Maternity protection for women and the potential implications for breastfeeding on return to work at a tertiary hospital in the Western Cape.

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Abstract

Background: Optimal maternal health and support in the workplace can have a positive impact on the health outcomes of the mother and baby. Therefore, legislation specifies that women be protected during the pregnancy period as well as on return to work. According to the International Labour Organisation (ILO), maternity protection includes maternity leave, cash and medical benefits, health protection in workplace, non-discrimination, job security, breastfeeding breaks, and access to childcare facilities. Adequate maternity protection in the workplace can result in benefits to the child's long-term health and positive effects for workplaces. The aim of this research was to determine the availability of maternity protection practices in the workplaces and the potential implications for breastfeeding.

Methods: A descriptive research mix method study design, using an online questionnaire, was administered to purposefully selected women employees at a tertiary hospital who had a baby in the last 3 years. Additionally, individua in-depth interviews were conducted, using a semi-structured interview guide, with purposefully selected members of different levels of management at the hospital. Data was analysed with support of statistical software (SPSS Version 11.1.17) as well as thematic analysis and is presented in table and graph format.

Ethical considerations: Ethics approval was obtained from the Biomedical Research Ethics Committee of the University of the Western Cape. The project was registered on the National Research Database and approval to conduct the study at the hospital was obtained from the Chief Executive Officer of the Hospital. Participation in the study was voluntary, it was explained to all participants with the use of an information sheet. Anonymity was ensured by not recording personal information on questionnaires. Confidentiality was assured through storage of questionnaire information on a password protected computer and paper copies of the manager questionnaire in a locked cabinet. Participants were requested to provide written consent.

Results: The sample included women participants that were permanently employed, and some who were on a full-time permanent contract making them eligible for the

maternity protection package. The findings demonstrated that in terms of the maternity protection package such as maternity leave, women were granted four months including paid benefits. With the protection of the women's health, they had mixed responses as to how certain duties affected their health. A lack of knowledge in terms of their right to health and safety during pregnancy and after birth was evident. Most women did not feel the need to do lighter duty or to request a transfer to a safer environment. Overall, women had a lack of knowledge and understanding of the policies and legislation on maternity protection. In terms of breastfeeding on return to work about 67% responded that they continued breastfeeding on return to work. Most did not continue as recommended by the World Health Organisation (WHO), to exclusively breastfeeding for the first 6 months of life. Women experienced many challenges with support and the lack of implementation of the breastfeeding workplace policy. The findings from the semi-structured interviews demonstrated lack of knowledge of policies and legislation in terms of the maternity protection package. Although women were supported as reported, more could have been done to improve the conditions for women during pregnancy and after birth. The responses on policy implementation were very vague and participants could not present policies when requested by the researcher.

Conclusion: The study findings suggest the need to inform women and to create more awareness on maternity protection benefits and the rights of women during and after pregnancy. This could improve women's knowledge and understanding of the existing policies and legislation. Breastfeeding support to women on return to work can be strengthened and existing policies be implemented more effectively. Additionally, the study identified implementation gaps that limits the effectiveness of maternity protection. Management needs to improve support and practices on maternity protection within the hospital. Women should be made aware of and encouraged to access their rights and entitlements related to maternity protection.

Declaration of Originality

I declare this mini thesis **"Maternity protection for women and the potential implications for breastfeeding on return to work at a tertiary hospital in the Western Cape"** is my own work and has not been submitted for any degree or examination at another university. All the sources I have used or quoted have been included or acknowledged by way of complete references.

Full name: Crystal Jacobs

Signed

11 November 2022

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What a journey, I am overwhelmed with immense thankfulness and gratitude, to have come to this point.

My prayer, thank you dear Lord for giving me the ability, strength, wisdom, patience and guidance on this journey, to be able to reach the end. You carried me through many challenges, highs and lows and I know you were, is and will always be there to carry me.

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Then to every young girl out there, I had dreams as a young girl and believed that chasing my dreams is possible, it is never too late for your dreams. Coming from difficult, disadvantage circumstances. “Go and reach for your dreams, you can”.

I don’t know what doors will open for me, but I trust God with the next chapter.

Much Love

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Acronyms

BCEA: Basic Conditions of Employment Act

BMREC: Biomedical Research Ethics Committee

COSATU: Congress of South African Trade Unions

CGP: Code of Good Practice

DoH: Department of Health

EBF: Exclusive Breastfeeding

IFBAN: International Food Baby Action Network

IMR: Infant Mortality Rate

ILOMPC: International Labour Organisation Maternity Protection Convention

ILO: International Labour Organisation

MBFI: Mother Baby Friendly Initiative

NDoH: National Department of Health

REDCap: Research Electronic Database Capture

SADHS: South African Demographic Health Survey

SAHR: South African Health Research

SANHANES: South African National Health Nutrition and Examination Survey

UNICEF: United Nations Children's Fund

UWC: University of the Western Cape

WC: Western Cape

WCG: Western Cape Government

WHA: World Health Assembly

WHO: World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Introduction

Maternity protection is a fundamental human right that enables women to combine their productive and reproductive roles and that includes breastfeeding their infants (Nguyen et.al.,2022; Harooni, 2015). Women are entitled to maternity protection. Maternity protection means that women, and their health, should be protected with dignity and free from discrimination. Women should also be supported with maternity benefits, such as maternity leave and/or cash benefits, (Harooni, 2015). Maternity protection helps to protect women and children during pregnancy and after birth, including support to breastfeed.

The International Labour Organisation (ILO) Maternity Protection Convention 2000 (No.183) and the accompanying Recommendation (No.191) has called for establishment of supportive measures for maternity protection (ILO, 2012). Globally not all countries have adopted these recommendations and South Africa is one of the countries that has not ratified the recommendations from the ILO (Pereira-Kotze et.al, 2022).

One of the components from the maternity protection package is maternity leave that is stipulated within the Basic Conditions of Employment Act (BCEA) 1997. Breastfeeding is another component addressed within maternity protection and is receiving attention globally for its tole in reducing infant mortality and morbidity. The World Health Organisation (WHO) recommends Exclusive Breastfeeding (EBF) for babies for the first six months of life. To achieve this goal, it is imperative to support women through implementation of workplace breastfeeding policies to continue breastfeeding on return to work. A study conducted in Australia on mothers who return to work after birth, found that they were unsure on how long they plan to breastfeed (Smith et.al., 2013). Furthermore, the study suggests that more supportive workplace cultures, would increase the likelihood of exclusive breastfeeding (Smith et.al., 2013). Breastfeeding should, therefore, be fostered and encouraged as normal within workplaces but also in communities and society as a whole (Donso, 2014).

Maternity protection is a legal entitlement and should receive the necessary attention to improve workplace practices. Literature suggests that women suffer at the hands of employers and are disadvantaged, when indicating their motherhood (Masser et.al., 2007). It is therefore

necessary to investigate the maternity protection practices and breastfeeding support within workplaces.

1.2 Problem Statement

Understanding the nature of maternity protection available to women is important to improve the number of women continuing breastfeeding on return to work. A study conducted proposed, that knowledge with self-efficacy, attitude and the individual belief are important predictors of behaviour (Rimer & Glanz, 2005). It is important for women to be empowered with knowledge and the understanding of their maternity protection rights which can adopt a change behaviour on how they value the maternity period during and after pregnancy. Informal observations in the tertiary hospital workspace foregrounded the lack of knowledge of women staff members about the benefits of maternity protection in particular, maternity leave, return to work after birth and safety and health practices (including provision for breastfeeding in the workplace). Not many employers are aware of the provisions of maternity protection or how to support breastfeeding mothers, (UNICEF, 2019). UNICEF and the National Department of Health (NDoH) wants to urge workplace support for mothers. The purpose of this research is therefore to explore the available maternity protection and support to women as well as the knowledge of women around maternity protection in the workplace. It also aims to understand what the potential implications are for breastfeeding on return to work.

