



School of Management Studies

RESEARCH

Title:

Breastfeeding Experiences of Call Centre Agents

Faculty of Commerce

Supervisor: **Professor Ameeta Jaga**

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Plagiarism Declaration Abstract

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Abstract

Breastfeeding is one of the most effective strategies for improving infant nutrition and increasing child survival globally. Several experts consider breastfeeding to be the best way to feed a baby, as it provides numerous benefits to both the mother and the child. One of the main factors that contributes to the early weaning of breastfeeding infants in South Africa is the return to work. This study aimed to gain an in-depth understanding of the breastfeeding experiences of call centre agents when returning from maternity leave. This study employed a qualitative research method where seven semi-structured interviews were conducted with women who had a baby in the past two years and working in a call centre environment. Thematic analysis conducted on the data revealed three important themes: (1) Call centre policies and feelings of subordination amongst breastfeeding women (2) Breastfeeding support and return to work and (3) Call centre work structure: obstacles for breastfeeding moms. The study results revealed that the Covid-19 pandemic helped support breastfeeding because of the increased time at home as they were able to continue to breastfeed their babies while working from home, measures of trustworthiness and ethical considerations were adhered to throughout the study.

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Chapter 1: Introduction

With more women entering the workplace, the workplace becomes a place for women to reconcile their maternity demands (pregnancy and breastfeeding) with paid employment. Breastfeeding at work is a part of maternity protection that has not received enough attention. The World Health Organization (2023) recommends exclusive breastfeeding of infants until six months of age and continued breastfeeding with supplemental nutrition up to and exceeding two years. Breastfeeding is one of the most important and effective ways to guarantee child health and survival (WHO, 2023). Exclusive breastfeeding means that babies are only fed breastmilk without being introduced to solid foods or liquids (WHO, 2023).

In most countries, statistics on exclusive breastfeeding in babies younger than six-month is well below 50%. Although many countries have legislation in place to protect maternity, only 53% of these countries meet the international labour organisation standard of 14 weeks and approximately 23% either meet or exceeds the recommended leave of 18 weeks (Rollins et al., 2016). These problems are aggravated within big informal sectors, where the vast majority of working women have little or no sufficient maternity protection, and approximately 80% of them are based in Asia and Africa (Rollins et., 2016). Nevertheless, issues surrounding breastfeeding are common around the world, and they can come from different factors, such as lack of education and knowledge or from victimisation and stigma regarding breastfeeding in the workplace (Deedat, 2019; Freed et al, 1995; Johnson & Esposito, 2007).

In South Africa when a woman returns to work before her baby reaches the age of six-month, she would need to continue breastfeeding or pumping milk whilst at work to meet the ideal breastfeeding needs. On average people spend approximately eight hours at work Netshandama (2002) claims lactating women at work are expected to work just as much as their male counterparts despite the breastfeeding activities that women may be engaging in from time to time. The long demanding days at work deprive women an opportunity to breastfeed or express breastmilk in between their work schedule. After that long day women come home and want nothing to do but to rest, thus breastfeeding becomes unbearable for them when they get home (Netshandama, 2002).

Research conducted on working women shows a negative relationship between breastfeeding and maternal employment (Forste, Weiss & Lippincott, 2001). According to Netshandama (2002) approximately one third of women do not initiate breastfeeding, and majority of those

women who introduce breastfeeding to their infants immediately stop when returning to work “only one in ten working mothers’ nurses for recommended two years “(Brady, 2001, p. 70). Brown et al., (2014) claim women stop breastfeeding as soon as they return to work, because apparently it is overwhelming for them to express milk, breastfeed and fiddle around with pumps and storage. This study will be conducted on breastfeeding call centre working agents, there is no literature on the breastfeeding experiences of call centre agents in South Africa. This is the reason why the researcher felt if call centre working women could share their own personal experiences regarding working and breastfeeding experiences that might help other women cope and find some form of motivation to ask for a friendly breastfeeding environment from their organisations.

These women will give voice to their workplace needs and expectations to educate their fellow colleagues and employers. This is also the reason why this study aims to conduct research in a South African call centre industry, by locally exploring specific breastfeeding decisions of call centre agents in a South African context.

Background to the Problem

In recent years, the intersection of work and family has become a significant concern for working mothers, especially those in low-income or high-demand occupations. The rise of dual-income households, where both parents contribute financially, has shifted the expectations placed on women in the workforce (Hochschild & Machung, 2012). Despite the increasing recognition of the importance of breastfeeding for both maternal and infant health, many working mothers face significant challenges when trying to balance their professional responsibilities with the demands of nursing their infants (Whitley et al., 2021).

The majority of mothers today return to work soon after giving birth, often due to financial necessity. This return to work typically happens in the first few months after childbirth, a critical period for establishing breastfeeding routines (World Health Organization, 2021). For many, this situation creates a difficult balancing act navigating the demands of a professional role while also meeting the biological and emotional needs of their infant (Abekah-Nkrumah et al., 2020). The unique challenges faced by working mothers are compounded when they are employed in industries or occupations with high work demands, such as call centres (Bakker & Demerouti, 2017).

Call centres, in particular, present a distinct set of challenges for breastfeeding mothers. The nature of the work often involving long hours at desks, strict schedules, and performance-

based targets leaves little room for flexibility (Vilar-Compte et al., 2021). The lack of designated spaces for breastfeeding or pumping milk in many workplaces, coupled with the distance from home, can further complicate the situation (Vilar-Compte et al., 2021). For example, many call centre employees have work sites located far from their homes, making it impossible for mothers to return home during lunch breaks to breastfeed their infants (Whitley et al., 2021). As a result, breastfeeding becomes a source of stress, often leading to cessation of breastfeeding earlier than desired (Bakker & Demerouti, 2017).

Moreover, research has shown that workplace support or the lack thereof plays a crucial role in enabling mothers to continue breastfeeding after returning to work. When organizations fail to provide supportive environments, whether through designated lactation rooms or flexible break times, it can be incredibly difficult for mothers to sustain breastfeeding (Abekah-Nkrumah et al., 2020). This lack of support can lead to emotional and physical stress, impacting their well-being and the health of their infants (Whitley et al., 2021). The pressure to meet work demands can further discourage mothers from continuing to breastfeed, which, in turn, can affect their work performance, job satisfaction, and overall quality of life (Hochschild & Machung, 2012).

In the case of call centre workers, the issue is even more pronounced. The high demands and fast-paced nature of the work often leave little room for breaks, much less the time needed for breastfeeding or pumping (Bakker & Demerouti, 2017). These conditions may result in many women feeling that they are forced to choose between their professional responsibilities and their commitment to breastfeeding (Vilar-Compte et al., 2021).

Call Centre Work Environment

The call centre environment is a pleasant place to work, some call centres open 24 hours a day and seven days a week as calls keep coming in. there are two types of calls inbound calls and outbound calls (Singh & Pandey, 2005). Inbound calls are used for customer service when a customer calls into the call centre and outbound calls are similar to telesales, whereby the call centre agent is the one that contacts the customer directly.

A call centre during different shifts may be involved in a number of processes. Call centre shifts correspond with the times of the country whose processes they are working on. Call centre agents and the number of calls they take per shift are monitored by either their team leaders or their managers, and if there are mistakes made points will be deducted from their performance but if they complete calls within a schedule they are rewarded. Some call centre

clients are from Australia, Europe and the United States. To make the employees feel more at ease, accent and pronunciation training is provided, and some call centres change the name of the employee whose name is hard to pronounce (Singh & Pandey, 2005).

Effects of Call Centre Work on Women

The issue concerning the gender-diverse impact of call centre work on women is not new. According to Taylor and Bain (2005) women who make up approximately 50% of the workforce are primarily affected by conflicts between the demands of task performance and working hours, as well as domestic and social responsibilities and expectations. Manegdeg (2007) stated that married women a few weeks after reporting for work usually resign from their organisations due to the demands of home and work. Asuncion (2008) pointed out that a highly stressful job, with late-night shifts would be too much for married women particularly if the women have children, they have to take care. However, these concerns were mentioned in passing and in generalised statements that lacked facts. To date there is no in-depth study conducted on the actual experiences of call centre women and the connections between their work and their family obligations.

A research study conducted by Aldea et al., 2007, looked into the issues and challenges of women in the call centre industry. The paper used four interviews and case studies on women who either worked or is working as a call centre agent, team leaders or managers in a call centre setting. The interviews offered an insight into the actual lived experiences of the women workers narrated by the women regarding the effects of working in a call centre environment, the paper however did not explore deeper into how the experiences of the women can be.

A more in-depth study regarding the experiences of women within the domestic domain and in relation to their jobs in the call centre, has the potential to develop and improve the literature on the impact of call centres on women. A female call centre employee in her interview with Aldea et al (2007) she spoke on the effects of her call centre work to her domestic obligations. She mentioned in the interview that during special occasions she is unable to join her family and that in her line of work it is difficult to get a leave when she is sick or when there is a family problem. Similarly, men and women would be motivated to attend special occasions, but usually it is the women who normally looks after kids, cooks prepare food, cleans etc, by working in the call centre with unpredictable shifts and schedules are the women released from those duties? Will her job negotiate gender roles?

Amante, (p. 45, 2008) stated that “there is a significant differential in average wages between men and women, with men enjoying a 13 percent advantage over women” the findings in Amante’s study are similar to a study conducted in European call centres by Belt et al (2002), whereby they found salaries in the computer call centres were significantly higher for the predominately male jobs (sales and technical support roles). The study found that men significantly outnumbered women in technical support positions, such as software helpdesk roles, while women were predominantly employed in customer support positions. Additionally, technical support roles were the least monitored and were highly routinized (Amante, 2008).

It is important to consider the composition of gender of employees when discussing the impact of call centre work. Belt et al (2002) once declared that companies and managers do not view men and women as similar, instead male, and female employees are seen as different and employers use them differently (Belt et al., 2002.p.12). It is also important to point out that “although women make up the majority of employees in general, they do not dominate employment in all sectors and across all task areas”.

A female call centre agent interviewed by Amante (2008) said: Most call centre agents are women. hey, leave for work late at night, and could be vulnerable to attack and harassment. The calls centre I work in is located in an isolated business area, just like many other call centres, away from public transport. Most call centres have sleeping quarters. here is also a shuttle bus to ferry employees from voice to drop of points in the transport route. Call centre staff have no influence over the working hours and shift, which are announced often at the last minute.

Following the statement above it is obvious that compared to dayshift workers nightshift workers are more greatly exposed to risks such as being deprived of social and family gatherings, effects on health and body due to proper sleep deprivation among others (Soriano, 1985; Sibal, 2010). According to Cabarrubias (2011) call centre companies should put safety measures in place to address safety concerns of female workers such as exemption for working nightshift for pregnant employees, resident physicians for pregnant employees, day-care facilities as well as breastfeeding areas for nursing mothers.

Cabarrubias (p. 88, 2011) Pointed out that “A key feature of interactive service work is the projection of a specific set of emotions prescribed by the organization and embodied in the rules of employment.” Call centre employees at all times are expected to sound and appear

glad and happy to service customers despite any personal problems they may have (Pico, 2006). In an interview conducted by Aldea et al (2007) a call centre employee revealed that she could not laugh she had to confine herself and she had to hide and check her emotions because she dealt with 100 or more calls a day. These are the cause of stress and burnout, which does not only manifest in the workplace but in personal and private relationships too. Dealing with angry and irritated customers all day can lead to emotional exhaustion as well as stress and depersonalisation (Sharma & Lohumi, 2010).

These tendencies might have an impact on the families and personal lives of female workers, and in turn, burnout and job-related stress may have an impact on the caring and nurturing nature of women, in addition, call centre work creates a certain unique lifestyle between workers, for example, compared to those who work regular jobs call centre employees especially those that work nightshift develop a unique pattern of routines.

Low-Income Women

In South Africa, low-income workers are predominately female, uneducated, black and compared to higher income professional workers have irregular hours (Bernstein, 2004; Mathur-Helm, 2018; (Statistics South Africa, 2023). According to the Congress of the South African Trade Unions (COSATU) approximately 60% of workers in SA earn less than R5000 a month (COSATU, 2019). Using the living conditions survey to provide insights into the living conditions of people living in low-income household. The survey claims that one in every five adults are living below the food poverty line (STATSSA, 2018b), showing that 20.6% of South African adults do not earn enough money to support themselves.

Even though low-income workers in South Africa make up most of the labour force their experiences are understudied in research related to the work-family interface, especially regarding breastfeeding at work. Low-income workers face different challenges when it comes to managing their family and work demands (Muse & Pichler, 2011). For example, having access to important work and family resources such as breastfeeding at work, paid maternity leave, and flexible working hours is almost non-existent among low-income workers as compared to their middle-class counterparts.

The South African maternity protection law provides women with four months of maternity leave (Basic Conditions of Employment Act, 1997). Where women can claim unemployment insurance fund (UIF), for up to 66% of their income (Labour Laws Amendment Act 10 of 2018 (English / Afrikaans) | South African Government, n.d.). For low-income women, this

leaves them more vulnerable and with little or nothing to sustain themselves and their babies during this time of maternity leave. Some of these women are unable to receive these funds at all due to the administration burden of accessing them (Stumbitz & Jaga, 2020). Low-income worker's lack of work-family benefits and living below the poverty line provides less resources to cope with the issues of work family such as being able to breastfeed at work (Muse & Pichler, 2011). Accordingly, many low-income women return to work earlier than the four months and give up breastfeeding.

