a lack of support from co-workers and how they affect the mothers' breastfeeding practices at work.
Barrier_Empl_M	Whether there is a lack of support from the employers and how they affect the mothers' breastfeeding practices at work.
Barrier_Super_M	Whether there is a lack of support from the supervisors and how they affect the mothers' breastfeeding practices at work.
Barrier_Law_M	Whether there is a lack of awareness of the breastfeeding law in the factory and how it affects the mothers' breastfeeding practices at work.
Barrier_Pump_M	Whether mothers express without breast pumps and how it affects the mothers' breastfeeding practices at work.
Barrier_Targets_M	Information about how targets adversely affect mothers' breastfeeding practices at work.
Barrier_Work_M	Information about how working at the factory adversely affects mothers' breastfeeding practices at work.
Barrier_Other_M	Other barriers that adversely affect mothers' breastfeeding practices at work.
6. Needs	
Needs_Breaks_M	Mothers' needs regarding breastfeeding breaks.
Needs_Cowork_M	Mothers' needs regarding support from their co-workers.
Needs_Empl_M	Mothers' needs regarding support from their employers.
Needs_Super_M	Mothers' needs regarding support from their supervisors.
Needs_Facility_M	Mothers' needs regarding a breastfeeding facility at the factory.
Needs_Info_M	Mothers' needs regarding information about breastfeeding and breastfeeding support at the factory.
Needs_Policy_M	Mothers' needs for a breastfeeding policy at the factory.
Needs_pump_M	Mothers' needs for breast pumps at the factory.
Needs_Store_M	Mothers' needs for storage facilities for their breast milk at the factory.

Needs_Other_M	Other needs that mothers had regarding breastfeeding support at the factory.
7. Union	
Union_M	Information about the union, how they supported breastfeeding mothers and the mothers' needs regarding support from the union.
Supervisors (Interviewees)	
1. Respondent information	
Empl_Profile_S	Information relating to the employment status of the supervisors.
Travel_S	Information about the supervisors' travel arrangements to work and back home.
Characteristics_S	Characteristics of the supervisors.
2. Employees with children	
Empl_Babies_S	Information about the supervisors' employees who had babies while working at the factory.
BF_Conversations_S	Information about conversations that supervisors had with their employees about breastfeeding.
Empl_Mat_S	Information about mothers' maternity leave.
3. Current support for mothers' breastfeeding	
Cur_Breaks_S	Information about breastfeeding breaks at the factory.
Cur_Facility_S	Information about breastfeeding facilities at the factory.
Cur_Policy_S	Information about policies or guidelines at the factory for breastfeeding mothers and whether supervisors were aware of it.
Cur_Store_S	Information about storage facilities for mothers' breast milk.
Cur_Info_S	Information provided to mothers, supervisors and employees about breastfeeding and available support in the factory.
Cur_Sup_cowork_S	The type of support that co-workers provide to breastfeeding mothers.
Cur_Sup_empl_S	The type of support that the employer provides to breastfeeding mothers.
Cur_Sup_super_S	The type of support that the supervisors provide to breastfeeding mothers.
SAlaw_S	Supervisors' awareness of the law on breastfeeding in the factory.
Cur_Pther_S	Any other type of support that the factory provides to mothers.
Ben_BF_Baby_S	Supervisors' knowledge about the benefits of breastfeeding to a baby.
Ben_BF_Moth_S	Supervisors' knowledge about the benefits of breastfeeding to a mother.
Ben_BF_Empl_S	Supervisors' knowledge about how the employer can benefit by supporting breastfeeding mothers.
Ben_BF_Society_S	Supervisors' knowledge about how society can benefit when mothers breastfeed.
Clinic_S	Information about the type of support that the clinic provides to breastfeeding mothers.
Inform_Sup_S	Information provided to supervisors to manage staff, pregnancy, and breastfeeding support.