1.3 Thesis Aim and Objectives

Aim

To determine the availability of maternity protection and support to women at a tertiary hospital in the Western Cape and the potential implications thereof for breastfeeding practices.

Objectives

1. To describe available policies on maternity protection and support to staff at a tertiary hospital in the Western Cape.

2. To explore associations between knowledge of women working at a tertiary hospital in the Western Cape on maternity protection and their breastfeeding practices on return to work after maternity leave.

3. To explore the attitudes, knowledge and level of support from individuals in management positions at a tertiary hospital in the Western Cape, towards women breastfeeding on return to work following maternity leave.

1.4 Mini thesis outline

Chapter 1. *Introduction:* The first chapter discusses the study background that provides the research problem, the purpose of the research study as well as the aims and objectives.

Chapter 2. *Literature review:* This chapter presents an overview of maternity protection relevant to the study topic. The literature includes topics such as the International Labor Organization (ILO) and the scope on maternity protection globally and locally, maternity protection as a human right. Furthermore, it describes the South African context on maternity protection, including legislation and policies. It also discusses literature on breastfeeding rates in South Africa (SA) and the Western Cape (WC), breastfeeding support in the workplace as well as workplace barriers to breastfeeding.

Chapter 3. *Research Methodology*: This chapter explains the study's research design. It describes the study setting, population, sampling process recruitment and the pilot study that was conducted. It also describes the process of data collection and management, validity, trustworthiness, and the ethical considerations.

Chapter 4. *Results:* This chapter describes the findings and the key themes that emerged from the study's data collection.

Chapter 5. *Discussion:* This chapter interprets and discusses the study's findings. It highlights similarities and discusses differences between other studies done and the limitations to the study.

Chapter 6. *Conclusion, Recommendations, and further research:* The final chapter presents the conclusion to the study, it provides recommendations aimed to improve knowledge and practices on maternity protection and breastfeeding support in the workplace. It also presents opportunity for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Maternity protection is crucial to ensure better health outcomes for mothers and infants. It includes a combination of factors such as health and employment protection for women during pregnancy, the right to maternity leave, cash benefits as well as protection on return to work after the birth (ILO, 2012). Maternity protection has the potential to influence breastfeeding outcomes for infants. Breastmilk is the most perfect food, an effective way to feed infants and the best way to ensure optimal growth and development (UNICEF, 2020).

Maternity leave has been a social right since 1919, when the International Labour Organization Maternity Protection Convention (ILOMPC), set the first global standards. The purpose of maternity protection is to protect the infant's health in the first few months of life, as well as maternal health and the long-term goal is to contribute to reducing the infant mortality rate (IMR). The revised ILO Maternity Protection Convention (2000) laid down provisions that maternity leave should be no less than 14 weeks of which 6 weeks must be compulsory leave after the birth of the child. From these provisions, many countries have adapted their policies and legislation suitable to the country's working environment (ILO, 2012).

Upon the return to work, one of the many challenges of women is the feeding demands of their infants. The ILO, therefore, makes a recommendation for lactation breaks in the workplace to either express breastmilk and store it or to feed the infant where childcare facilities are available, and the mother has access to her baby (ILO, 2012). "Maternity protection at work encompasses different components: maternity leave, health protection, non-discrimination, social protection and breastfeeding rights" (ILO, 2012).

2.2 Maternity Protection

Maternity protection and its association with promotion of breastfeeding is vital in the early stages postpartum and later on within the workplace to protect and support women (ILO, 2012). Paid maternity leave has improved based on the recommendations of the ILO standards (Addati, 2015). However, a large majority of women employees are still not adequately protected during pregnancy and following the birth of a child (Addati, 2015).

The scope of comprehensive maternity protection includes maternity leave (leave periods more than 14 weeks that is before and after birth), cash and medical benefits (cash payments during maternity leave and medical care before and after birth), health and safety protection at work (restriction of certain working conditions for the safety of pregnancy and on return to work), protection of employment (job security) and non-discrimination, breastfeeding arrangements at work (nursing or expressing breaks and facilities), and, where possible, childcare after return to work (provision of childcare facilities, e.g., on-site creche) (ILO, 2012). The purpose of maternity protection is firstly to preserve the health of the mother and new born, that has the potential to result in a reduced child and maternal mortality and morbidity (ILO, 2012), (Addati, 2015). Secondly, it is important that job and income security during and after pregnancy is ensured (ILO, 2012) (Busby, 2000). Even though the Maternity Protection Convention was ratified in 2000 by the ILO, research conducted in 2016 showed that only 53% of countries meet the minimum criteria (Rollins et al., 2016) with only 23% of the 185 countries meeting or exceeding the minimum requirement of 14-18 weeks of maternity leave. Several studies have found that if maternity leave is extended the breastfeeding duration improved (Jia et.al., 2018). Bangladesh has shown an increase in their exclusive breastfeeding rates over a period of 6-8 years after maternity leave was extended from 14 weeks to 6 months (Anam, 2008) (Rollins et al., 2016). Brazil, regarded as exemplar with regards to the implementation of breastfeeding policies and programmes, had a 15percent point increase for breastfeeding up to age 12 months from 1996 – 2006, when maternity leave was extended to 6 months with 3 days paternity leave. In Brazil breastfeeding is regarded as the norm (Rollins et al., 2016). In Vietnam, a lower middle-income country, maternity leave has been extended up to 6 months in 2013 to encourage exclusive breastfeeding up to age 6 months. However due to poor implementation of the policies effectiveness has not yet been shown (Nguyen et.al., 2022).

2.3 International Labour Organization (ILO) and the Scope on Maternity protection

As already depicted the ILO has placed a huge importance on working conditions. The ILO is part of a corpus of international labour standards on employment and underpinned the ILO Decent Work Agenda (Ghosheh, 2013). The ILO has made considerable progress to improve legislation, policy and guidelines on maternity protection for women. The aim of the Conventions was to improve the position of women within the labour market and to ensure the necessary protection (Stephien, 2021). The Maternity Protection Convention, 1919 (No.3) was established to address maternity protection benefits (Ghosheh, 2013). Specific benefits such as the importance of paid maternity leave was addressed in the Maternity Protection Convention

(No.183) and reviewed in the ILO Recommendation (No.191) (Ghosheh, 2013). Although maternity protection has been introduced in various countries in line with the ILO standards over the more than 100 years of ILO standards, considerable work still needs to be done. in terms of the actual coverage of maternity protection rights (UNICEF &WHO, 2019).

2.4 Maternity protection as a human right

Maternity leave and paid benefits appear to be the focus of existing advocacy and research on maternity protection. However, maternity protection firstly is a human right (Arendt & Sterken,2019). Women should not be discriminated against because they are fulfilling the role of being or becoming a mother. It is suggested by Arendt & Sterken (2019) that women are entitled and are the "rightsholders" and should therefore be respected and protected. These rights should be fulfilled within the workplace. Therefore, maternity protection is not a favour or an optional extra effort from the employer.