Factors such as power negotiations, flexibility and job autonomy has been linked to successfully combining work and breastfeeding (Guendelman et al., 2009). Studies suggest that women in managerial or higher positions have a greater flexibility in terms of working hours and can easily navigate between work, life and the demands of breastfeeding. Low income working women on the other hand have less or no control over their working arrangement and working hours that will help them navigate work and maternal demands. Low income working women also have less or no organisational support and financial resources compared to the higher paid women making the application or use of family and work policies difficult (Muse & Pichler, 2011).

The Call Centre Environment

According to Abrahams (2008), the call centre industry is one of the fastest-growing industries in the world and it is one of the most important sources of communication businesses has with their customers, information is shared by means of telesales (outbound) or shared inbound (customers calling in) (White & Roos, 2005). The call centre work environment has multichannel of communication web chat, email and fax are some of the communication channels used by customers (Banks & Roodt, 2011). Möller et al. (2004) argue call centres are alternate ways in which businesses maintain contact with customers whilst eliminating the high cost of one-on-one interaction.

According to Anderson and Jansson (2006), the call centre industry is characterised by low pay, limited control, high job demands, restricted opportunities for growth and development, and a lack of social support. Lloyd and Payne (2009) claimed that working in a call centre environment demands emotional labour and call centre agents are constantly under pressure to meet their daily productivity goals whilst simultaneously delivering quality customer service (Kjellberg et al., 2010). According to Ashill and Rod (2011) this is not surprising as agents frequently suffer from burnout, burnout is a form of psychological strain stemming

from constant work stress usually categorised by emotional exhaustion (Worley et al., 2008). The negative consequences of burnout are overwhelming for the agents and can result in emotional exhaustion (Bakker et al., 2004). emotional exhaustion experienced by call centre agents during working hours, leaves them with less energy to perform their home duties such as breastfeeding in this case, according to Netshandama, (2002) one third of women do not initiate breastfeeding, or they immediately stop when returning to work.

The advances in technology have facilitated the growth of the call centre industry and resulted in agent's engagement with hundreds of interactions with customers on a daily basis (Holman et al., 2002; Rod & Ashill, 2013). Wilson (2006) further argued that the inclusion of information and script technology has resulted not only in reducing the skills of the agents but also the need and time to think which is related to emotional exhaustion. The call centre environment is typically characterised by inbound and outbound traffics. Lewin and Sager (2007) distinguish the differences between inbound and outbound call centre work. Working in a call centre environment whether as an inbound or outbound agent requires dealing with unpredictable human interactions whereby frequent coordination and readjustment of efforts are needed.

These efforts include emotional labour (Hampson et al., 2009), decreased autonomy (Wegge et al., 2006), increased time pressure (Deery et al., 2010), and increased monitoring of performance (Ball and Margulis, 2011). They make it difficult for mothers to reconcile breastfeeding and because working in the call centre space because this industry is customer centric and employees have to spend a lot of their time at the desk attending to customers (Hyman et al., 2003). According to Spitzmueller et al. (2015) the need for breastfeeding women to express/pump milk at work creates a time-oriented demand at regular intervals involving frequent breaks. Thus it would be difficult or impossible for breastfeeding agents to fulfil this demand because that would compete with the demands of the call centre space (Rod & Ashill,2013).

Call centre work requires agents to work overtime, weekends, night shift and public holidays (Lestari & Yuwono, 2020). For example, working overtime takes away time mothers can spend with their families that is breastfeeding their babies (Matthews et al., 2012). The call centre industry is characterised by increased workloads and high-pressure allowing workers to work long and irregular hours to meet deadlines, which interfere with family time (Dhanpat, 2018). Although the nature of the inbound and outbound work may have

differences, they experience stress the same way in terms of meeting quality and performance targets and regularly monitoring customer interaction i.e., highly difficult or demanding customers (Sewell et al., 2012).

This puts pressure on workers to maintain a high-quality service performance under continuous work pressure (Puyod & Charoensukmongkol, 2019). Working in a call centre environment becomes extremely difficult due to the high work pressure of call centres (Ro & Lee, 2017; Zambas, 2018). Therefore, call centre workers are required to become emotional labour workers (Cho et al., 2019) who always should create a positive and comfortable environment for customers (Rod & Ashill, 2013). Therefore, it does not come as a shock when they experience psychological pressure because of the stress they incur from their job, which is characterised by emotional exhaustion (Rod & Ashill, 2013). Such high pressure according to Lestari and Yuwono (2020) is the cause for call centre agents to undergo work-family conflict and family-work conflict. This is why it would be difficult for the call centre agents to take time and breastfeed at work.

Call Centre Working Women

Call centre workers are a specific group of low-income workers. The researcher's decision to choose this population is because they best resemble the demographic description of low-income workers and because the call centre industry is dominated by females (Belt, 2002). The rapid growth of call centre jobs over the last decade have gained a considerable amount of attention from academia and the media. Additionally, call centres in many countries have become an important new source of employment, particularly for women (Belt, 2002). Studies as far back as the year 2000 show that female employees in the call centre industry make-up approximately 70% of the workforce (Breathnach, 2000). Hyman et al. (2003) argue that balancing work and family is very difficult in a call centre environment.

The customer centric nature of the work is emotionally exhausting, time intensive, and demanding. Workers would spend a lot of time at their desk attending to their clients/customers (Hyman et al., 2003) and to maintain a high-quality service performance under continuous work pressure (Puyod & Charoensukmongkol, 2019). Therefore, call centre workers are required to become emotional labour workers (Cho et al., 2019) who always should create a positive and comfortable environment for customers (Rod & Ashill, 2013). they experience psychological pressure because of the stress they incur from their job,

which is characterised by emotional exhaustion (Rod & Ashill, 2013). These characteristics exacerbate the difficulties for breastfeeding mothers to breastfeed or express milk at work.

Such high pressure according to Lestari and Yuwono (2020) is the cause for call centre agents to undergo work-family conflict and family-work conflict. Work-family conflict occurs when work experiences interferes with family demands and family-work conflict occurs when home/family experiences interferes with work demands (Kossek & Ozeki, 1998). Lestari and Yuwono (2020) claimed that family-work and work-family conflict are predictors of emotional exhaustion experienced by call centre workers, for example, call centres are open 24 hours day, this result in their employees working longer hours and missing out on family time which leads to stress and emotional strain (Lestari & Yuwono, 2020).

To get a better understanding of the nature of this conflict this research uses Greenhaus and Beutell's (1985) conceptualisation that proposes three types of work-family conflict. The first type conflict is based on time, meaning when a person devote time to only one domain (work) which in turn consumes the time needed to meet the needs of another domain (family). Secondly, strain-based conflict, this type of conflict occurs when strain such as, fatigue, anxiety and tension coming from one domain makes it difficult to achieve the needs it demands of another domain, and lastly, behaviour-based conflict, this is when behaviours that are developed from one domain are not compatible with the demands and needs of another domain, making it difficult for an individual to adjust their behaviour when moving between these domains.

Emotional Exhaustion

Emotional exhaustion is a person's feeling of being tired emotionally because of their job/work (Lestari & Yuwono, 2020; Maslach & Jackson, 1981), on the other hand, Maertz and Campion (2004) defined emotional exhaustion as a state of fatigue resulting in no interest to work, boredom and stress with routine life and work. Employees that experience emotional exhaustion are unable to properly fulfil their duties, which result in poor performance. Additionally, they feel emotionally and psychologically exhausted, i.e., they feel they have used up their emotional resources and their energy has run out (Lestari & Yuwono, 2020). When employees are unable to manage a two-way conflict between their excessive work demands and family demands, result in emotional exhaustion, which may lead in unwanted results such as poor job performance (De Cuyper et al., 2015).

Objectives of the Research

The purpose of this research was to gain deeper insight into the experiences of breastfeeding call centre agents in the workplace. Through a qualitative exploration, the study seeks to allow participants to share their narratives directly related to their breastfeeding experiences as call centre agents including the support or lack of support they have encountered. The research questions that will be addressed in this study are:

Q1: What breastfeeding experiences do women in call centres face when they return to work?

Q2: How do mothers in call centre jobs navigate work and breastfeeding demands?

Structure of the Dissertation

This dissertation comprises of five chapters. Chapter one is the introduction to the current study, defining the aims/objectives and research question. The following chapter offers a review of existing literature and relevant theory. The third chapter deals with the methods used in this study and describes the research design, participants and sampling etc. The fourth chapter presents the findings of the research and lastly chapter five, the final chapter draws on the whole dissertation by linking or connecting the study results to existing literature. This contains a discussion of the implications of the findings, an outline of the research's limitations and suggestions for future research.

Chapter 2: Literature Review

The literature review is organised as follows. First, a brief explanation of the literature search process is provided. Next, Role theory, Social Support theory and boundary theory as a framework for understanding breastfeeding experiences of working mothers. This is followed by the breastfeeding support at work, the challenges of South African mothers to adhere to exclusive breastfeeding at work, call centre work environment and lastly the effects of call centre work on women.

Literature Search Procedure

A systematic approach was employed to identify relevant literature on breastfeeding experiences among women in call centres. Initially, a comprehensive database search was conducted on EBSCOhost to locate peer-reviewed academic journals on breastfeeding and call centre agents. Given the limited availability of literature specifically addressing breastfeeding within the call centre context, the search was expanded to include several other databases, including PsychINFO, Wiley Online Publications, OpenUCT, and Google Scholar. Subsequently, a keyword search was performed using various combinations of terms such as "breastfeeding," "call centre work," "breastfeeding experiences," "women at work," "breastfeeding at work," and "South African call centre agents". The search results were limited, highlighting a significant gap in the literature on breastfeeding experiences of South African women working in call centres.

Theoretical Framework

An understanding of the breastfeeding experiences call centre workers can be explained using three theoretical framings, Role Theory (Katz & Kahn, 1964), Social Support theory (Cohen & McKay, 1984) and boundary theory (Ashforth et al., 2000). Table 1 below is a brief summary of the theories used in this study.

Table 1

Brief Descriptions of Theories

Theory	Author	Date	Description
Role Theory	Katz & Kahn	1964	Suggests that roles are based on expectations or demands regarding

			proper conduct or behaviour. These are all dependent on a person's expectations and role identity (Katz & Kahn, 1964). Role conflict occurs when a person's status and roles corresponding to those statuses (i.e., worker and mother) (Greenhaus & Beutell, 1985).
Social Support Theory	Cohen & McKay	1984	Describes the different ways that connect social relationships to wellbeing. Broadly defined social support are resources provided by others.
Boundary Theory			Evaluates the ways in which people adopt to create, maintain, or alter boundaries to separate, classify and simplify the different domains found in their lives (Ashforth et al.,

			2000; Zerubavel 1991).
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Role Theory

There is much research showing how employment present women with obstacles to breastfeeding. A working woman that face employment related barriers to breastfeed in principle that woman is confronted with a conflict between her work roles and family roles. Role theory (Greenhaus & Beutell, 1985; Katz & Kahn, 1964) and role-conflict perspectives provide a framework for understanding breastfeeding decisions made by working mothers as a result of role-conflict considerations. According to the role theory, multiple demands arise from the various roles assigned to an individual based on different life domains, such as work and family, often resulting in conflict. Furthermore, according to the scarcity hypothesis (Bedeian et al., 1988), individuals operate with fixed psychological and physical resources such as time and energy, and the use of resources in one role (e.g., family) can lead to a depletion of resources in another role (e.g., work) (Goode, 1960). Role theory (Greenhaus & Beutell, 1985, Kahn et al., 1964) provide a rich framework for understanding work and family conflict among call centre employees.

Based on the role theory (Kahn et al., 1964; Katz & Kahn, 1978) and its application to the work and family interface, work and family role demands compete for time, and bestowing to Greenhaus and Beutell, (1985) can create strain and behaviour related role pressure incompatibility. For working women, the demand to reconcile family and work roles influences how they perform both roles, and the prioritisation of work and family roles is assessed based on the outcomes of role fulfilment (Spitzmueller et al., 2015). The need for breastfeeding women to constantly express/pump milk at work (family role demand) creates a time-oriented demand because at regular intervals involves frequent breaks. As a result, this family role demand competes with the work role demands (Spitzmueller et al., 2015).

Work role conflict occurs in two ways; family to work or work to family (Kossek & Ozeki, 1998). The impact could be asymmetrical as family variables seem to be related to family-work conflict than work variables that seems to be related work-family conflict (Byron, 2005). Time base role conflict occurs when family and work time demands compete with each other (Greenhaus & Beutell, 1985). For example, working overtime takes away time parents can spend with their family (work-family conflict) (Matthews et al., 2012). The

call centre industry is characterised by increased workloads and high-pressure allowing workers to work long and irregular hours to meet deadlines, which interfere with family-work balance, therefore leading to increased employee turnover and burnout (Dhanpat, 2018).