4. Barriers to mothers' breastfeeding	
Barrier_Break_S	Whether there is a lack of breastfeeding breaks in the factory.
Barrier_Facility_S	Whether there is a lack of breastfeeding facilities in the factory.
Barrier_Policy_S	Whether there is a lack of a breastfeeding policy in the factory.
Barrier_Store_S	Whether there is a lack of storage facilities for breast milk in the factory.
Barrier_Info_M	Whether there is lack of information about mothers' breastfeeding in the factory.
Barrier_Cowork_S	Whether there is a lack of support from co-workers in the factory.
Barrier_Empl_S	Whether there is a lack of support from the employers in the factory.
Barrier_Super_S	Whether there is a lack of support from the supervisors in the factory.
Barrier_Law_S	Whether there is a lack of awareness of the breastfeeding law in the factory.
Barrier_Target_S	Whether having to meet targets can affect mothers' breastfeeding practices.
Barrier_Inform_S	Whether factory management provides supervisors with information on how to manage staff, pregnancy and breastfeeding support.
Barrier_Other_S	Other barriers that adversely affect mothers' breastfeeding practices at work.
5. Needs	
Needs_Breaks_S	What supervisors think the mothers need regarding breastfeeding breaks.
Needs_Cowork_S	What supervisors think the mothers need regarding co-worker support.
Needs_Empl_S	What supervisors think the mothers need regarding employer support.
Needs_Facility_S	What supervisors think the mothers need regarding breastfeeding facilities.
Needs_Info_S	What supervisors think the mothers need regarding information about mothers' breastfeeding.
Needs_Super_S	What supervisors think the mothers need regarding supervisor support.
Needs_Other_S	Other needs that supervisors think the mothers would have.
6. Union	
Union_S	Information about the union, how they supported breastfeeding mothers and how the union can better support breastfeeding mothers.

Appendix K: Template of a workplace breastfeeding policy

Breastfeeding friendly workplaces need a breastfeeding policy endorsed by management. Use the breastfeeding policy template below as is, or as a guide to develop something suitable for your workplace's needs. In either instance, remember to circulate the complete and signed policy widely amongst staff using all internal communication channels available: email, noticeboards, intranet, newsletters, workers unions, wellness programmes, etc.

Workplace breastfeeding policy for (insert business / company / workplace name)

Background

(insert workplace name) recognises that breastmilk is the recommended ideal, most healthful, natural and economic food for healthy growth and development of infants and young children. Our policy is to support the needs of breastfeeding mothers when they return to work.

(insert workplace name) therefore promotes and supports breastfeeding and the expression of breastmilk by employees who are breastfeeding.

Purpose

To provide a guideline to supervisors and managers with regard to employees who choose to breastfeed or express breastmilk for their babies.

Scope

The provisions contained in this policy are applicable to employees who return from maternity leave as well as new appointees who are breastfeeding at the time of appointment.

Legislative framework

- Constitution of the Republic of South Africa, No 108 of 1996
- Labour Relations Act, No 66 of 1995 as amended
- Basic Conditions of Employment Act, No 75 of 1997
- Employee Equity Act, No 55 of 1998

Code of Good Practice on the Protection of Employees during pregnancy and after the birth of a child as per the regulation Gazette No 6342 of 1998, issued in terms of the Basic Conditions of Employment Act of 1997.

Arrangements

1. On return from maternity leave, the employee will inform the direct supervisor that she is breastfeeding.
2. The supervisor, in conjunction with the manager, will ensure that reasonable provision is made within the workplace to accommodate female employees who request to breastfeed or express breastmilk.
3. Employees can request and be granted reasonable time-off to breastfeed her baby or for expressing breastmilk.
4. Such time-off will not be regarded as vacation leave, but a record must be kept as part of the regular attendance management system of the institution.
5. Arrangements should be made for employees to have breaks of 30 minutes twice per day for breastfeeding or milk expression each working day for the first six months of the child's life, over and above normal breaks. Beyond six months, breastfeeding women should engage their employers to make arrangements to support breastfeeding.
6. Operational requirements must be considered at all times as discussed by the employee and supervisor.
7. In cases where abuse of time is suspected, the employer may investigate and take action according to company policy.

Space and facilities

It is recognised that bathroom facilities are not appropriate for women to breastfeed or express breastmilk.

The following will be provided for breastfeeding and/or expressing of breastmilk:

- A clean, comfortable and private space at or near the workplace
- Appropriate signage (i.e.: "ROOM IN USE") to ensure privacy
- Comfortable chair with supportive arms - for breastfeeding
- Small table and chair for expressing breastmilk
- In case that an electrical breast pump is used, accessible electrical outlets will be needed.

- Baby changing station or table with a means to hygienically clean area
- Proximity to washing facilities with a clean, safe water source for hand washing and rinsing out breast pump equipment
- A small refrigerator or space in a refrigerator for safe storage of breastmilk.
Alternatively, the employee can provide her own cooler bag with ice packs for the storage of breastmilk.

Breastfeeding women will provide their own containers for the expression and storage of breastmilk in the refrigerator. The breastmilk containers will be clearly labelled by the mother with a name and date.

Promotion and communication of policy

This policy will be communicated to all staff of (insert workplace name) and will be reiterated to female employees commencing maternity leave. The policy will also be included in the new employee’s orientation programme.

Further information

For further information or assistance in relation to this policy please contact:

(insert name and contact details of contact person)

Authority

[Approved by]

[Date approved]

[Last reviewed]