2.5 The South African context of maternity protection

A policy analysis by (Pereira-Kotze et.al., 2022) reviewed South African policies and documents since 1994 – 2021 and concluded that South African legislation is fragmented and not easily accessible. (Dupper, 2000) has found that maternity protection in South Africa has been governed by two items in a condensed manner. Whereas (Pereira-Kotze et.al., 2022) has found twenty-four items that governs maternity protection. However, it has been spread across departments which complicates implementation and monitoring. Many gaps on maternity protection have been identified (Pereira-Kotze et.al., 2022). Maternity leave, as a component of maternity protection, is legislated by the Basic Conditions of Employment Act (BCEA) 1997. Section 25 of the Act stipulates that women are entitled to at least four months (unpaid) maternity leave, which can be taken four weeks before the expected date of birth and the rest thereafter (Dupper, 2000, Pereira-Kotze et.al., 2022). South Africa has not yet ratified the ILO Maternity Protection Convention however the Convention on the Elimination of All Forms of Discrimination has been ratified by South Africa (Pereira-Kotze et.al, 2022). In the South African legislation, the protection of women's health during pregnancy and breastfeeding breaks allowed at 30 minutes twice a day is described in the Code of Good Practice on the Protection of Employees During Pregnancy and After Birth of a Child (No. R1441) (NDoL, 1998). The ILO (2000) makes provision for breastfeeding breaks, and these provisions are recommended within the Codes of Good practices in South Africa, but the codes have not been legally implemented yet (Pereira-Kotze et.al., 2022). A limitation of the BCEA is the exclusion

of several women in the workforce. Only the formal sector is covered by the Act, of which a small portion represents the economic active women in South Africa. A particular area of maternity protection in which South Africa fall short is cash payments that needs to replace the loss of income during maternity leave, as full salary is not guaranteed for the full duration of maternity leave (Dupper et.al. 2000; Pereira-Kotze et.al., 2022). South Africa needs reviewed policy on maternity protection to attached specific value to the issue of women and pregnancy (Dupper et.al., 2000). If policy documents are spread as indicated it can create confusion amongst employers, as well limited knowledge and poor practices. It is likely that the entitlements of maternity protection can be withhold from those that should benefit of it (Pereira-Kotze et.al., 2022).

2.6 Breastfeeding Rates in South Africa

In South Africa the available data from the South African Health Review (SAHR, 2016) and South African National Health Nutrition and Examination Survey (SANHANES, 2012) has shown that most mothers initiate breastfeeding after birth. South Africa made progress since 1998 from 7% exclusive breastfeeding to 32% in 2016 (Jackson et.al, 2019; National Department of Health 2016; Du Plessis et.al., 2016). The increase in the breastfeeding rate came after a considerable change in breastfeeding policy and the Tswane Declaration 2011. The rates of exclusive breastfeeding in South Africa for infants below 6 months appear positive since they have increased. However, there is great differences across different reports and brings about uncertainty (Martin-Weisner, 2018). Returning to work has been cited as one of the many challenges of exclusive breastfeeding (Jackson et al., 2019), however, data on breastfeeding amongst working women is not commonly reported within South Africa or internationally. The World Health Assembly (WHA) targets for 2025 is to increase the rate of exclusive breastfeeding to 50% globally. It took South Africa 18 years to improve the rates of exclusive breastfeeding, thus reaching the target of the WHA by 2025 is unlikely.

2.7 Breastfeeding in the Western Cape

The Western Cape currently has 98% of its public health maternity facilities accredited for the Mother-Baby Friendly Initiative (MBFI) status (Martin-Wiesner, 2018). Much has been done since the Tshwane Declaration in 2011, such as the accreditation of maternity facilities. The initiation of the MBFI has proved that with all stakeholders involved it can be done. Therefore, a similar approach that involves all stakeholders that can improve breastfeeding practices for women returning to work can yield potential results. The Western Cape (WC) has made

progress in terms of policy initiation to support women breastfeeding on return to work, through the breastfeeding at work booklet (NDoH, 2019) and the Breastfeeding workplace policy available on the Western Cape Government Health website. Therefore, such initiatives can assist if implemented appropriate to improve exclusive breastfeeding rates within the WC. A study conducted in the WC has found that, the highest proportion of EBF was below 1 month and the highest partially breastfeeding infants were 2 months (Goosen et.al., 2014). Poor breastfeeding rates can result in suboptimal growth and health of infants and young children.

2.8 Breastfeeding support on return to work

As the ILO provides recommendation for breastfeeding at work. Evidence suggests that if mothers stay with their baby for at least 4 months (which is the current maternity leave in public sector in South Africa), there is greater opportunity for this mother to continue breastfeeding on return to work, if supported well (Hassan and Musa, 2016). The Code of Good Practice on the Protection of Employees During Pregnancy and After the Birth of the Child makes provision for 30 minute breaks twice daily additional to lunch breaks for women to breastfeed (if a nearby childcare facility is available) or expressing of their milk. It is a known fact that breastfeeding is an important preventative health behaviour that has implications for both infant and maternal health, health costs and the environment (Eldridge and Croker, 2005). Supportive measures at many levels from policy, social, women's work, employment conditions and the health care services need to enable women to breastfeed (Rollins et al., 2016). Many studies suggest a negative impact of work on breastfeeding. Women who return to work after childbirth are less likely to begin or continue breastfeeding (Rollins et al., 2016).

2.9 Workplace barriers to breastfeeding

Studies suggest many barriers to breastfeeding within the workplace. (Johnson, Kirk and Muzik, 2015) reported barriers such as stress, uncertainty, perceived danger to breastfeeding and the need for education, training of health care professionals, regulation and the enforcement of workplace policies and peer support. According to (Kim, Shin and Donovan, 2019) returning to work are one of the main barriers to breastfeeding duration among working women and the impact of workplace lactation programmes is unclear. The study has also found that if services such as breast pumps, social support, lactation rooms and breastfeeding classes are provided, the continuation of breastfeeding is higher on return to work (Kim, Shin and Donovan, 2019). Many countries have included nursing breaks for women employees of a total of 1 hour divided into 30-minute breaks per day for expressing their breastmilk and store for later use or feeding

of their infants (Dupper, 2000). It has also been suggested that a nursing room that is well equipped be available for these women to take these nursing breaks for expressing or nursing their infants. South Africa (nationally) has adopted the breastfeeding work policy of which guidance are provided by the Department of Health (DoH) booklet on how to develop a lactation room (National Department of Health, 2019) although it is acknowledged that the provision of breast pumps, breastfeeding classes, and lactation rooms might be a challenge depending on available resources. A study conducted by (Daniels, 2020), found that evidence around breastfeeding support in the workplace within South Africa is limited. Therefore, a model has been proposed for employers to create these supportive environments to support exclusive breastfeeding in the workplace. Another study conducted by (Valdes et.al., 2000) in the United States found a general assumption amongst mothers, healthcare workers and employers that the return to work after maternity leave is not compatible with exclusive breastfeeding for six months.

2.10 Conclusion

Maternity protection is an essential element in ensuring that women's reproductive roles are combined with work and do not compromise their health and that of their infants. Women employees should be protected on return to work if breastfeeding, employment security is guaranteed, and their safety ensured against any hazards. Much can be done to support women to continue breastfeeding on return to work. Creating enabling environments are low-cost interventions which can contribute to improve breastfeeding, productivity and employee retention (UNICEF, 2020). Within the workplace the main aim of maternity protection should be to enhance the well-being of women and create a strong sense of support from organizations (Cruz, 2012). There has been limited research reported on the topic of maternity protection for healthcare professionals and the support within the workplace. Therefore, the researcher has been motivated to investigate the maternity protection and support within the workplace provided to women. The aim of the study is therefore to determine the availability of maternity protection for women and the potential implications thereof for breastfeeding.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter will describe how the study's aims and objectives were achieved. It provides detail of the study design, study setting, study population. It further explains the processes of data collection and data analysis and ensuring validity, reliability, rigour and trustworthiness, and ends with the ethical considerations.