Call centres to maintain an excellent customer service operate 24 hours a day (Lestari & Yuwono, 2020). Therefore, call centre agents are expected to work shifts at the time convenient for customers, this entails working night shift, weekend, and public holidays (Lestari & Yuwono, 2020). Working non-traditional shifts restricts employees' ability to spend quality time with their families. The call center shift schedule, in particular, often prevents workers from attending family events due to the demands of their job, leading to emotional strain as they struggle to meet family obligations (Lestari & Yuwono, 2020).

Strain-based conflict occurs when the demands of one role interfere with the effective performance of another (Greenhaus & Beutell, 1985). The challenge of balancing work and family roles significantly impacts how working mothers manage both responsibilities, with the prioritization of each role's demands being influenced by the consequences of fulfilling those roles. For instance, family-related demands, such as the need for frequent breast pumping during work hours, present strong time-based pressures that require multiple breaks at regular intervals. This creates a direct conflict between family and work time demands. For example, a study conducted by Kinman and Jones (2001) found that anxiety and exhaustion from the work domain can spill over to the family domain, limiting people's performance to their role. However, new parents (specially breastfeeding women) may not get enough sleep, which affect their work performance (family-work conflict).

Another example is the emotional fatigue experienced by call centre agents during working hours, which makes it difficult for them to be able to perform their family roles. Behaviour based conflict – happens when work and family behaviour patterns are not compatible (Greenhaus & Beutell, 1985). Mauno, Kinnunen and Ruokolainen (2006) argue that behaviour-based conflict is not relevant to most occupations. It is however clear that occupations such as the call centre work behaviour-based conflicts are relevant, emotionally fatigue impact the family life of the call centre agents which is incompatible with the agent's behavioural expectation from their family (Lestari & Yuwono, 2020).

Social Support Theory

Social support, as defined by Cohen and McKay (1984), refers to the various mechanisms through which social relationships influence an individual's well-being. It is widely

established that social support plays a critical role in enhancing resilience, mitigating mental health challenges, and reducing stress associated with work (House, 1981; House, Kahn, McLeod & Williams, 1985).

The basic models of social support theory show how when an individual is faced with stressors they turn to their close relational partners and social networks whom they speak to regarding their problems and in turn are offered instrumental, informational, emotional, and esteemed support (House, 1981). Seminal theories that are still used today have according to Berkman and Glass (2000) provided richness, understanding and a rigorous attempt to define the critical domains of social support.

Research conducted on interpersonal factors influencing breastfeeding have highlighted the significant position that social support play in the support and success of exclusive breastfeeding between working mothers (Baranowski et al., 1983; Ekström, Widstrom & Nissen, 2003). Additionally, several scholars have expanded the concept of social support to impact behaviour change. There are numerous definitions of social support in literature, that are mainly obtained from qualitative and quantitative studies. In general, all the definitions and meanings of social support indicate a helpful behaviour, or some form of positive interaction presented to a person who's in need of support.

Functions of Social Support: Social support falls within four different categories: (1) emotional support; (2) Instrumental support; Informational support; and (4) Appraisal support.

Emotional Support: Emotional support is the provision of love, trust, respect, care, concern, empathy, admiration, and affection. Kahn and Antonucci (1980) describes emotional support as an affective assistance. Social support according to Cobb (1976, p.18) "information leading a person to believe that he/she is cared for and loved, esteemed and valued, and /or that he/she belongs to a network of communication & mutual obligation." Mutual obligation demonstrates the "reciprocal nature of social support" (Cobb, 1976, p302). For example, encouraging and empathizing with a working breastfeeding mother can persuade her to continue exclusively breastfeeding her child after she returns to work following maternity leave.

Instrumental support: Instrumental support refers to the provision of tangible aid, services, labour, time and money (House & Kahn, 1985). Tangible aid according to Barrera (1986) as the material or physical assistance that directly help a person in need. For example, having

someone to help working mothers with their household chores and caring for the baby when they return home from work in order to be able to breastfeed their child would be considered tangible aid (Bennett, 1981).

Informational support: informational support refers to the provision of advice, opinions, information, and suggestions that a person can use to deal with personal and environmental problems (House, 1981; Krause, 1986). Cutrona and Russell (1987) support the use of informational support during the decision-making processes. The advice, opinions, information, and suggestions given to people should be relevant to them and their present circumstances. For example, a breastfeeding working mother's social network and community members can offer her informational support regarding exclusive breastfeeding and how she can best achieve EBF whilst working and in turn could encourage her to continue EBF after returning to work from maternity leave.

Appraisal support: Appraisal support is usually included as part of informational support. It is the feedback that builds self-esteem and self-confidence. Kahn and Antonucci (1980) describes appraisal support as affirmational support. Affirmational support are expressions that validate another person's actions or statements (Kahn & Antonucci 1980). In order to develop or enhance a working mother's self-esteem and confidence during the postpartum period and help them deal with the stress related with breastfeeding their babies, appraisal assistance is essential. As an illustration, supporting and encouraging mothers to continue breastfeeding their children after they return to work following maternity leave is an example of appraisal support.

Boundary Theory

Boundary theory evaluates the ways in which people adopt to create, maintain, or alter boundaries to separate, classify and simplify the different domains found in their lives (Ashforth, Kreiner & Fugate, 2000; Zerubavel 1991). Boundary theory applied to the literature of work-family is concerned with the behavioural, physical, and cognitive boundaries that exist between people's family and work domain defining the two entities as different and separate from each other (Ashforth et al., 2000). There are thick and thin boundaries, thick (those associated with separating work and family) and thin (associated with blending the two domain) (Allen, Cho, & Meier, 2014). Roles are bounded in time and space (roles are relevant within certain times and certain locations), for example, employees might separate their roles during the day when they are at work, they take on the employee

role and late in the evening enact the family role (i.e., mother) (Ashforth et al., 2000; Allen et al., 2014). Keeping the work and family domains separate from each other makes it a lot easier to manage their roles (Ashforth et al., 2000). Working longer hours might aggravate work family conflict which may lead in spending home time at work Kossek et al., 2014, the aim of this study aims to use boundary theory to evaluate how call Centre agents try and maintain and separate the two domains work and family.

Breastfeeding Support at Work

Breastfeeding at work denotes a mother being offered enough time to express or breastfeed her child while at work and being provided with a private space to do so and facilities such as a fridge to store her breastmilk for later use (Tsai, 2013; Jantzer et al., 2017). Breastfeeding and expressing breastmilk is not only perceived as physically demanding but breastfeeding at work is seen as an additional responsibility (Brown, Rance, & Bennett, 2015; Puapornpong, Paritakul, Suksamarnwong, Srisuwan, & Ketsuwan, 2017). A choice to not breastfeed often comes from a lack of information or social support such as social support (Kong & Lee, 2004). Some form of workplace support is important for the combination of work and breastfeeding for mothers returning to work post-maternity leave (Turner & Norwood, 2013). There are two forms of workplace support for breastfeeding, that is informal and formal support (Muse & Pichler, 2011). Formal forms of support are available through family-friendly policies such as breastfeeding rooms and work policies for breastfeeding, informal forms of support on the other hand, are provided by co-workers and supervisors, this could be in the form of tangible support (instrumental) intangible support (emotional support or advice).

Co-workers may provide breastfeeding mothers with support by providing them with breastfeeding advice, swapping shifts with nursing mothers and or being a friend or confidant. A workplace that imposes unsupportive norms could undermine the possible benefits of formal policies in the workplace. Therefore, informal practices in the workplace for example, co-worker support could be suitable for influencing breastfeeding support in the workplace such as call centres.

The Challenges of South African Mothers to Adhere to Exclusive Breastfeeding at Work

In 2016, South Africa recorded a total of 969,415 live births (StatsSA, 2016), with 80.8% of these births occurring to women aged 20-39, which is considered the working-class age group (StatsSA, 2016). South African women are increasingly represented in various labor markets,

including nursing, education, hospitality, retail, and domestic work, with the majority of these women being of childbearing age (DoH, 2019). The number of female employees within this age group is growing significantly (Tsai, 2013). The benefits of breastfeeding for both mother and child have long been recognized, but workplace environments often still hinder exclusive breastfeeding (Tsai, 2013). Research indicates that women who breastfeed are at a lower risk for developing type 2 diabetes, breast and ovarian cancer, rheumatoid arthritis, and postpartum depression, compared to those who do not breastfeed (Kozhimannil et al., 2016).

Adhering to exclusive breastfeeding decreases illnesses in babies and also decreases death rates, however allowing breastfeeding breaks in the workplace also increases productivity and long-term financial benefits for the employer (Horwood et al., 2018). However, these economic benefits are not shown in revenue flows (Kozhimannil et al., 2015) regardless of the above-mentioned advantages, mothers who work far away from home often when returning to work from maternity have no choice but to discontinue breastfeeding (Atabay et al., 2014). Full-time employment is one of the main reasons mothers discontinue breastfeeding, most of the time working mothers do not initiate breastfeeding as a result of having to return to work soon after giving birth (Kozhimannil et al., 2015).

According to the Department of Labour (1997) breastfeeding employees are protected under South African law through the Basic Conditions of Employment Act (BCEA) of 1997. The prescribed maternity leave in South Africa as indicated by the BCEA is four months. The South African minister of labour, however, governs the payment of maternity benefits subject to the provision of the Unemployment Insurance Act (Act 63 of 2001) with the condition that employers register their employees with the Unemployment Insurance Fund (UIF). Majority of large private companies and some of the South African government sectors, the four months maternity leave benefit is usually unpaid. This in turn results in many South African working mothers having to return to work before their kids turn six months old, in spite of the WHO's recommendation that mothers breastfeed their babies for the first six months (WHO, 2016).

The Code of Good Practice (COGP) (S5.13) of the BCEA (Department of Labour, 2002) recommends that breastfeeding employees are entitled to two 30-minute break in a day in order to breastfeed or express breastmilk for the first six months after giving birth (DoH, 2019). South Africa does not have workplace breastfeeding policies that specify a suitable place to express and store breastmilk or to keep the baby at work for breastfeeding. Thus

more attention is needed to help mothers meet the WHO recommendation that babies in the first six months of life should be exclusively breastfed (WHO, 2023).

Exclusive breastfeeding according to the WHO is babies feeding solely on breastmilk without substituting breastmilk with liquids such as juice or water or using solid food except vitamins, medicines or minerals. Introducing solid foods, liquids with breastmilk is known as mixed feeding. Mixed feeding has shown to cause problems for the child such as making the baby more susceptible to viruses and bacteria and or causing a slower growth of the cells lining the intestines and the stomach (Walker, 2015). Research shows exclusive breastfeeding as one of the foundations of a child's health, survival and development more especially in a country where malnutrition, pneumonia and diarrhoea are common causes of death in babies (World Health Organization). Nonetheless, 31.6% of babies in South Africa are exclusively breastfed up to the recommended first six months after the baby is born (StatsSA, 2016); Gettas & Morales, 2013).

Exclusive breastfeeding for South African breastfeeding mothers returning to work after maternity leave has proven to be challenging. Several working mothers face having to care for their new-borns and having to return to work sooner than they would have liked due to the financial obligation (Gettas & Morales, 2013). Exclusive breastfeeding in South Africa drastically declines after the baby is six weeks old. Introducing the baby to solids and liquids often happens before the baby turns six months. The breastfeeding and nursing mother has to return to work soon after giving birth (Cai et al., 2012). Often when breastfeeding employees return to work after maternity leave, they discontinue breastfeeding or expressing breastmilk (Siziba et al., 2015).

Regardless of being bound legally to permit female employees to continue breastfeeding or expressing breastmilk while at work, many employers in South Africa either do not adhere to the COGP or are not well-informed about it (Department of Labour, 2002). The South African Department of Health (DoH) created a brochure titled "Supporting breastfeeding in the workplace, a guide for employer and employees" (DoH, 2019), but the COGP or the BCEA does not enforce these guidelines. Which in turn, generates uncertainty resulting in neither employee nor employer to the guidelines from the DoH. To date, several breastfeeding mothers are still being discriminated against and are not allowed to express or breastfeed at work. Even if employees are allowed breaks to breastfeed or express milk at the workplace, this puts harm to the health and well-being of the child because both

breastfeeding and expressing milk require hygiene and storage facilities (Bordelon, 2019). As much as it is important and necessary to practice sterilization of equipment, and hand hygiene but it is not always possible to achieve in the workplace (Bordelon, 2019).

The COGP though does not provide clear guidelines on giving employees a specific place to express, breastfeed or store breastmilk. An important component to allow breastmilk to flow, a relaxed atmosphere and privacy is required (Marshall et al., 2016). One of the challenges breastfeeding employees are faced with is finding a place to breastfeed and express breastmilk due to the lack of privacy at work. Breastfeeding employees opt to discontinue breastfeeding due to unsafe circumstances such as expressing breastmilk in storerooms, boardrooms, toilet cubicles etc. There are three main challenges breastfeeding mothers complain about in the workplace, lack of support from both employers and co-workers, lack of policies/resources that promote breastfeeding and lack of breastfeeding breaks for expressing and storing of breastmilk (Tsai, 2013).

Other challenges include keeping to the 30-minute break twice a day is unrealistic, babies feed whenever they are hungry, and scheduling breastfeeding or expressing milk. Breastfeeding mothers had adverse reactions from their co-workers due to trouble maintaining a positive work performance (Payton et al., 2019). Studies indicate that employees who receive organisational support for breastfeeding are more likely to maintain exclusive breastfeeding for at least six months after childbirth (Payton et al., 2019). Having a breast-expressing break policy at work can increase exclusive breastfeeding significantly when returning to work after maternity leave (Tsai, 2013).