3.2 Research design

The research design for this study was descriptive in nature. The research used mixed methods including both quantitative and qualitative components. Quantitative methodology was used to explore the associations between the knowledge of women and the implications for breastfeeding on return to work following maternity leave and are described from responses to an online questionnaire. Qualitative methodology was used to explore the attitudes, knowledge, and level of support from individuals in management positions towards the women breastfeeding on return to work, which was completed through an individual, semi-structured interview. Qualitative research techniques focus on the collection of data gaining more insight into the research problem (Yilmaz, 2013).

The type of mix method is that of a convergent parallel design. The benefits of using this type of method is to compare results from both the quantitative and qualitative and aim to provide an overall insight and interpretation.

3.3 Study Setting:

The Tygerberg tertiary hospital was selected purposefully for this study. Tygerberg hospital is in Parow, Cape Town. The hospital was officially opened in 1976 and is the largest hospital in the Western Cape and the second largest in South Africa. The mission statement of Tygerberg Hospital is to provide an affordable quality health care to the public as well as private patients within the available resources. It is also committed to providing excellent educational and research opportunities to all Higher Education Institutions in the Western Cape province. The hospital services a few drainage areas with an estimated total population of 3.4 million people. Tygerberg Hospital at present accommodates 1384 beds of which 331 is for the Tygerberg children's hospital. The staff compliment is close to 5000, of which it is estimated that 3000

are women employees. The hospital delivers a range of services from general specialist to subspecialist.

(https://www.westerncape.gov.za)

3.4 Study Population and Sampling Process:

3.4.1 Study Population for women participants: The study population included all women employees of reproductive age (i.e., between 20 – 49 years). All cadres of staff such as professional nurses, medical doctors, general workers, administrative staff, and higher management were part of the study population.

3.4.2 Sampling Strategy for the women participants: The hospital has an estimated 3000 women employees. Participants to be included in this study were 1) women who were employed staff within the hospital; and 2) have had a baby(s) in the last 3 years. Information on the number of eligible participants in this employee group was not available. At an estimated crude birth rate of 19.2 / 1000 population per year (https://www.statista.com/statistics/977243/crude-birth-rate-in-south-africa/) it is assumed that at least 60 women would have had a baby per year thus 180 total population. For a survey / online sample Taherdoost, (2017) suggests that 50% be used as the estimated population variance with 95% confidence interval at 5% marginal error. Using OPENEpi the required sample size was calculated to be 123 women. Within online surveys a response rate of 10% or less is anticipated, thus it was prudent to circulate the online survey to all staff members.

The researcher asked for assistance from the Human Resources practitioner to send an invitation letter to all staff members and notices were dropped at cafeterias, workstations and the researcher engaged with potential staff who recently had a baby, to provide all women with an equal opportunity to participate in the research.

3.4.3 Inclusion criteria was all permanently employed, and permanent contract employed women aged 20 – 49 years that should have benefitted from the maternity protection package within the tertiary hospital. The researcher made all efforts to ensure the diversity of the sample, by including women from a range of demographic backgrounds, within the limits of the diversity of the study population.

3.4.4 Exclusion criteria was all women who did not have a baby in the last 3 years and those not permanently employed such as agency staff, locums and temporary contract workers within the tertiary hospital as they did not benefit from the maternity protection package.

***3.4.5 Sample size**:* The calculated sample size was 48 women participants and managed to fully complete the questionnaire.

***3.4.6 Study Population for management staff*:** All management staff within the hospital were considered for participation if they were in a supervisory position to which women employees report.

3.4.7 Sampling strategy of management staff: Management staff were purposively selected to include key informants such as a Human Resource practitioner, Nursing manager(s) Administrative manager, and a medical manager.

3.4.8 Sample size of management staff: A total of four management staff agreed to participate in the study within the timeframe available.

3.5 Data Collection and Management:

3.5.1 Pilot study: The researcher conducted a pilot study to test the data collection instruments. The online questionnaire was tested with 6 women who were not necessarily staff or of reproductive age. This was done to get an overview of responses to allow for changes and ensure that the instrument is easy to complete. The semi-structured interview was tested with one manager. This interview allowed also for any changes that could be affected and ascertain the flow of the interview. Following both pilot studies minor changes were affected. This included replacing or removing repetitive questions and amending wording to make questions more understandable for the participant.

3.5.2 Data Collection process: The data collection took place between April and July 2022 (over a period of four months or sixteen weeks); and all data was collected by the researcher in English, the operational language used within the hospital and the Western Cape Government. No participants requested another language for the online questionnaire and no participants in the semi-structured interviews requested any other language and were all comfortable to conduct the interview in English. The researcher was fluent in Afrikaans and an interpreter was available for isiXhosa if requested.

Response to the email from Human Resources which provided the online link to the questionnaire, was low. The researcher compiled an information pamphlet (Appendix 1) about the research inviting potential participants to contact the researcher via SMS (text message), WhatsApp message, phone call or email. These pamphlets were shared in open spaces such as reception areas within the wards and clinical areas, administrative building, and shared with

colleagues who could also share by word of mouth. The researcher also approached potential women participants individually to ask for their willingness to participate. When approached individually the researcher explained the aims and objectives of the study by means of the Participant Information sheet (Appendix 2) and upon their willingness to participate, a written consent form was given to participants (Appendix 3). The researcher then requested an email address to which the online questionnaire was sent on the same day as consent was given. "The use of email as an alternative to collect data has provided new opportunities to researchers", (Michaelidou & Dibb, 2006: p 289). According to (Michaelidou & Dibb, 2006), it has shown to be a cost-effective method and not using field workers. The researcher encountered some limitations as some women employees did not have access to an email address and some women indicated technical challenges on attempting to complete the questionnaire. Despite the advantages of email questionnaires, it has several challenges, such as the low response rate (Michaelidou & Dibb, 2006).

Subsequently, the researcher diverted to snowball sampling within the data collection with participants completing paper-based questionnaires. Snowball sampling has been referred to convenience sampling mechanism with the motivation collecting a sample from a population in which the standard sampling process was impossible for the purpose of the study (Handcock & Gile, 2011). The researcher made copies of the consent and online questionnaire, and this was provided to individuals that indicated their willingness to participate and complete the paper-based questionnaire. The research was explained with the use of the Information sheet (Appendix 2) to the individual women participants and written consent (Appendix 3) was obtained. The researcher provided a timeframe for collection of the paper-based questionnaires for example by end of the business day. The researcher then entered the respondents paper-based completions onto the online portal.

3.5.3 Questionnaire development: The questionnaire was constructed within Microsoft Word and then formulated by an online supported programme REDCap (Research Electronic Database Capture) Version11.1.17. The online survey link was created within REDCap Version11.1.17 and shared with participants to complete. No standardised instrument was available. The researcher constructed the questions for the online survey based on the theoretical components under investigation. The two supervisors and an external expert reviewed several iterations of the questionnaire before it was finalised. Find a copy of the online questionnaire (Appendix 4).

3.6 Semi-structured interviews with management

Semi-structured interviews (face-to-face) were conducted with key informants from the management structure within the hospital. A semi-structured interview guide (Appendix 5) was used during the interview. The researcher contacted various management officials via email or telephonically to request an interview, explaining the research study aims and objectives using the Participant Information Sheet (Appendix 6). The researcher approached nine staff members within managerial positions, however only 4 responded to be interviewed. The participants included a Human Resource manager, medical manager, Operational manager, and an administrative manager who agreed to take part. The researcher scheduled a suitable time for the interview. During the interview the researcher explained the research aims and objectives again using the Information sheet (Appendix 6) and written consent was given (Appendix 7). The researcher requested the permission of participants that the interview be audiotaped but that with transcription of the tape the participant would remain anonymous and only a participant code used. The questions were mainly open-ended, and probing was used to achieve maximum information sharing. The policies and guidelines on maternity protection and breastfeeding on return to work were requested to be shared during these interviews for analyses. However, none of the participants could share the policies upon request.

All fieldwork was conducted by the researcher. Notes on thoughts and experiences of the researcher was kept throughout the research to assist in verifying information shared by participants. All efforts were made to reach as many participants as possible and all possible participants were granted a fair opportunity to participate.

3.7 Data management

The semi-structured interviews that were conducted by the researcher were audio taped. It was then transcribed by an external transcriber, and the transcripts were saved in MS Word plain text. All personal information identifying the participants was removed from the transcripts. Participants were all assigned a participant code.

The participants for the online questionnaire were all provided with a participant code. The written consent forms are kept in storage within a locked cupboard. Only the researcher has access to the completed online questionnaire which is password protected.

3.8 Data analysis

3.8.1 Analysis of the Online Questionnaire: The data from the online questionnaire were moved from the production stage within the REDCap Version 11.1.17 and exported to an MS Excel spreadsheet in which the researcher cleaned the data. Cleaning of the data involved to check for any missing values, questionnaires that has not been completed or partially completed and could not add any value to the findings. All names of participants if visible were removed and only the participant code is visible. A codebook was also created by REDCap version 11.1.17 for ease of reference. Some questions were manually coded by the researcher, finding similarities, creating themes, and concluding an outcome of the respondents. The clean data sheet was exported to a software programme SPSS Version 28.0.0:0(190) and used to analyse the data in frequencies or using descriptive calculations, (i.e., mean, mode, median). The data collected from each question was analysed and presented in table or graph format with explanation of what it means, in terms of the aims and objectives of the study.

3.8.2 Analysis of the Semi-structured interviews: Qualitative information from the semi-structured questionnaires were post-coded for analyses. The transcripts were carefully analysed through a flexible strategy using thematic analysis (Braun and Clarke, 2006). (Braun and Clarke, 2006) provides six steps that are a useful framework for thematic analysis: Read and familiarize with the data set; Coding of the information received; Search for themes within the data set; Review the themes; Categorize the themes in similarities and write – up.

3.9 Validity, reliability, rigour and trustworthiness

3.9.1 Validity: In the absence of existing instruments, the online questionnaire was self-developed with guidance from ILO (2012) documentation on assessment of maternity protection. One expert on maternity protection and on breastfeeding at the workplace was asked to review the questionnaire for women and for managers to assess face and content validity.

The researcher attempted as far as possible to recruit a large sample of women participants to ensure a sample that provided a representative view of the women meeting the inclusion criteria.

3.9.2 Reliability: To address the reliability for the study the inclusion criteria for participants was clearly stated during recruitment and questions to ensure eligibility was included in the online questionnaire. The same online questionnaire was used for all the women participants. The data collection tools were piloted to enhance reliability.

A pilot of the online questionnaire was conducted before the actual research to test the instrument and determine the consistency of the instrument used, (Cronbach's α) which measured the reliability or consistency. Questions assessing the specific aspects such as knowledge on (acts, policies, CGP) was (three questions); information gathered on support from the line manager and colleagues (four questions); knowledge on maternity leave (four questions); and risks pose to the health of the women (five questions). These were assessed for reliability of the questionnaire using Cronbach's α. A Cronbach's α has a range between 0 to 1 as a reliability coefficient, according to (Gliem & Gliem, 2003). The corresponding statistics for the questions were knowledge (acts, policies, CGP) 0,654; information on support 0,484; knowledge on maternity leave 0,384; risks to health 0,726. A Cronbach's α of 0,7 is regarded as acceptable or good. Tavakol & Dennick (2011) suggesting challenges with some of the aspects, internal consistency within this questionnaire. The internal consistency may be improved by adding more questions to the questionnaire. The more questions added the more the reliability of the questionnaire improves to acceptable values between 0,7 to 0,9 (Tavakol & Dennick, 2011). Therefore, the low value of alpha could be due to a low number of questions used or other factors such as poor inter-relatedness between the questions to test internal reliability.

A pilot of the semi-structured interview guide was also conducted with one of the managers, and any questions, wording or phrases were adapted as was necessary to ensure a smooth flow of questions.

3.9.3 Rigour and trustworthiness: The researcher conducted semi-structured interviews, which contains some qualitative component, with key informants within the tertiary hospital management. All data collected and key points were summarized and verified with the key informants to ensure their understanding and interpretation of their attitudes, knowledge and level of support was accurately recorded. Note keeping was maintained throughout the interviews by the research to further ensure the quality and trustworthiness as well as to ensure researcher reflexivity.

3.10 Ethics considerations

Participation in the study was completely voluntary and this was explained to the participants using an Information sheet (Appendix 2 & 6). Anonymity and confidentiality were assured with the use of a coding system and not recording any personal information on the questionnaires. Each participant was requested to provide written consent (online form and

hard copy for women participants and hard copy for semi-structured interviewees). (Consent forms as Appendix 3 & 7). This study carries a low risk for harm to participants, but should a participant experience any discomfort, they were free to discontinue the interview or the online survey. Where necessary, participants would have been referred to the hospital occupational health and safety (women employees) or human resource wellness officer for consultation. None of the participants required any referral.

Data collection only commenced once approval was obtained from the UWC Biomedical Research Ethics Committee (BMREC) - ethics clearance number BM 21/5/12, (Appendix 8). Permission to conduct the research was obtained from the Chief Executive Officer of the tertiary hospital. The process to obtain permission to conduct research at a Western Cape Government health facility was followed, Reference: Research Projects Tygerberg Hospital, (Appendix 9). The researcher registered the project on an online portal with the National Health Research Database (https://nhrd.health.gov.za) prior to requesting permission from the hospital.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter presents the findings of the study. It includes the responses from the online questionnaire from the women participants and the individual semi-structured interviews that were conducted with management.

The chapter firstly provides an overview of the demographic characteristics, followed by the findings on the sections of maternity protection during pregnancy, maternity protection benefits, maternity leave, health and protection at work and lastly breastfeeding on return to work. These are guided by the study aims and objectives. Thereafter the findings from the analysis of the semi-structured interviews with management are presented and this has been divided into themes and elaborated on. To illustrate some direct quotations of the findings are shared. The quotations are labelled with the study participant code and job category to maintain confidentiality. The option of (Not Applicable) was provided as an option in the questionnaire to participants. It therefore reflects in the data to ensure consistencies of the sample size and data presentation.

4.2 Women Participant Characteristics

To be eligible for the study the women participants must have had a baby(s) in the last three years, from the time the data was collected. All the women *n = 48* (100%) reported that they had a baby within the last three years. Table 1 reports how many pregnancies the women had within the last three years. Most participants *n= 39* (81%) reported having had one child within the last three years and only one participant *n = 1* (2%) reported she had three. There were no missing values.

Table 1: Women participant characteristics

Variable	Frequency (n)	Percentage (%)
Women pregnant in the last 3 years	48	100
Number of pregnancies		
1	39	81
2	8	17
3	1	2
Total	48	100

4.3 Demographic background

All the women participants were employed within Tygerberg Hospital at the time of data collection. Nursing practitioners made up the largest proportion of the participants *n = 22* (46%), followed by allied health practitioners *n = 12* (25%) and medical doctors *n = 10* (21%) (Table 2).