The literature review concludes by highlighting the major obstacles that South African working mothers, especially those employed in call centers, face in juggling breastfeeding and their work obligations. Role conflict, lack of support, and challenges in preserving boundaries between work and family life are highlighted by theories like role theory, social support theory, and boundary theory. Many South African workplaces lack the facilities, policies, and support networks needed to allow mothers to continue breastfeeding after maternity leave, despite the known health benefits of breastfeeding. In order to improve the health and well-being of mothers and children and to create a more supportive and productive work environment, it is imperative that these barriers be addressed through stronger family-friendly policies, improved employer support, and the establishment of breastfeeding-friendly environments.

Chapter 3: Method

The aim of this study was to explore the breastfeeding experiences of call centre agents through the research questions: What breastfeeding experiences do women in call centres face when they return to work? And how do mothers in call centre jobs navigate work and breastfeeding demands?

This chapter starts by offering a rationale as to why a qualitative research approach and design was employed to research the breastfeeding experiences of call centre agents. It further describes the participants, data collection methods and the ethical procedure used during the research. This is followed by the data analysis and the means to evaluate the rigour of the analysis. Finally, issues on subjectivity, reflexivity, and power in the research process are reflected on.

Research Approach and Design

This study employed an exploratory qualitative research design to investigate the lived experiences of breastfeeding among call centre workers. Exploratory research is typically conducted when there is limited existing literature or insufficient understanding of a phenomenon (Boru, 2018), aiming to address "how" and "why" questions and examining phenomena in context through various data collection methods (Hew & Hara, 2007). Given the lack of literature on the breastfeeding experiences of call centre workers, this research contributes to filling this gap. The study was conducted within an interpretivist paradigm, which emphasizes understanding the meaning and context of participants' experiences.

The interpretivist paradigm focuses on comprehending the world based on individuals' subjective experiences and contextualizing analysis (Reeves & Hedberg, 2003). This approach employs meaning-oriented methodologies, such as semi-structured interviews, to create a subjective relationship between the researcher and participants. These interviews allowed participants to share their experiences of breastfeeding while working.

Interpretivist research seeks to capture the diverse perceptions of a phenomenon that is "lived, felt, and undergone" (Robson, 2011, p. 24). The objective of this study was to gain a nuanced understanding of the participants' breastfeeding experiences by examining their social constructions of reality, which are reflected in their behaviours, beliefs, activities, and voices (Creswell, 2014). The study prioritizes the participants' interpretations as the foundation for understanding their experiences (Braun & Clarke, 2013). By using this

approach, the study offers deeper insights into the meaning of breastfeeding experiences among call centre workers.

Sampling and Research Participants

Non-probability purposive and snowball sampling techniques were utilized to identify women who had given birth in the past two years and were working in a call centre environment. The purposive sampling method is particularly appropriate for this study because the research focus is very specific, meaning that the sample should also be tailored to the goals of the research. According to Silverman (2000), “purposive sampling demands that we think critically about the parameters of the population we are interested in and choose our sample carefully on this basis” (p. 104).

Population

The target population for this study consisted of women who had given birth in the past two years and were currently working in a call centre environment. The focus on this particular group of women was due to the research interest in examining the challenges and experiences of new mothers in the specific work setting of call centres. This focus made the sample highly specific, requiring a tailored approach in the selection of participants.

Sample

The sample was composed of women working in the call centre environment who met the criteria of having given birth within the last two years. The researcher’s background in working part-time within the call centre industry facilitated access to potential participants who fit the research criteria. Due to the nature of the population, a non-probability sampling approach was deemed appropriate, as it allowed for more flexibility in identifying participants who met the necessary criteria.

The total sample size for this study is seven, the researcher aimed to recruit enough participants to ensure a comprehensive understanding of the experiences of new mothers working in call centres. The snowball sampling technique was employed to increase the sample size and ensure a diverse range of experiences (see table 2 below).

Table 2:***Demographic Table: Participant Information***

Participant number	Age	Race	Marital Status	Number of kids in total	Age of youngest child	Highest Qualification
1	32	Black African	Married	2	1 month	Matric
2	29	Black African	Single	2	7months	Bachelor's Degree
3	28	Black African Coloured	In a relationship	2	7months	completing undergrad
4	27	Black African Coloured	Single	1	10 months	Diploma
5	35	Black African Coloured	Divorced	3	6 months	Bachelor's Degree
6	39	Black African Coloured	Married	5	15 months	Matric
7	29	Black African	Single	2	3 months	Matric

Sampling

A combination of purposive sampling and snowball sampling techniques was employed for participant selection.

Purposive Sampling

Purposive sampling was chosen because of the specific nature of the research focus. According to Silverman (2000), purposive sampling is particularly useful when the study requires a targeted sample that meets particular criteria. In this study, the researcher selected participants based on the criteria that they were women who had given birth in the past two years and were employed in a call centre. This method ensured that the sample was tailored to the goals of the study.

Snowball Sampling

Once the initial participants were identified through purposive sampling, the snowball sampling technique was used to expand the sample size. Snowball sampling involves participants referring other individuals who meet the same criteria, thereby creating a “chain” of participants. As Daniel (2012) notes, snowball sampling is particularly useful in cases where the target population is difficult to access or identify. This method was appropriate in this case because the population of new mothers working in call centres could be challenging to reach directly.

Snowball sampling helped the researcher gain access to participants through recommendations from initial respondents. This not only allowed for the recruitment of additional participants but also facilitated rapport building, as the new participants were referred by colleagues or friends, creating a sense of trust and familiarity (Atkinson & Flint, 2001).

By using snowball sampling, the researcher was able to increase the sample size and ensure that a diverse range of experiences and perspectives were captured. The researcher interviewed seven women who had breastfed a child in the past two years. The participants' ages ranged from 27 to 44 years. In terms of racial identity, four participants identified as Coloured and three as Black (see Table 2 for the complete demographic information). The participants mentioned having completed high school with a Matric certificate, but three women studied further with a bachelor's degree. Their years of work experience ranged from

four to ten years. Of the seven participants, two participants had two children each, another two had one child each, and the others had five, four and three children.

Data Collection and Procedure

The current study collected data using semi-structured interview. Semi-structured interviews are designed to ascertain subjective responses from people concerning a certain phenomenon they have experienced (McIntosh & Morse, 2015). Semi-structured interviews offer researchers the flexibility to use both closed and open-ended questions, rather than adhering to a list of predetermined questions (Mathers et al., 2002) In the interviews, the researcher asked the participants open-ended questions allowing for a discussion with their participants instead of having a question-and-answer format (Longhurst, 2003), such as “What can be done to provide support to call centre workers who want to continue breastfeeding while working? When a participant provided short answers or had difficulty responding to a question, the researcher used prompts or cues to motivate the participant to consider the question further (McIntosh & Morse, 2015).

The open-ended nature of the interview questions provided opportunities for the interviewer to probe in more detail using questions such as why, or how (Adams, 2015). For example, the prompts used to keep the interview open included questions like “Can you tell me more on that?” “How do you feel about that?” In order to explore the participants’ experiences in detail they were asked to demonstrate their points with specific examples or incidences. The probing questions assisted the researcher to gain clarity and further understanding about the phenomenon (Sutton & Austin, 2015). Together the open-ended questions and probes allowed interviewees to provide in-depth and insightful answers and the researcher to gain more useful and meaningful information (Adams, 2015).

Prior to conducting the first interview, the researcher conducted a trial interview with two individuals to ensure the interview questions were clear, understandable, unbiased, and appropriate for the study (Sutton & Austin, 2015). The participants recommended simplifying certain words or replacing unfamiliar terms, particularly since English was not their first language. For example, the question “In your opinion what are the consequences of early cessation?”, the participants suggested I change or explain the word cessation when asking this question. The interviews took place between July and September 2021. The interviews were between 20 minutes to an hour in duration and were conducted using Microsoft Teams

and WhatsApp calling as this data collection took place during the COVID-19 pandemic. Consent was explained to participants prior to conducting the interview.

A consent form (see Appendix B) was emailed to them which shared my details and the contact details of my supervisor. They were asked to sign the consent form and return it if they agreed to participate. All participants gave consent. The informed consent form covered important information pertaining to ethical research conduct, including that: 1) their participation was voluntary, 2) they could withdraw from the interview at any stage, 3) their identity would be protected, and the confidentiality of their data maintained, and 4) that the interview would be recorded if they gave their consent. All the interviews were recorded with consent.

Ethical Considerations

Before commencing with data collection for this study, I obtained ethical clearance from the Commerce Faculty's Ethics in Research Committee from the University of Cape Town (REC 2021/07/015) (see Appendix C for the document showing ethical clearance). Once the researcher received approval from the ethics committee, data collection commenced.

This study adhered to the American Psychological Association (APA) guidelines for ethical research when conducting research with human participants, 1) respect for people and their autonomy, 2) beneficence and nonmaleficence, 3) justice, 4) trust, and lastly 5) scientific integrity and fidelity (APA, 2010). To ensure the participants were treated in an ethical manner the above ethical principles throughout my research process were continuously considered. I ensured beneficence and non-maleficence by emphasising to participants that at any time during the interview if they felt uncomfortable, or distressed or if they needed a break, we could immediately end the interview or resume the interview at a later stage. Moreover, throughout the interview process, I attempted to look for any signs of discomfort or distress from the participants. Although I did not spot any, if I had spotted any signs of distress, I would have stopped the interview and referred the participant to a suitable source of assistance such as a counsellor.

Prior to commencing the interview, and after verbally informing the participants about the purpose of the research, written informed consent forms were provided for the participants to sign. The participants were informed that the data obtained from the interviews will not be used without their consent and the study does not pose any harm or threat to them. The participants were also briefed on the types of questions asked, and also reminded that their

participation to the study was voluntary anytime, and that they had the right to withdraw at any point in time. Pseudonyms were used to protect the identity of the participants in the write up of this research.

To alleviate any negativity that an interview might create and to guarantee participants leave an interview not feeling like they have wasted their time but leave feeling dignified instead, Rosenthal and Rosnow (2008) recommend debriefing at the end of an interview. After the interview was conducted and during the debriefing process, the participants were told that their personal experiences will be used to create a better understanding of women's breastfeeding experiences at work. At the end of each interview, the participant was given an opportunity to ask the researcher any questions they might have. Some asked if they can see the research once completed. As the researcher I intend on inviting them to an MS Teams meeting and explain the study findings.

Data Analysis

Thematic analysis was used to analyse the data. According to Braun and Clarke (2006, p. 79), thematic analysis is “a method for identifying, analysing, and reporting patterns (themes) within data”. The researcher conducted a thematic analysis of the interview data by identifying and selecting recurring themes, patterns, and topics within the responses. Thematic analysis was chosen as the appropriate method for this study due to its emphasis on uncovering participants' opinions, views, values, knowledge, and experiences (Braun & Clarke, 2006). This study aimed to conduct a rigorous analysis of the interview data; accordingly, the researcher adhered to the six-step framework for thematic analysis outlined by Braun and Clarke (2006).

Phase 1: Data Familiarisation and Transcription

Two of the interviews was transcribed verbatim by the researcher. The remainder of the interviews were transcribed verbatim using Otter a professional application that uses speech to text transcription. The researcher then read through each transcript familiarising herself with the data making sure everything said in the interviews were transcribed verbatim, by checking the transcription against the audio files. The researcher then read and re-read the transcription several times to determine the trend of the responses and noting down ideas (Braun & Clarke, 2006).

Phase 2: Generating Initial Codes

Continuing to read and read the data allowed me to familiarise myself with the data further and also be able to identify initial codes or patterns that came up in the data. The researcher employed an inductive approach to coding, meaning the coding frame was created around the content within the data (Braun & Clarke, 2006). I coded the data manually and created cases for the interviews. For example, Case 1 was interview one. Examples of the initial codes included lack of facilities to breastfeed, lack of supervisor support, breastfeeding benefits for the baby, and knowledge regarding breastfeeding. Braun and Clarke (2006) suggested to code for as many potential themes as one can and keep as much as possible of the surrounding data to ensure the context is not lost. In the initial round of coding, I created codes (see Appendix D for the complete list of codes)

Phase 3: Developing and Defining Themes

After I coded and collated all the different codes identified from the data, I analysed them into potential themes by organising the coded extracts within the identified themes (Braun & Clarke, 2006). At this point, I combined some codes that were similar. For example, Limited knowledge of policies and legal rights regarding breastfeeding, and Subordinated in the workplace--they don't have space voice their opinions, were merged. Codes were then organised to form initial themes.

Step 4: Review Themes

Continuously reviewing the themes to determine whether they captured information from the dataset and coded extracts (Braun & Clarke, 2006). After conducting the analysis, three themes were identified from the data: (1) Call centre policies and feelings of subordination amongst breastfeeding women (2) Breastfeeding support and return to work, and (3) Call centre work structures: obstacles for breastfeeding moms. Once the themes had been finalised, I attempted to write the analysis in a way that best describes the breastfeeding experiences of call centre agents.