4.3.1 Age characteristics of the women

The majority of the participants *n= 38* (79 %) were ≥30 years. The average (*mean*) age of the women participants was 33 and the *median* age was 34 which means that the age group of the women represents a normal distribution statistically (Figure 1). The age that appears the most often which is the *mode* is equal to 30 years.

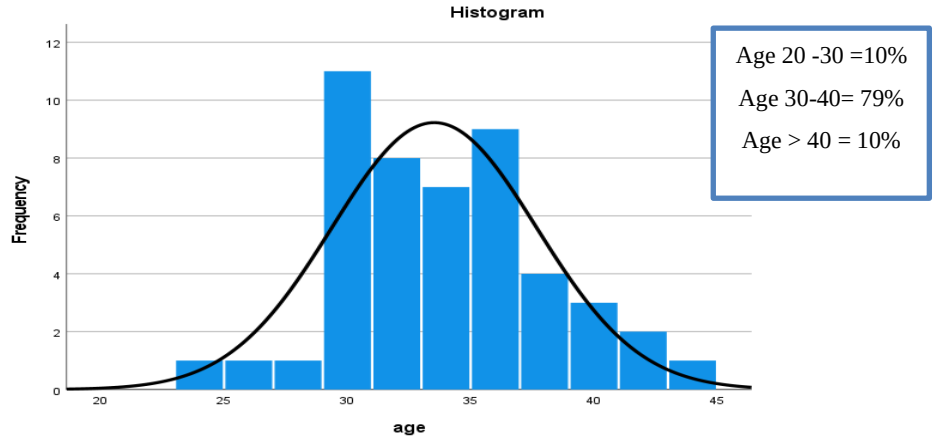

Figure 1: The Bell curve demonstrates the normal distribution of the age of the women participants

Table 2: The different cadres of jobs and the type of employment of the women

Variable	n = 48	
Different cadres of jobs	Total (n)	Percentage (%)
Medical doctors	10	21
Nursing practitioners	22	46
Allied Health (Physiotherapists etc.)	12	25
Other (Interns)	4	8
Employment type		
Permanently employed	41	85
Employed full time contract	7	15

4. 4 Maternity protection during pregnancy

The majority of participants *n = 29* (62%) reported to have had a baby more than 12 months but less than three years ago. Four percent of participants were pregnant at the time of the survey and have had a baby within the three-year time bracket. All participants *n = 48* (100%) reported to have informed their line manager of the pregnancy, and *n = 21* (45%) did so in a formal meeting whilst *n = 5* (10%) used a letter or email (Table 3). Almost all participants reported that their line managers were supportive of them when they shared information on the pregnancy, whilst six percent *n = 3* (6%) were dissatisfied with the support from the workplace and *n = 9* (19%) were ambivalent. Almost all participants *n = 44* (92%) reported that they were allowed paid time off to attend ante-natal care (Table 3).

Table 3 presents the maternity support providing during pregnancy from the perspective of women employees.

Table 3: Maternity support during pregnancy (n=48)

Variable	Frequency (n = 48)	Percentage (%)
Last pregnancy • Less than 12 months • > 12 months but < 3 years • I am currently pregnant and had a baby < 3 years ago	 15 29 2	 30 62 4
Women that made their pregnancy known to the line manager	Yes - 46	100% 0f the total sample
The process to inform their line manager of their pregnancy. • Formal meeting • By letter or email • Informal (in the passage) • Other • Not Applicable	 21 5 15 5 2	 45 10 31 10 4
Of the women that reported that the line manager was supportive when informing them of their pregnancy	Yes - 41	89% of the total sample
General support within the workplace (n=48) • Very satisfied • Satisfied • Neither satisfied nor dis-satisfied • Dissatisfied • No answer	 13 22 9 3 1	 27 46 19 6 2

Table 3: Maternity support during pregnancy (n=48) Continue…

Variable	Frequency (n=48)	Percentage (%)
Women reported that time was allowed off for medical visits etc.		
• Yes, paid time off	44	92
• Don't know	2	4
• No answer	2	4
Women that had to take time off during pregnancy of the total sample (n=46)	Yes – 37	80
The reasons why women had to take time off during pregnancy (and provided more than one answer)		
• Routine medical check-up	29	60
• Complications during pregnancy	13	27
• Normal sick leave unrelated to the pregnancy	9	19
• Normal annual leave unrelated to the pregnancy	11	23

The majority of participants *n = 26* (54%) reported their pregnancy before or at 12 weeks of gestation. Fifteen percent (n = 7) of participants reported their pregnancy after 20 weeks gestation. The women *n = 3* (6%) who reported that the manager was not supportive responded as follows,

In quotation and according to participant id:

[P 13., "There were mixed feelings; due to strain on the rest of the staff; money was saved as it was not used for a locum; I was given attitude"]

[P 23., "Manager was not concerned if I am coping"]

[P33., "I was still working alone with 30 patients, and she knew I was high risk"]

4. 5 Maternity protection benefits

Twenty-seven percent of participants *n = 13* (27%) reported they obtained maternity protection information from the line manager, *n = 9* (19%) from the Human Resources department, whilst *n = 13* (27%) obtain information from their colleagues and 19% were not able to find information (Table 4). Almost all participants *n = 33* (68%) were given the information verbally and eight percent *n = 4* (8%) reported that the information was within their written employment contract. About *n =18* (37%) of participants reported that they obtain information when reporting that they are pregnant, *n = 6* (13%) received information at the time of

employment, whilst six percent *n = 3* (6%) reported they made enquiries before pregnancy (Table 4).

Table 4 presents the women's responses on how they obtained information on maternity protection benefits.

Table 4: Information obtained on maternity protection benefits(n=48)

Variable	Frequency (n)	Percentage (%)
Where was information obtained: • Line manager • Human resource department • Colleagues • Read in the employment contract • Other • Not able to find information (Some participants indicated more than one source)	 13 9 13 3 4 9	 27 19 27 6 8 19
How was the information given • Verbally • Information booklet • Written in the employment contract • No Answer	 33 2 4 9	 68 4 8 21
When was information obtained: • When reported that you pregnant • At the time of employment • Induction programme • When made enquiries before pregnancy • Other sources (Some participants indicated more than one source specifically the other)	 18 6 2 3 19	 37 13 4 6 40

Women's knowledge of the Basic Conditions of Employment (BCEA) and breastfeeding policy

Only *n = 19* (40%) of the women responded that they felt the BCEA is a set of principles that protects employees during pregnancy. Forty-two percent *n = 20* of participants did not know the BCEA, *n = 6* (13%) did not answer and six percent *n = 3* indicated that the BCEA is not a set of principles to protect employees during pregnancy.

The women's perceptions that the BCEA protects women if they want to continue breastfeeding on return to work

Twenty nine percent *n = 14* of the women responded that they felt the BCEA is protecting women to continue breastfeeding on return to work whilst *n = 16* (33%) was not sure if the BCEA protects women breastfeeding on return to work. A further *n = 12* (25%) of the women did not know if the BCEA protects women to continue breastfeeding and n = 6 (13%) responded No to the question, (Table 5).

The women's responses on the CGP that protects women's health during pregnancy and after birth

Forty two percent *n = 20* of the women responded that the Code of Good practice on the protection of employees during pregnancy and after birth of the child (No. R.1441) (CGP), provides guidelines to employers and employees concerning protection of the health of women within the work environment during pregnancy and after childbirth. The majority *n = 23* (48%) reported they do not know the CGP, (Table 5).