Step 5: Define Themes

This is the final stage of refining the themes and the aim in this stage was to 'define the essence of what each theme is about' (Braun & Clarke, 2006p. 92). In this this phase I attempted to understand what the themes were saying and how the subthemes interact and relate to the main themes and how the themes related to each other. Refer to Table 3 for the list of themes and subthemes.

Step 6: Write-Up

In this stage I did my final analysis and write up of the report, whereby I tell the story of my data in a way that convince the reader regarding the validity and merit of my analysis (Braun & Clarke, 2006). The analysis of this report includes data extracts providing sufficient evidence of the themes within the data. For example Theme 1: Work policies and feelings of subordination amongst breastfeeding women, participants spoke about the lack of policies from their management and organisations whilst experiencing feelings of subordination and silencing, particularly in their positions as working-class breastfeeding women: “I struggle to speak to my employers about breastfeeding in the workplace [...] In our environment at the company that I am, I doubt it very much you would speak but nothing would be done.” (Participant 3).

Research Rigour

Research rigour was established using the four criteria outlined in Lincoln and Guba (1982), credibility, dependability, confirmability, and transferability. These criterions are needed to build trustworthiness (Nowell et al., 2017).

Credibility

Credibility is concerned with ensuring the information gained from interviews are accurate and the participants’ original views are accurately interpreted (Lincoln & Guba, 1985).

Credibility in this research was upheld through peer debriefing (Guba, 1981). Peer debriefing according to Anney (2014) is a process where researchers consult each other for guidance and support. Throughout this research, the researcher consulted with her supervisor for guidance and support which helped the researcher to make improvements on her work. Calling the participants beforehand to introduce myself was an attempt to create a sense of familiarity with them and increase engagement with my participants to encourage the development of trust. I had hoped that having an introductory interaction with the participants would alleviate any fears or distrust that they might have regarding the interview.

Member checking also occurred throughout the interview process. I frequently would ask the participants to clarify some parts of their responses when needed and would also repeat some of their responses to ensure I was understanding them correctly. I also checked in with my supervisor to ask for her input or opinion on some of my ideas relating to codes and themes. I further enhanced credibility by attempting to answer the research question.

Transferability

According to Lincoln and Guba (1982), transferability is the extent to which the findings of the study are transferable to other contexts that are not part of the actual study context. To ensure the transferability of this study, in the method section I provided a comprehensive description of the data that formed a foundation for my study which is comprised of the analysis process, the data collection process (Graneheim & Lundman, 2004; Malterud, 2001) and the basic assumptions of this study, so that if others wish to apply the findings of this research in their similar context, they are able to do so (Seale, 1999).

Dependability

Dependability according to Guba and Lincoln (1981) is the stability of information collected over a certain period. Dependability is the extent to which other researchers could replicate a study and obtain similar results, meaning if someone else were to conduct my study in the same or similar context from mine with the same or similar participants from mine their findings from their study would be similar to mine.

I sought to achieve dependability by clearly documenting every step of my research process and ensuring that every step is clearly defined by creating an audit trail (Tobin & Begley, 2004; Nowell et al., 2017). An audit trail allows other researchers to follow the research process used and also to gain an understanding regarding the decisions made pertaining to the data collection process, how the data was interpreted etc (Koch, 2006). I also ensured dependability by probing the participants during the interview in such a way that did not change the meaning of the question.

Confirmability

Confirmability is the extent to which other researchers can confirm the findings of the data (Lincoln & Guba, 1982). It guarantees that the findings' interpretations correctly reflect the interviewee's responses, and their responses are not influenced by the assumptions and biases of the researcher (Lincoln & Guba, 1982). Auditing can be used to verify the confirmability of the results (Seale, 1999). The auditor of this research study must be able to prove whether the results of the study are influenced by descriptions of the participants in contrast to the biases or perceptions of the researcher (Guba & Lincoln, 1981). To accomplish the confirmability of the research findings, I documented my views on the interview process as a way to reflect on any possible researcher biases that may have arisen. This reflexive process

also helped me interpret and understand my own behaviours when conducting the interviews relative to the study participants (Guba & Lincoln, 1981), to avoid influencing the research (Koch, 2006). This allowed me as a researcher to maintain some appropriate distance between myself and the participants.

Reflexivity

Reflexivity, according to Berger (2015), refers to the researcher's acknowledgement and awareness of their role in conducting the research. Reflexivity is important in qualitative research as it enables the researcher to consider how their behaviours, biases, position, and their background affects the interpretations of data and the creation of knowledge (Jootun et al., 2009). It challenges the idea that research should remain objective (Berger, 2015).

Additionally, failure to use reflexivity in research results in the reader being unaware of the researcher's role in interpretations of the data (Malterud, 2001). The reflexive practice occurred throughout the research process from the formulation of the research question through to the data interpretation (Jootun et al., 2009). Completing this research is a requirement for obtaining my master's degree in Industrial Psychology. I chose to pursue my master's studies in order to achieve my goal of registering as an industrial psychologist. I was particularly drawn to this topic, researching the breastfeeding experiences of working women, because of a personal connection: my sister-in-law was unable to breastfeed her twins due to her demanding work schedule. I decided to explore the breastfeeding experiences of call centre agents mainly because I have worked in a call centre environment before and felt that the call centre environment presented some challenges to combining breastfeeding and employment.

As there is no known literature on the breastfeeding experiences of call centre agents, studying these mothers' breastfeeding experiences could result in positive changes to women and their working conditions in this sector in the future. Throughout the interview process, I tried to remain reflexive by making notes during and after each interview.

I felt that the power between me as the researcher and the participants was reduced because I had worked in the call centre industry. This made it easier for the women to speak to me and trust me, and they even said so when they agreed to the interview. However, being a student at a higher educational institution studying towards my master's degree did make them see me as somewhat superior to them, as some of the women had only matric. Nevertheless, they

felt comfortable referring to me by my first name, which may have reduced the power imbalance.

Chapter 4: Data Presentation

The findings presented in this chapter address the research questions: What breastfeeding experiences do women in call centres face when they return to work? How do mothers in call centre jobs navigate work and breastfeeding demands?

The sample, which comprised women call centre agents who had breastfed their babies, provided a range of accounts about their experiences and using thematic analysis the following themes were identified: (1) Call centre policies and feelings of subordination of breastfeeding women (2) Breastfeeding and returning to work (3) Call centre work structure: obstacles for breastfeeding moms. Refer to Table 3 for the list of themes.

Table 3

Themes and subthemes

Theme	Code	Extract example
<p>Call centre policies and the feelings of subordination amongst breastfeeding women.</p>	<p>Limited knowledge of breastfeeding policies, legal rights, and failed implementation of policy in the workplace</p> <p>Subordinated in the workplace – they don't have space voice their opinions.</p> <p>Employers use of their knowledge about policies as ways to control the women and keep them silenced.</p>	<p>“I haven't heard of it I don't want to lie” (Participant 1)</p> <p>“I've heard something like that, but I'm not sure. To be honest with you. I'm not sure I've never seen anything like that where they have a special room or something for you to go and express your milk. I'm not really sure” (Participant 3)</p> <p>“It's very stressful. I'm telling you, especially my company, they treat you like you're a child. So, like even though you're trying to say like you're not going to let the work get to you. But they still do because they treat you like your child, and it just makes you angry. So no, I wouldn't advise anyone to breastfeed in their state of mind that my company leads are doing” (Participant 3)</p> <p>“I chose to actually send the email to my team leader who was a male and I said, as per the basic condition's employment act, if you are a</p>

		<p>breastfeeding mother, you are allowed one hour extra besides your lunch. You are allowed time to breastfeed your baby or express your milk [...] you have the right to an hour in a full day to actually pump your breastmilk. But it's something that I feel the employer does not advise breastfeeding moms [...] when you come back to work after giving birth, right after maternity leave they don't make those or that policy or that law available to breastfeeding moms because they don't want us to be wise enough to know our rights.” (Participant 5)</p>
<p>“Breastfeeding and returning to work”</p>	<p>Limited support from call centre employers and managers in the adherence to exclusive breastfeeding.</p>	<p>“They did not actually in terms of my team leader, he acknowledged my email. But my supervisors did not acknowledge or management to say did not acknowledge my email, but there was no fuss about me taking off an additional hour for my baby. So, I literally work from home, and I breastfeed my</p>

	<p>Lack of organisational support</p> <p>Recommendations for breastfeeding accommodation in the Call centre</p>	<p>baby. Sometimes I will work night shift, but I took the time to breastfeed my baby consistently, even if it was for 10 minutes or five minutes. Besides my lunch, I took my hour as per our labour regulations for pregnant and breastfeeding moms”. (Participant 5)</p> <p>“ No, no, you can go [pump] to the restroom because I did it once and you uncomfortable you have to sit in the restroom other people come in. So yeah, it's only the restroom. There is no other support places.” (Participant 6)</p> <p>“we have smoking breaks? Yeah. So why not add a breastfeeding break between the breaks just like smoking breaks” [Participant 7]</p>
<p>“Call centre work structure: obstacles for breastfeeding moms”</p>	<p>Call centre environment impacts women’s decisions to breastfeed.</p>	<p>“When you go back to work, they expect you to be as per normal, you need to perform as per normal. Your stats, how many calls you take,</p>

	<p>Call centre shifts/structures - not conducive to breastfeeding.</p> <p>Covid-19 remote work arrangements support breastfeeding</p>	<p>how many make busies [...] They don't care about being a breastfeeding mom as long as you come to work, and you push the numbers that's all they care about” (Participant 5)</p> <p>“There's challenges because the baby sometimes when you've gone back to work yes, they are breastfed exclusively for the first three months, but then you need to adjust your baby to formula” (Participant 5)</p> <p>“Because I'm working from home, we have not discussed that but since I'm working from home, yes, in between our breaks, at least I am able to breastfeed.” (Participant 2)</p>
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Theme 1: Call Centre Policies and Feelings of Subordination Amongst Breastfeeding Women

Participants spoke about the lack of work policies from their management and organisations and experienced feelings of subordination and silencing, particularly in their positions as nursing call centre women. The following subthemes emerged from the data and are discussed below: subordination in the workplace, where women are denied space to voice their opinions; limited knowledge of breastfeeding policies, legal rights, and the failed

implementation of policies in the workplace; and the use of employers' knowledge of policies as a means to control women and keep them silenced.

Subordinated in the Workplace – They Don't Have Space to Voice Their Opinions.

Most of the participants spoke about the difficulties experienced with communicating with their supervisors and managers and even when voicing their needs as breastfeeding mothers, little to nothing would be done. This point is supported by the following quotes:

“I struggle to speak to my employers about breastfeeding in the workplace [...] In our environment at the company that I am, I doubt it very much, you would speak but nothing would be done.” (Participant 3)

“I don't think it's going to be beneficial if maybe there isn't anything that they could do to assist me with. So, I don't see the need of bringing it up if there's no assistance or anything that I'm going to benefit from it at work” (Participant 1)

The women above worked at the same call centre and experienced the silencing and voicelessness of being women in junior employment positions trying to breastfeed in the workspace. Although they are different ages, they shared the same accounts of the challenges of communicating with employers at higher levels about implementing/exercising the existing breastfeeding policies. However, many of the women in this sample chose not to follow this process as they believed their requests to pump and breastfeed would lead to “nothing”. Their experiences of subordination were at times, compared to being infantilised:

“It's very stressful. I'm telling you, especially my company, they treat you like you're a child. So, like even though you're trying to say like you're not going to let the work get to you. But they still do because they treat you like your child, and it just makes you angry. So no, I wouldn't advise anyone to breastfeed in their state of mind that my company leads are doing” (Participant 3)

In the above extract, the woman compares her treatment at her workplace to being a “child” even if she were to speak with her managers the treatment and silencing in terms of exercising her rights as breastfeeding mother would not change. Participant states how they as breastfeeding mothers are afraid of asking their employers for extra time to pump or extra leave, they fear that their contracts could be terminated instead they resort to keeping quiet and in turn keeping their jobs, this is illustrated by the following quote:

“That is why moms are afraid to breastfeed because they know ah! this employer this boss of mine is not going to tolerate me asking for an extra leave, a month of leave to be home with my baby because they will talk about releasing my contract, cutting my contract firing me, etc” (Participant 5)

Although the women in this theme shared how the employment policies failed to offer support and protection for breastfeeding mothers, they also speak in the next subtheme about their limited access to knowledge about policies and how this disadvantages them.

Limited Knowledge of Breastfeeding Policies, Legal Rights, and Failed Implementation of Policy in the Workplace

The participants explained that there are no existing policies in place at the call centre for guiding and supporting women while breastfeeding and they shared that in their workplaces breastfeeding policies were not reinforced as per legislated rights to breastfeeding breaks. The participants were asked if there were any policies or information, they knew of that support breastfeeding mothers at work?

“I haven't heard of it I don't want to lie” (Participant 1)

“I've heard something like that, but I'm not sure. To be honest with you. I'm not sure I've never seen anything like that where they have a special room or something for you to go and express your milk. I'm not really sure” (Participant 3)

Participant 3 further explained and shared her experiences regarding the lack of implementation of breastfeeding policies in her workplace to assist with the continuation of exclusive breastfeeding. She reflected on how in her workplace they as breastfeeding mothers are not told whether they can take an extra break to go and pump nor are they allocated a place where they can go and express milk:

“They don't like to inform us okay if you need to do this [express milk], there's specific room for that there's nothing like that. Okay. And if they had to say okay there's an extra ten minutes beside your breaktime there's an extra 10 minutes for you to do that [express milk] that would have been so nice but nothing like that” (Participant 3)

The participant above spoke about how her workplace does not inform them regarding the policies and places available to them as breastfeeding mothers, she explains how “nice” it would have been if they were told regarding the policies and support available to them as

breastfeeding mothers. In the following subtheme the women speak about how their employers use their knowledge about policies as a way to control them.

Employers Use of Their Knowledge About Policies as Ways to Control the Women and Keep Them Silenced

Participant 2 works at the same call centre but in a different team to participant 3 shared a different experience to her knowledge regarding the policies and legal rights women have on breastfeeding at her work she explained:

“Yes, there are I think even the department of labour does mention it that breastfeeding women at least for a few weeks, the company is supposed to give you the time to go and pump.” (Participant 2)

Participant 2 does not have the full knowledge of her maternity protection rights, but she is aware the company is supposed to give her some time to go and pump. although some women may not be knowledgeable about their rights, the employers who are responsible for ensuring ethical delivery of the policies are not following through with this, the following quote illustrate this:

“I chose to actually send the email to my team leader who was a male and I said, as per the basic condition’s employment act, if you are a breastfeeding mother, you are allowed one hour extra besides your lunch. You are allowed time to breastfeed your baby or express your milk [...] you have the right to an hour in a full day to actually pump your breastmilk. But it's something that I feel the employer does not advise breastfeeding moms [...] when you come back to work after giving birth, right after maternity leave they don't make those or that policy or that law available to breastfeeding moms because they don't want us to be wise enough to know our rights.” (Participant 5)

Participant 6 below works for the same organisation but a different team to participant 5, she shares how she did her research regarding the policies that support breastfeeding mothers in her workplace but found none, she explained:

“No there's nothing, nothing like that, not that I know of, but I did my research there is nothing like that” (Participant 6)

Participants also spoke about how their leaders do not (openly) provide support for pumping or provide a platform for breastfeeding mothers to come forward and ask for breastfeeding resources:

“They never made it known that we can express milk, or we can breastfeed while at work. They never gave us extra time for that. If we wanted to do it probably had to be in our teatime, there wasn't a specific room allocated to do it, we probably could do it in the toilet, like there was nothing like they never made, they never made us aware that there would be something like that in the company” (Participant 3)

“I've heard something like that, but I'm not sure. To be honest with you. I'm not sure I've never seen anything like that where they have a special room or something for you to go and express your milk” (Participant 3)

Only a few participants had knowledge of applying for a maternity leave extension to six months, some participants shared they did not apply for the leave extension because the fourth month will be unpaid unless they apply for an Unemployment insurance fund (UIF):

“If you would like to extend that [Maternity leave] because that's what I did. I took two months extended leave from my own leave to get to have five months at home with my baby [...] maternity leave is four months so I took extra days and I was allowed to express I travel with my cooler back I had my breast pumps and everything with me.” (Participant 4)

“They only give mom three months; the fourth month is unpaid, and you need to get your UIF and that's if you're going to even get your UIF the fourth month” (Participant 5)

According to participant 4, maternity leave extensions helped promote exclusive breastfeeding and she was able to spend more time with her child. She further explains that she was able to express milk and store the milk in her cooler box for her child.

Theme 2: Breastfeeding Support and Return to Work

This study determined that when returning to work after maternity leave, Call centre breastfeeding women did not receive any recognition from their managers and employers that during the day they may be having both work and breastfeeding duties. This is illustrated by the following subthemes: Support from call centre employers and managers in the adherence to exclusive breastfeeding, Lack of organisational support, and Recommendations for breastfeeding accommodation in the Call centre, and lastly, Breastfeeding support from third parties.

Upon returning to work participant 5 described dealing with stress and conflict of balancing work and breastfeeding needs. She speaks about her organisation's expectation of her to be productive at work whilst experiencing discomfort from breasts full of milk and having no means to alleviate the pain.

Although most of the participants loved breastfeeding their babies, they could not manage to combine breastfeeding and working in the call centre due to the long hours they work, the stress they incur while at work making it difficult to breastfeed when they return from work:

“I stopped breastfeeding because of the way my working conditions are, and because my breasts started getting very sore. Like I couldn't produce in, I produced enough milk. But my breasts started swelling and all of that stuff. Yeah, that's why I stopped breastfeeding.”

[Participant 4]

“Instead, we sit in call centres, taking calls, dealing with stress, and sitting with breasts full of milk I mean, any woman whether you breastfeed or whether you've not breastfed, do you know what it's like to be with breasts, full of milk. And there is no way for you to alleviate the pain, because you're not aware of your rights” (Participant 5)

Participant speaks about the lack of care she received from her organisation and because of that she has to sit in her desks with sore breasts full of milk with no assistance from her organisations to provide her with the necessary resources to help with her breastfeeding needs but instead she is expected to continue with work as per usual.

Limited Support from Call Centre Employers and Managers in the Adherence to Exclusive Breastfeeding

None of the call centre mothers coming back from maternity leave had any conversations with their managers and employers regarding their continuation of breastfeeding at work.

Participant one explains that there only way she can be able to combine work and breastfeeding would be for her to pump milk and leave it behind for her son.

“I think the only thing that I could do is to get a breast pump, that is the only thing that I can be able to do. I don't think that there is any possibilities than expressing and then leaving the milk behind for my boy. I don't think there is anything that could be possible besides that [..]I have to express then leave the milk behind, before going to work, and after work.”

(Participant 1)

“Yes, I will be able to continue breastfeeding. (...) Because I only work four hours so it's not much time, which I'll be, um, apart from my son. So, I'll make sure that I do breastfeed before I go to the office. And then I come back and still breastfeed again” (Participant 2)

The above participants who work for the same call centre stated that when they are going back to work their only option to combining work and breastfeeding would be to pump before and after work because at their current organisation there is no support for breastfeeding call centre agents.

Majority of the call centre women shared that despite the BCEA mandate at their workplaces they were not granted breaks to breastfeed. The subsequent quotes supported this:

Two of the call centre mothers acknowledged support from managers and employers as a crucial facilitator that helped them continue with their breastfeeding needs, on the other hand, five of the mothers identified lack of support from managers/supervisors and employers as a barrier to continue breastfeeding.

Participant 7 explained that even though the management in her workplace did not acknowledge her email, they did not stop or hinder her from combining breastfeeding and work. She expressed her views below:

“They did not actually in terms of my team leader, he acknowledged my email. But my supervisors did not acknowledge or management to say did not acknowledge my email, but there was no fuss about me taking off an additional hour for my baby. So, I literally work from home, and I breastfeed my baby. Sometimes I will work night shift, but I took the time to breastfeed my baby consistently, even if it was for 10 minutes or five minutes. Besides my lunch, I took my hour as per our labour regulations for pregnant and breastfeeding moms”.

Majority of the participants spoke about the lack of support they receive from their managers/team leaders in the call centre regarding breastfeeding. Even if they were to speak with their managers regarding continuation of breastfeeding at work, little to nothing would be done to assist with their breastfeeding needs. For example, the participants said:

“I don't remember even having such discussions with my manager even before that like where we prepare maybe if I go back to the office what would be done or where would I maybe if I have to maybe pump for milk or whatever, we never discuss that, so I don't see any support or anything from their side” (Participant 2)

“No, no, I did not that option isn't given to us at all. So, I didn't have the need to talk to the supervisor or team leader” (Participant 6)

Many mothers shared that they were not granted breaks to express breast milk, despite the Basic Conditions of Employment Act, but instead are required to communicate directly with their line managers to arrange designated time for pumping, the following excerpts supported this:

“I just explain to him that I am breastfeeding, and I need to take an early lunch. That's all I can do.” (Participant 2)

“I just go on to my 'make busy' [logging to take a break]. We call it my make busy to take my break and then go in the boardroom or some private space at work, lock myself up and express [my breastmilk and tell] my team leader. At that time I was working in a different department, he was quite supportive and did not have any issues regarding me pumping because I've sent an email to explain myself that it might affect my 'make busy's' ”

(Participant 4)

The above participant voiced her positive experience with her supportive supervisor in relation to breastfeeding and her need to express milk. The participant's team leader did not have issues with her taking sometime out to go pump milk.

The participants were asked if the company or manager allow breaks in between work for express milk.

“I don't think so. That is why am saying, it's [pump] going to be difficult while am at work.”

(Participant 1)

Participants 4, 5 and 6 work for the same organisation but different teams, two of the three indicated their concern regarding the lack of support they receive from their line managers. They felt the lack of support they received from their managers makes it even harder for them to communicate with their line managers regarding their breastfeeding needs and one participant went further to explain that their employer does not care about them as employees but the main concern of the employers is to make targets but failing to put in place policies that support and protect breastfeeding mothers as indicated in BCEA, she explained:

“The employer does not care about the employee. They only care about stats. They only care about stats and they don't have any process or policy in place that acknowledges breastfeeding moms” ([Participant 5])

Participant 7 works from a different call centre to the rest of the participants and yet shares similar accounts regarding her positive treatment she received from their team leaders, they both describe how at work they are permitted to pump milk provided they speak with their managers before taking breaks to pump:

“Yes, I had to speak to my manager because I couldn't express while in my desk, so I had to take breaks. [...] We are allowed to do that only if you speak to your manager, you can do that. [...] We don't really have like support you just have to ask we don't have a support in place for that.[...] When I'm at work, I just pump. But then when I'm home, I also pump while he's breastfeeding on the other breast” (Participant 7)

Although participant 7 speaks to the receptive response from the manager, she still does not feel there is formal support in place for managing breastfeeding. On the other hand, Participant 2 explains how she has no support in her current company, but she did receive support from her previous company when she had her first child, even though the company did not adhere to the 1-hour breastfeeding time according to the BCEA they did at least allow her time to go and express milk.

“But with the previous company that I worked for, we did discuss that, that kind of breaks where I had ten, 10 to 15 minutes to, um, to, to pump if I had to pump. But with this company that I'm working for now, we've never had we've never had that discussion” (Participant 2)

Lack of Organisational Support

Participants also spoke about the lack of organisational support they received from their organisations after returning to work as breastfeeding mothers:

“So those privileges and those facilities are not there, nothing, absolutely nothing. In 2016 there was a new mom in our department. I had to watch her go to the bathroom, a bathroom, a toilet in a cubicle to pump her milk to pump her milk. Imagine a toilet” (Participant 5)

“No, no, you can go [pump] to the restroom because I did it once and you uncomfortable you have to sit in the restroom other people come in. So yeah, it's only the restroom. There is no other support places.” (Participant 6)

The Participants above worked at the same call centre and shared similar experiences of women having to go undesignated facilities in order to be able to express milk. Participant 6 speaks of having no privacy and being uncomfortable in a restroom in order for her to be able to pump milk.

Work Situation – Being Compared to Non-Breastfeeding Colleagues

Participants mentioned work was one of the reasons they stopped exclusive breastfeeding their babies before the recommended six months, it seems work and coworkers are the reasons the mothers did not combine work and breastfeeding, they feared on asking their managers for breastfeeding breaks because they might be perceived as getting special treatment and they feared they might receive rejection from the organisation if they were to demand their breastfeeding rights that the organisation and colleagues will think they are using breastfeeding as a way to avoid working, one participant said this statement:

“Makes it difficult you don't want to put for me personally, I don't want to put strain on to my agents like it's like I'm using this as an excuse. I'm going to go on to make busy and I'm going to go express and take as long as I want because I knew that I just need to express myself to relax [..]I don't think there is really support for nursing mothers, you will be using breastfeeding as an excuse this is what I'm thinking what they will think you are expressing at work to avoid the calls coming in just to go sit and relax” (Participant 4)

Another participant argued that at her place of work they are expected to work just as much if not more than their male counterparts who does not have to take breaks in between work and go and pump, their performance is measured similarly to that of the other non-breastfeeding colleagues who does not have to go take breastfeeding now and again, she explained:

“Your performance is based as the next person who never gave birth who 's a man etc”
(Participant 5)

The participant above who would like to work and breastfeed at the same time spoke about the obstacles involved in combining both work and breastfeeding, but they were treated the same way as their non-breastfeeding colleagues. In the following theme below the participants suggest recommendations Call centre organisations can make to accommodate breastfeeding mothers when they return to work after maternity leave.