The women responses on the Western Cape Government Breastfeeding work policy supports women to continue breastfeeding on return to work after childbirth

Fifty nine percent *n = 28* of the women felt that the Western Cape Government breastfeeding work policy supports women to continue breastfeeding on return to work, whilst *n = 11* (23%) don't know the policy and ten percent *n = 5* were not sure what the policy is about.

The women's responses that they aware of the Western Cape Government((WCG) breastfeeding policy

Almost half of the respondents *n = 22* (46%) indicated that they are aware of the Western Cape Government (WCG) breastfeeding policy, whilst *n =24* (50%) were not aware of this policy, (Table 5).

Table 5 presents the knowledge of women on the legislation and policies of maternity protection.

Table 5: Women's knowledge on WCG Breastfeeding policy and legislation (n=48)

Variable	Frequency (n)	Percentage (%)
Women's knowledge of the BCEA and the breastfeeding policy	True = 19 False = 3 Don't know = 20 No answer = 6	40 6 42 13
Women's responses that the CGP protects their health during pregnancy and after birth	True = 20 False = 1 Don't know = 23 No answer = 4	42 2 48 8
Women's responses that the BCEA protects them if to continue breastfeeding on return to work	Yes = 14 No = 6 Not sure = 16 Don't know BCEA = 12	29 13 33 25
Women's responses that they aware of the WCG Breastfeeding policy	Yes = 22 No = 24 No answer = 2	46 50 4
Women's responses the WCG breastfeeding policy support women to continue breastfeeding on return to work	Yes = 28 No = 5 Don't know = 11 No answer = 4	59 10 23 8

4. 6 Maternity Leave

Most participants *n = 30* (63%) correctly indicated maternity leave as 4 months whilst *n = 13* (27%) thought that it was only three months (Table 6). Almost all women participants *n = 43* (90%) started their leave before the birth of the baby; either one *n = 11* (24%) or two *n = 16* (33%) weeks before the birth with *n = 12* (25%) starting maternity leave four weeks before the birth (Table 6). The majority *n = 40* (83%) of participants reported that maternity leave was fully paid, whilst *n = 6* (13%) reported that it was partly paid, and few *n = 1* (2%) reported it was paid from the UIF (Table 6). A high percentage *n = 46* (96%) reported maternity leave was fully paid for the four months. The majority *n = 37* (77%) reported that colleagues were supportive when the women started maternity leave.

Table 6 presents the women's responses on the maternity leave benefits.

Table 6: Maternity leave benefits for women (n=48)

Variable	Frequency (n)	Percentage (%)
Minimum time for maternity leave that women are entitled to in South Africa		
• 3 months	13	27
• 4 months	30	63
• 6 months	4	8
• I don't know	1	2
•		
When women started their maternity leave		
• Before birth	43	90
• After birth	4	8
• No answer	1	2
The women's responses on how long before the expected birth they started maternity leave		
• 2 days	1	2
• 1 week	11	24
• 2 weeks	16	33
• 3 weeks	3	6
• 4 weeks	12	25
• Not applicable	2	4
• No answer	3	6
Was maternity leave		
• Paid	40	83
• Partly paid	6	13
• Claimed UIF (Unemployment Insurance Fund)	1	2
• Not applicable	1	2
If paid, was maternity leave paid for...,		
• Full duration of maternity leave	46	96
• Not applicable	1	2
• No answer	1	2
The response if colleagues were supportive when the women had to start maternity leave	Yes = 37	77

4.7 Health protection at work

The majority *n = 28* (58%) of the women reported that their health was at risk, very few *n = 3* (6%) felt they were not really at risk, whist *n = 16* (34%) felt they were not at risk (Table 7). Of the *n = 28* (58%) that reported their health were at risk, *n = 17* (28%) was affected with frequent visits to the toilet, the majority *n = 22* (46%) with tiredness, *n = 18* (38%) reported

backache affected them and *n = 19* (40%) were affected by speed of movement. Very few *n = 3* (6%) reported medical visits affected their health (Table 7).

Table 7 presents the health and safety aspects affecting the women's health during pregnancy

Table 7: Health and safety of women during pregnancy (n=48)

Variable	Frequency(n)	Percentage (%)
Proportion of women that responded that their health was at risk due to the work they performed	Yes = 28 No = 16 Not really sure = 3 No answer = 1	58 34 6 2
Proportion of women that responded yes was affected as follows: • Frequent visits to the toilet • Tiredness • Backache • Medical visits • Speed of movement • Other reasons	n = 28 17 22 18 7 19 11	58 28 46 38 15 40 30

Most of the participants *n = 16* (34%) reported that they sometimes had to lift heavy objects, whilst (17%) had to do it almost all the time (Table 8). Thirty one percent *n = 15* (31%) reported that they were exposed to physical / chemical hazards sometimes and very few *n = 6* (12%) almost all the time. The majority *n = 33* (69%) were affected almost all the time by prolong sitting or standing. Forty six percent *n = 22* never did night duty and *n = 12* (25%) almost all the time performed night duty, (Table 8). Majority *n = 14* (29%) were never exposed to heavy noises, *n = 12* (25%) rarely exposed and a few *n = 6* (13%) almost all the time, (Table 8).

Table 8 presents the different tasks the women had to perform during their pregnancy period.

Table 8: The proportion (n = 48) of women who reported on different tasks they had to perform as part of their work during pregnancy

Tasks perform	**Never (%)**	**Rarely (%)**	**Sometimes (%)**	**Almost all the time (%)**
Lifting heavy objects	27	19	34	17
Exposure to physical / chemical hazards	25	27	31	12
Prolonged sitting or standing	4	0	23	69
Night duty	46	6	17	25
Exposure to heavy noises	27	25	29	13

Nineteen percent *n = 9* of women participants reported that their request for lighter duties or a transfer to a safer environment during pregnancy were accepted whilst it was not granted for *n = 4* (8%) of respondents, (Table 9). The other respondents *n = 28* (58%) reported they did not request or had no reason to request lighter duty or a transfer, (Table 9).

Table 9 presents the number of women that requested lighter duty or a transfer for a safer environment during pregnancy.

Table 9: Proportion (n=48) of women that requested lighter duty or transfer

Variable	Frequency (n)	Percentage (%)
Women requested lighter duty or transfer to safer environment		
• Yes, requested and was granted	9	19
• Yes, requested but not granted	4	8
• Did not request	28	58
• No answer	7	15

4. 8 Breastfeeding on return to work

The majority of women *n = 32* (67%) reported that they continued to breastfeed on return to work, (Table 10). The majority *n = 24* (75%) reported they breastfed before and after work and express during work hours, whilst *n = 7* (22%) breastfeed before and after work and give infant formula during work hours. Forty eight percent *n = 23* breastfed for a shorter period on return to work than what they would have liked, (Table 10). Ten percent *n = 5* reported that they

received information on the breastfeeding work policy from their line manager, whilst *n = 7* (15%) received information from their colleagues, (Table 10).

Table 10 presents the different aspects related to breastfeeding on return to work.