Recommendations for Breastfeeding Accommodation in the Call Centre

The call centre mothers seemed to have knowledge regarding the advantages and disadvantages of breastfeeding. They had positive attitudes towards breastfeeding, they showed positive attitudes towards the breastfeeding especially during the first couple of months of the child's life. Although most of the participants loved breastfeeding their babies, they could not manage to combine breastfeeding and working in the call centre due to the lack of postnatal support from their organisations and expressed the kind of support they would have liked such as facilities (private rooms), breastfeeding breaks similar to smoking breaks because people who smoke have that advantage, but no accommodation had been made for them as breastfeeding mothers:

“We have smoking breaks. Yeah. So why not add a breastfeeding break between the breaks just like smoking breaks” (Participant 7)

“If maybe we've got extra breaks, if the children are not physically there, then we need at least to get extended breaks so that we can be able then to express the milk, you understand, a baby needs to feed at least each and every two hours” (Participant 1)

“They need to give us time to pump milk, and give us a clean room or clean space so that you can be able to do all the pumping” (Participant 2)

One participant suggested that to help alleviate the pressure she faced from returning to work she might appreciate some support:

“The employer isn't making you aware of your rights, and there's no aftercare. So we have our pregnancy, we have our maternity leave. But what about the post maternity leave care? We don't have that in place in our working environments. And that is why we have so many moms in this country, I feel that are not breastfeeding their babies.... welcome back to work. We are here to assist you with any of your queries or questions (there is no support when returning from maternity leave, not even a welcome back email” (Participant 5)

Participant 2 explains how she has no support in her current company, but she did receive support from her previous company when she had her first child, even though the company did not adhere to the 1-hour breastfeeding time according to the BCEA they did at least allow her time to go and express milk.

Breastfeeding Decisions from Third Parties

The participants revealed to have some form of support from older women and family members, and they were all informed about the benefits of breastfeeding:

“I did my mom especially my mom was actually advising me, to breastfeed so she was supporting me” (Participant 2)

“I learned by my mom that you know, breastfeeding is, it's really beneficial to the baby. Besides being cost effective, it's a good way to bond with your baby. And it is it is these health benefits involved when breastfeeding your baby” (Participant 5)

One participant shared she did not only received support from her family but her antenatal visits to the clinic also helped her with informational regarding the benefits of breastfeeding especially the first six months of the child's life.

“So, I will say that I've got support because they are also aware how important it is for the first six months for the child to only breastfeed. So, I will say that I've got support from my partner and from my family as well also in the clinic, they do teach us about breastfeeding. when you go for the antenatal visits, they also teach us about breastfeeding” (Participant 1)

Theme 3: Call Centre Work Structures: Obstacles for Breastfeeding Moms

Participants spoke about how their work environments and the structures in place do not support or encourage mothers breastfeeding needs especially as call centre agents post maternity leave. Majority of the participants spoke about the call centre environment being a stressful target driven environment with long hours and the environment does not cater to breastfeeding mothers' needs and the employers do not engage breastfeeding mothers regarding their needs but instead are only worried about reaching their targets and goals, for example one participant said:

“When you go back to work, they expect you to be as per normal, you need to perform as per normal. Your stats, how many calls you take, how many make busies [...] They don't care about being a breastfeeding mom as long as you come to work, and you push the numbers that's all they care about” (Participant 5)

Call Centre Environment Impacts Women's Decisions to Breastfeed

The call centre environment is a stressful and target driven environment that impacts on the women's decision to breastfeed, the participants shared some of the challenges they face when returning to work and trying to combine work and breastfeeding:

“I will say its stressful. The stressful environment it is so demanding” (Participant 1)

“Wanting to reach target you see because a call centre is a target driven environment. So whatever time you don't want to waste any time. So those are the kind of challenges that you come across” (Participant 2)

Participants 1,2 and 3 work for the same call centre and all three have similar experiences of the call centre environment being stressful and working long hours, participant 3 shares how it was hard for her to combine work and breastfeeding:

“Its ‘stressful that’s one thing, it's very stressful, its long hours that you work, so that is what makes it difficult there's nothing easy about it [...] Okay, sometimes there’s overtime, sometimes we need to work on a public holiday and on a Saturday, they need they require us to work every second Saturday, so that’s what makes it difficult” (Participant 3)

She furthered explained:

“like, if you're not near the baby, like if you go back to workers long hours that we work, right, we work at a target driven environment, which means that it's unnecessary stress that would be like, transferred to the child, if I had to breastfeed. Like, its unnecessary stress, like, the baby drinks, and they pick up all that. So, it's like hormones and stuff going into the child, which I didn't want to I didn't plan on breastfeeding” (Participant 3)

“Yes. So, I always intended to breastfeed. The difficulty that I experienced as a first-time mom was not only the breastfeeding part, but it was also the shifts. When you work in a call centre as a woman that is breastfeeding it's very challenging, there are challenges. So, our shift the latest hour would be until 11pm. So, imagine, you know, being a mom, a single mom, that being as well, and breastfeeding a baby, getting home at 11pm at night or at 10pm at night, exhausted and stressed. Because the call centre is not easy. The call centre that I worked for was UK based, just like that there was targets that I had to reach. So in order for me to earn a certain salary, I had to reach my target and the hours are the most biggest factor for breastfeeding moms” (Participant 5)

Both women above work for the same call centre and shares their similar experiences of their working conditions and how these working conditions made it difficult for them to combine work and breastfeeding.

Majority of the participants spoke of the ways in which they are constantly monitored and working hours are strictly tallied making it almost impossible to find time to breastfeed during work hours. The participants further explained how their work environment does not provide them with the opportunity to go to a clean room and pump, they have to take from their own time and if they go over the time limit, they will suffer the consequences of signing a warning.

“They don't give you that opportunity where you can go to the restroom or to the chillroom to go and pump out whatever, so you have a time limit for every break that you take. So, it's plus minus 10 to 12 minutes. So, if you had exceeded like two hours then you get warnings and all of that stuff. So, they don't give you that you don't have that much time as breastfeeding mothers to go and pump yourself.” (Participant 6)

Call Centre Shifts/Structures is the Reason for Early Cessation

Most of the mothers agreed that to navigate work and breastfeeding demands they moved from exclusive breastfeeding to formula, and they also speak on the demands of the call centre as well as are the long shifts they work makes it impossible for them to combine work and breastfeeding:

“There's challenges because the baby sometimes when you've gone back to work yes, they are breastfed exclusively for the first three months, but then you need to adjust your baby to formula” (Participant 5)

“Because of my long hours. So, my baby was away from me for four days, because it was four days on four days off. So, he was away four days and then when it's my off days, only I see him. So that's why I changed” (Participant 6)

“We work in a very stressful environment, deal with different clientele, different customers, different scenarios” (Participant 4)

Participant 7 who works from a different call centre to the above participants echoes the same sentiments as participants 6 above regarding breastfeeding cessation:

“The long working hours having to being on target and all that. Sometimes you just tired when you come back home, because I stopped breastfeeding, I think after six months” (Participant 7)

The participants mentioned how their work shifts and structures do not support breastfeeding, and they spend a lot of time on the phone and typing which makes it difficult for them to find time to breastfeed:

“I am always on the phone and then while you are on the phone, you need to be typing as well. So, meaning that your hands are also busy, you don't have time” (Participant 1)

“I think it's really the targets and the pressure in the call centre environment tend to make things difficult” (Participant 2)

The above extract shows how the call centre industry is not conducive to the continuation of breastfeeding the participants also spoke of how their breaks are strictly monitored Participant six went further to explain how the call centre environment in her workplace is not conducive to breastfeeding moms she explained:

“I would say because of the workload that they give you. And the long hours you have to be on the phones, 12 hours, so it drains out your body. Most of the time, you're tired when you come from work, so you don't still have time like for me, I'm talking about myself. I don't still have time for when I come from work to sit with a child, and I have to breastfeed. I know it's my responsibilities. But now you have this sit and breastfeed and you tired, you drained out” (Participant 6)

The participant above, explained how she was unable to combine work and breastfeeding because the demands of her job. She explained how work was an obstacle to breastfeeding, because when she gets home from work, she was tired and did not have time to sit with a child and breastfeed.

Covid 19 Remote Work Arrangements Support Breastfeeding

For breastfeeding mothers whose organisations followed the instructions imposed by the government working from home during the covid-19 pandemic was a blessing in disguise. Mothers were able to breastfeed their babies with convenience and greater ease knowing that their babies will receive a healthy nourished breastmilk especially in the first six months:

“I feel that me working from home was more beneficial for my baby. [...] I did not get any resistance from my team leader, nor from my supervisor, nor from my head or my manager regarding me taking time to breastfeed my baby, and at the time, my employer had the regulations that all breastfeeding moms should work from home. Because at the time, no one

knew what this would do to mom or baby and the risk involved [...] That working from home does create a better and a conducive environment for breastfeeding a baby of any other woman at work expressing milk” (Participant 5)

The Covid-19 work arrangements supported working mother’s breastfeeding needs and made it easier for mothers to breastfeed since both mother and child were quarantining together.

“Because I’m working from home, we have not discussed that but since I’m working from home, yes, in between our breaks, at least I am able to breastfeed.” (Participant 2)

One participant shared that she would have loved to work from home and breastfed her baby till they stopped on their own but unfortunately, she had to travel to and from work:

“I love breastfeeding. I wish I could have worked from home so that I could breastfeed him until he stops on his own. But then we were not given that option” (Participant 7)

Chapter 5: Discussion

The purpose of this research was to gain insights into the workplace challenges of breastfeeding call centre agents in South Africa, and to explore the breastfeeding experiences of call centre agents, highlighting the need for improvement in the workplace breastfeeding support in the context of middle-income earning employment.

Although most women would have preferred to have more maternity leave, according to the BCEA of 1997 the regulated maternity leave in South Africa is four months. As a result of the short and sometimes unpaid maternity leave in SA, majority of women are obligated to return to work leaving their kids in the care of others (Payton et al., 2019). The women in this study faced a challenge of combining breastfeeding and having to return to work to be productive employees. The work environment and work structures of the mothers in this study left them with no alternative but to either breastfeed before or after work, stop breastfeeding altogether or bottle-feed their babies, even though they were aware of the implications of bottle-feeding they were left with no other alternative. It became clear that the mothers experienced breastfeeding at work as stressful and uncomfortable.

According to the BCEA of 1997, breastfeeding employees should be provided with 30-minute breastfeeding or breastmilk expression breaks twice a day for the first six months of the infant's life (A Guide for Employers and Employees Supporting Breastfeeding in the Workplace, n.d.). even though the BCEA regulates the breastfeeding rights of nursing workers (Government Gazette REPUBLIC of SOUTH AFRICA, 2002) it is evident in this study that the call centre employers do not adhere to the laws and regulations that support breastfeeding in the workplace. This study also showed that breastfeeding women were treated the same way as their non breastfeeding co-workers in their workplaces, there was no special treatment they received from the workplace or from their managers/employers when they returned to work after maternity leave as breastfeeding mothers.

This study demonstrated that the call centre working mothers intended to exclusively breastfeed their babies, particularly upon returning to work; however, they were unable to do so due to the demands of the call centre environment. The workplace is the best place to apply breastfeeding policies and practices (Doherty et al., 2012). For mothers coming back from maternity leave, breastfeeding breaks, flexible work hours, access to facilities and employer/manager support have been important for the continuation of exclusive breastfeeding practices (Doherty et al., 2012). Support includes allowing breastfeeding

workers to express milk in a room appropriate for breastmilk whilst also providing employees with enough storage facilities to store breastmilk, and lastly, positive attitudes from both employer and coworkers regarding breastfeeding (Tsai, 2013).

The majority of breastfeeding women returning to work often discontinue breastfeeding due to the lack of appropriate breastfeeding facilities or a breastfeeding-friendly workplace. According to Opoku Mensah (2011), this results in these women feeling worried and stressed, which ultimately affects their work. The mothers in this study explained how they were unable to combine breastfeeding and work due to lack of proper breastfeeding facilities in their call centre workplaces, as a result of the lack of breastfeeding facilities led to some of the women using undesignated facilities such as toilets to express milk. The expression of breastfeeding requires a clean place, sterilised equipment and proper storage space for breastmilk such as Fridge etc.

This study proved how covid-19 work arrangements supported mother's breastfeeding decisions. The women whose organisations heeded the government's instruction to work from home were able to maintain breastfeeding ensuring their infants received nourished breastmilk, especially during the first six months of the child's life. This is very important to consider especially for those people working in the development of breastfeeding policy and support (Renfrew, Cheyne, Dykes, et al., 2020).

Recommendations

- **Increase Awareness and Knowledge of Breastfeeding Policies:** Employers should provide training and resources to both managers and employees to improve understanding of breastfeeding policies, legal rights, and their implementation in the workplace.
- **Ensure Enforcement of Breastfeeding Rights:** Call centres and other workplaces must actively enforce policies that protect breastfeeding mothers by providing private spaces and adequate time for expressing milk in compliance with legal standards.
- **Address the Needs of Low-Skill and Low-Income Mothers:** Employers should offer tailored support for low-skill and low-income workers, such as flexible work arrangements and breastfeeding-friendly environments, to help them continue breastfeeding after returning to work.
- **Foster Better Communication and Understanding Between Employers and Employees:** Open dialogue between employers and breastfeeding employees should

be encouraged to better manage expectations and find mutually agreeable solutions that balance both workplace requirements and the needs of breastfeeding mothers.

Theoretical Contribution

The findings of this research study relate to support the role theory (Katz & Kahn, 1978), boundary theory (Ashforth, Kreiner & Fugate, 2000), social support theory (Cohen & McKay, 1984) and the conservation of resources theory (Hobfoll, 1989) by contributing to the improvement of theoretical understanding of this problem from the standpoint of organisational psychology. Majority of research conducted on workplace breastfeeding have been from the perspective of health science or conducted from advanced societies with white and high-income professionals. This research study presents insights into the breastfeeding experiences of low income, low skilled call centre agents which are currently lacking in the literature. This research focusses on the call centre industry, a major employer of low skilled, low income black and coloured women in Cape Town. Therefore, the knowledge gathered from this research broadens our comprehension of how theories might be applied to this occurrence in a particular subgroup and setting.

Practical Implications

The evidence from this research suggests significant practical implications for call centre agents. First of all, returning to work is often stipulated as the reason for the early cessation of breastfeeding of low-income workers (McLachlan et al., 2014). As shown in this research, call centre employees predominantly employ women, making it very important to enable support for breastfeeding at work. Existing literature as well as insights from this study suggests if breastfeeding women are supported in the workplace there would be benefits for the employer, mother and child. Due to the lack of awareness of these benefits and how they can manifest themselves in the organisations, there is now very little support, the recommendations below are derived from previous research and participant suggestions.

This section presents low-cost and practical suggestions that managers and employers of call centres can use to help mothers feel more supported in breastfeeding at work, which in turn, can have positive results for both the employer and employee. The employer can improve the women's transition of returning to work after maternity leave, they can offer the mothers information pertaining to breastfeeding policies and guidelines available at their workplace. Ensuring breastfeeding employees on top of their lunch and tea breaks receive two 30-minute

breaks to breastfeed or express breastmilk for at least the first six months of the child's life as specified in the Codes of Good Practice (COGP).

The call centre mothers made recommendations for a breastfeeding friendly work environment to adhere to exclusive breastfeeding in the workplace. It is evident that the employer plays a crucial part in the promotion of exclusive breastfeeding in the workplace according to the BCEA under the COGP that protects South African breastfeeding employees. Organisations should be able to provide proof that they were able to implement breastfeeding policies in the workplace that promote exclusive breastfeeding. Working mothers would be able to adhere to exclusive breastfeeding if their employers were to provide them with rooms to breastfeed/express milk, or safe and clean storage facilities for the storage of breastmilk. A breastfeeding friendly workplace should have the following (A Guide for Employers and Employees Supporting Breastfeeding in the Workplace, n.d.):

Allocate a private and suitable place for breastfeeding workers to breastfeed/express milk and a storage place to store breastmilk.

Allocate two 30-minute breastfeeding breaks twice a day to express breastmilk.

Future researchers should explore longitudinal studies on global policies pertaining to workplace breastfeeding and applying these policies to the workplace. These studies should further explore the change in breastfeeding policies and their effects on exclusive breastfeeding and the outcome they have on the mother and child's health and wellbeing.

Limitations

This research was limited by time constraints. The agents all seemed to be busy, and finding time to do the interviews was difficult. We kept postponing, even though I was initially able to approach approximately 15 breastfeeding agents who had had a child in the last two years. I was only able to interview seven, and even with the seven, it wasn't easy to get them to do the interview. Only three call centres were considered within the sample, which was done due to limited access to more call centres and also because of time constraints.

Recommendation for future research

It would be beneficial for future research to conduct interviews in call centres of different locations and sizes to determine whether certain call centre characteristics hinder or facilitate breastfeeding at work.

Given the current research scope, there are possible areas for research in the future in order to broaden the knowledge on work and its influence on breastfeeding. A deeper understanding of call centre agents and their breastfeeding experiences could help the call centre industry develop more breastfeeding-friendly policies.

- Appoint a workplace committee that will facilitate and support breastfeeding within the organisation.
- Create breastfeeding awareness and training between employers and colleagues regarding breastfeeding needs of employees.
- Create and facilitate breastfeeding policies within the workplace.
- To champion breastfeeding within the workplace, employers amongst the breastfeeding mothers should identify a breastfeeding advocate.

This study only included call centre working mothers in a specific area (i.e., Cape Town). Future studies should include a broader context. This could help provide additional insights into the breastfeeding experiences of call centre agents that might not have been revealed in this study, which would, in turn, help make the results more generalizable to a broader population.

Conclusion

This study reveals the significant challenges faced by breastfeeding mothers in call centres in Cape Town, South Africa. The lack of awareness, inadequate enforcement of breastfeeding rights, and insufficient workplace support contribute to the difficulties these women experience. These issues often result in the silencing of their rights to breastfeed at work. The findings highlight the urgent need for improved education on breastfeeding policies, better enforcement of legal rights, and the creation of more supportive and flexible work environments, particularly for low-skill and low-income women. Addressing these issues is essential to ensuring that all working mothers have the opportunity to balance their professional roles with their responsibilities as caregivers.

This study explored the breastfeeding experiences of call centre agents, employed in three call centre organisations in Cape Town. After analysing the interviews, it emerged that the women return to the workplace after maternity leave to working environments and working conditions that are not conducive to breastfeeding. The type of their job means that they have limited autonomy coupled with call centre priorities means that the women are unable to navigate breastfeeding at work. This is proven by the lack of communication regarding

breastfeeding between mothers and their managers. Participants received different levels of support from their managers, those who received support were able to combine work and breastfeeding and those who did not receive support from their managers had to find ways to navigate breastfeeding at work or stop breastfeeding altogether.

In conclusion, this study aimed to contribute to the existing body of research on breastfeeding support for low-income working women in South Africa. Despite the extensive body of research highlighting the benefits of breastfeeding, national and global rates of exclusive breastfeeding, it remains below the targets set by the World Health Organization particularly among low-income black women in South Africa (Siziba et al., 2015). This underscores the urgent need for continued research into the challenges faced by low-income working mothers in balancing their professional responsibilities with breastfeeding. By addressing these gaps, future research can help inform policies and workplace interventions that better support these women in their breastfeeding journeys.

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Appendix A

Interview Guide

Hi, XXX, Thank you for your time for this interview. In this interview, I would like to know more about your breastfeeding experiences as a call centre working mother.

When you were pregnant did you intend to breastfeed after going back to work?

Do you know the recommended time for breastfeeding?

Did you speak to your supervisors/team leader or managers regarding continuation of breastfeeding at work?

After returning to work were you able to breastfeed?

Are there any issues that made it difficult for you to breastfeed?

What support do/did you have at work?

What is it about call centre work that makes it difficult/easy to breastfeed?

Are there any other women expressing milk at work?

If it was a possibility for you to breastfeed at work, what would make it work?

What are your experiences as a breastfeeding working mother?

What support or lack of support exist for call centre women that decided to breastfeed while working?

What are the stressors that make them stop breastfeeding or the factors that allow them to breastfeed in the workplace, if any?

What can be done to further provide support to call centre workers who want to continue breastfeeding while working?

How does call centre work demands impact women's decisions to breastfeed?

What are your experiences of breastfeeding as a working mother?

What are your views on Breastfeeding?

Bottle feeding has been associated with many health risks for infants, what do you think?

Do you know what exclusive breastfeeding is?

Breastfeeding is known to be the best method for infant feeding, what do you think?

How are you feeding your baby?

When and why did you choose breastfeeding?

What support if any did you receive when you initiated breastfeeding?

What are the challenges or barriers did you experience initiating and / or continuing to breastfeed?

If there are challenges, how did you overcome them?

What motivated you to breastfeed?

What are your reasons to discontinue breastfeeding or choose a mixed feeding method?

In your opinion what are the ramifications of early cessation?

Appendix B

Consent Form

Research Title: Breastfeeding experiences of call centre Agents

Researcher: Siziphiwe Nkqayana

I am a master's student in Organisational Psychology at the University of Cape Town. As part of my degree, I am required to conduct research. I am inviting you to be part of my research on the breastfeeding experiences of call centre agents. This research project has been approved by the UCT Commerce ethics committee. If you feel comfortable to do so, please can you provide consent to participate in this study by reading the conditions below. Please note that your participation is voluntary and that you may withdraw at any time.

I hereby volunteer to participate in this research project conducted by Siziphiwe Nkqayana. I understand that this research project is designed to study the breastfeeding experiences of call centre agents.

I understand that I am being invited to take part in an interview. I understand that in agreeing to participate:

My participation is voluntary. I understand that I will not be paid for my participation.

The interview will last approximately 60 minutes. The researcher may take notes during the interview and with your permission the interview may be recorded.

I understand that I have the right to withdraw from the research at any point.

I understand that the researcher will not identify me by name in any reports using the information obtained from the interview. My interview data and my personal details will be kept confidential. Subsequent uses of recordings and data will be subject to standard data use policies which protect the identity of individuals.

Should you have any concerns or questions about participating in this study please contact the researcher, Siziphiwe Nkqayana at NKOSIZ001@myuct.ac.za or the research supervisor Assoc Prof Ameeta Jaga, Ameeta.jaga@uct.ac.za.

I voluntarily agree to participate in this study.

Name

Signed

Date

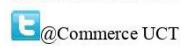
Appendix C

Ethical Clearance



Faculty of Commerce

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UCT Commerce Faculty Office

14 07 2021

Siziphiwe Nkqayana

School of Management Studies

University of Cape Town

REF: REC 2021/07/015

Breastfeeding experiences of call centre agents

We are pleased to inform you that your ethics application has been approved. Unless otherwise specified this ethical clearance is valid until 31-Dec-2022 .

Your clearance may be renewed upon application.

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

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

We wish you well for your research.

2021.07.14
 19:27:34 +02'00'

Jacques Rousseau

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Appendix D

List of Codes

System	Frequency
System	182
1. Government should hold companies accountable for creating breastfeeding friendly environment	1
2. expected to perform like the rest of the other agents	8
3. compared to non breastfeeding male colleagues	6
4. being away from the baby for too long	3
5. lack of facilities to support breastfeeding	15
6. Unfair treatment of breastfeeding call centre agents	18
7. aware of breastfeeding laws	2
8. private sector similar to public sector	2
9. working from home conducive to breastfeeding	11
10. went behind supervisor's back to get support to breastfeed whilst working	5
11. Female supervisor not accommodative/supportive of breastfeeding mothers	3
12. no resistance from team managers regarding breastfeeding	3
13. getting breastfeeding info from the internet	1
14. working from home beneficial for the baby	11
15. taking time to breastfeed	1
16. not made aware of her breastfeeding rights	12
17. adjusting baby to formula	3
18. no call centre space for breastfeeding	1
19. fear might be judged as making excuse to breastfeed just to relax	2
20. call centre challenges/demands	6
21. not ware of any call centre support for nursing mothers	1
22. received support from colleagues and team manager	1

Error! Unknown switch argument.

MAXQDA 24

2024/01/06

23. team leader supportive of breastfeeding mother	9
24. allowed to express at work	6
25. breastfeed till 4 years old (both candices)	1
26. no knowledge of the recommended time	4
27. get info online regarding breastfeeding	3
28. breastfeeding is draining	1
29. lack of supervisor support	13
30. longer maternity leave	2
31. stopped producing milk	1
32. doesn't know breastfeeding time	5
33. provide working mothers with breastfeeding breaks	9
34. using bathroom breaks for breastfeeding	5
35. changing shift hours to accommodate breastfeeding mothers	1
36. there are other women that had babies before	2
37. allowed to breastfeed at work provided you speak with manager first	1
38. had no issues with breastfeeding at work	2
39. able to breastfeed after returning to work	1
40. spoke with manager regarding breastfeeding needs	3
41. continued with breastfeeding because has previous experience	2
42. government policies on breastfeeding	4

Error! Unknown switch argument.

MAXQDA 24

2024/01/06

43. working from home since lockdown	9
44. constantly have to be close to the baby	1
45. bottlefeeding	3
46. allocate resources/breaks for nursing mothers	18
47. inform Agents on company policies regarding breastfeeding	1
48. no milk in breasts	1
49. call centre hours	6
50. outbound agent	1
51. call centre structure/environment	9
52. Lack of call centre support/ policies for breastfeeding mothers	11
53. call centre environment obstacle to breastfeeding	21
54. consequences of early cessation	5
55. introducing mixed method feeding	5
56. importance of breastfeeding from third parties	9
57. received support from her partner and family	1
58. believes in breastfeeding	8
59. wont consider bottlefeeding	2
60. knows what breastfeeding is	2
61. no issue with bottlefeeding but prefers breastfeeding	11
62. breastfed till three years of age	1
63. benefits of breastfeeding	7

Error! Unknown switch argument.

MAXQDA 24

2024/01/06

64. support or has positive views on breastfeeding	7
65. second child breastfeeding, the first time she was not working	5
66. could always make plan to breastfeed, nothing could hinder her from breastfeeding	4
67. should be provided with extended breaks in order to express milk	9
68. breastfeed before work and after work	7
69. company/supervisor wont allow breaks to breastfeed	20
70. difficult to breastfeed whilst at work	19
71. not allowed breaks to breastfeed	20
72. stopping breastfeeding is not an option	2
73. nothing will stop her from breastfeeding	5
74. not aware of any work support for breastfeeding mothers	14
75. doesn't know who else is breastfeed, did not speak with anyone	3
76. daycare far from the office	2
77. not possible to breastfeed at work, child needs to be physically there	1
78. no support for breastfeeding at work	16
79. can only breastfeed whilst working from home not the office	10
80. No support for the continuation of breastfeeding when returning to work	15
81. Limited knowledge regarding the recommended time to breastfeed	14
82. Intended to breastfeed	5

Code System

Error! Unknown switch argument.