Table 10: The women's responses on different aspects about Breastfeeding on return to work (n=48)

Variable	Frequency (n)	Percentage (%)
Proportion of women that breastfed on return to work	Yes = 32 No = 16	67 33
The proportion of women that breastfed on return to work responded as follows on how they managed breastfeeding on return to work **(n=32)** • Breastfeeding before and after work and express in work hours • Breastfeeding before and after work and during work hours • Breastfeeding before and after and give Infant formula during work hours	 24 1 7	 75 3 22
Women who responded to breastfeeding for a shorter period then they would have liked to, because of returning to work	Yes = 23 No = 23 No answer = 2	48 48 4
Women that responded they are aware of the WCG Breastfeeding policy response on who informed them • Line manager • Colleagues • Other sources • No Answer • Not Applicable	 5 7 9 7 20	 10 15 18 15 42

The majority *n = 31* (65%) reported they were allowed to breastfeed or express at work. Forty eight percent *n = 23* were allowed time off during work hours to express or breastfeed, (Table 11). Seventeen percent *n = 8* reported that 30 minutes are allowed to express or breastfeed at work per day, whilst another *n = 8* (17%) reported 60 minutes were allowed and very few six percent reported less than 30 minutes are allowed, (Table 11). Forty eight percent *n = 23* reported that a space was available to express or breastfeed, whilst eight percent *n = 4* did not know if a space available. Majority *n = 12* (25%) reported an office space was available, whilst a few six percent *n = 3* reported a bathroom, *n = 6* (12%) reported a dedicated lactation room, (Table 11). Majority *n = 21* (44%) reported that a space to store the express breastmilk was available to them, few *n = 5* (10%) had to find their own space. Forty six percent *n = 22*

reported that they had to use a shared refrigerator to store the breastmilk, few two percent *n = 1* said a dedicated refrigerator, (Table 11).

Table 11 presents the resources (storage, space) available to support the expressing of breastmilk in the workplace.

Table 11: Women's responses on expressing and storage of their breastmilk and availability of a space to express (n = 48)

Variable	Frequency (n)	Percentage (%)
Women who responded that they were allowed to breastfeed or express their breastmilk.	Yes = 31 No = 3 No answer = 2 Not Applicable = 12	65 6 4 25
Women who responded that they were allowed time off during work hours to express or breastfeed.	Yes = 23 No = 9 No answer = 1 Not applicable= 15	48 19 2 31
Women who responded on the length of time (in minutes) allowed to express or breastfeed per day • 30 minutes • 60 minutes • 120 minutes • 80 minutes • < 30 minutes • No answer	 8 8 4 1 3 3	 17 17 8 2 6 6
Women who responded if a space was available to them to express or breastfeed.	Yes = 23 No = 11 Don't know = 4 No answer = 1 Not Applicable= 9	48 23 8 2 19
Women who responded on what type of space was available to them to express or breastfeed. • Office space • Bathroom • Treatment room • Dedicated Lactation room • Other type of space • No space • No answer • Not Applicable (Some participants gave more than one answer)	 12 3 9 6 6 6 1 9	 25 6 19 12 12 12 2 19

Table 11: Women's responses on expressing and storage of their breastmilk and availability of a space to express (n = 48) Continue…

Variable	Frequency (n)	Percentage (%)
Women who responded if a storage space was available to them for the expressed breastmilk.	Yes = 21 No = 7 Don't know = 2 Had to find my own space = 5 No answer =2 Not Applicable = 11	44 15 4 10 4 23
Women who responded on the type of storage space available to store their expressed breastmilk according to the respondents		
• Cooler box / bag	4	8
• Cool area	1	2
• Shared refrigerator	22	46
• Dedicated refrigerator	1	2
• No storage spaces	5	10
• No answer	1	4
• Not Applicable	14	29

One quarter of participants *n = 12* (25%) reported that management are supportive of them breastfeeding, *n = 7* (15%) very supportive and a few *n = 2* (4%) reported management were not supportive. The majority *n = 25* (52%) felt they were not discriminated against because of breastfeeding, only four percent *n = 2* felt they were discriminated against because of breastfeeding, (Table 12). The majority *n = 30* (63%) of the women reported that the hospital has childcare facilities, *n = 5* (10%) did not know if childcare facilities are available, (Table 12). Table 12 presents how women were supported with breastfeeding in the workplace.

Table 12: Women's responses about support structures within the workplace (n=48)

Variable	Frequency (n)	Percentage (%)
Women who responded about their line manager support on return to work and breastfeeding		
• Very supportive	7	15
• Supportive	12	25
• Not supportive	2	4
• Neutral	10	21
• Not Applicable	14	29
• Prefer not to answer	3	6
Women who responded that they felt discriminated against on return to work and breastfeeding	Yes = 4 No = 25 Not Applicable = 17 No answer = 2	8 52 36 4

Table 12: Women's responses about support structures within the workplace (n=48) Continue…

Variable	Frequency	Percentage
Women (8%) who responded about how it made them feel to be discriminated against • Unhappy • Did not bother them	 2 2	 4 4
Women who responded that the hospital has childcare facilities (i.e., on-site creche)	Yes = 30 No = 12 No answer = 1 Don't know = 5	63 25 2 10

Some women participants explained that no space was available to store their expressed breastmilk, and if it influences them to stop breastfeeding:

In quotation and according to participant id

P 17, ["It influence me to stop breastfeeding"]

P 14, ["I just stopped expressing and breastfeeding"]

P 18. ["Sometimes on night shifts it was too difficult to find a room to express and fridges to keep the milk cool"]

P 19, ["I could have still continued to breastfeed"]

P 30, ["I continued and bring my own cooler bag"]

P 45, ["I stopped because I would express and put it in my bag and sometimes it would just spill"]

P 47, ["I was determined to breastfeed"]

P 48, ["No, I express in my office, behind closed doors"]

Some women responded about how the line manager treated them when they breastfed or expressed at work.

In quotation and according to participant id

P 7, ["Not discriminated against but I felt pressured to express quickly because of the busy work environment and only expressed for one session of 30 minutes a day, and I had to top up with infant formula when doing overnight shifts on call for 30 plus hours"]

P 5, ["Tried to ensure that expressing at work did not influence the general workflow. Most consultants did not realize that I was still expressing"]

P22, ["They were irritated that I had to express"]

P 6, ["Very supportive and understand when I had to do meetings and ward rounds early to express, and support with storage of my breastmilk"]

P 9, ["Very supportive and made sure I can take my breaks to express and would inform my colleagues that they need to give me the necessary time off"]

P10, ["She said I can take my lunch break too, but I never had time because of my workload"]

P 11, ["They were supportive but it must have not disturbed my work, so I only expressed once a day, we were short staffed and very busy"]

P28, ["treated fairly and encouraged breastfeeding and expressing of breastmilk"]

4.9 Findings from the Semi-structured interviews

Four managers were interviewed of which three were females and one male and some have children of their own. The findings from the analysis of semi-structured interviews conducted with managers are presented into 5 themes and 5 subthemes. The key factors and responses are in accordance with the aims and objectives of the research study. These main themes include: (i)understanding of the concept of maternity protection; (ii) maternity protection policies; (iii) actions to rotate women for health and safety reasons during pregnancy; (iv) breastfeeding on return to work (v)request to work flexible hours on return to work. Subthemes include: (i)implementation of maternity protection policies and guidelines; (ii) maternity leave benefits; (iii) awareness of the breastfeeding workplace policy; (iv) availability of space to express and

storage of expressed breastmilk; (v) measures to support women on return to work and breastfeeding. The themes are captured in the table below.

Table 13: Themes and subthemes emerged from the findings of the semi-structured interviews

Main themes	**Subthemes**
(i) Understanding of maternity protection	
(ii) Maternity protection policies	(i) Implementation
	(ii) Maternity leave benefits
(iii) Health and safety during pregnancy	
(iv) Breastfeeding and return to work	(iii) Awareness of the breastfeeding workplace policy
	(iv) Breastfeeding resources (space, storage)
	(v) Support and flexible work hours

4.9.1 Understanding of maternity protection

The findings suggest that the knowledge of middle and senior management on maternity protection is limited. All participants had some understanding of maternity protection, but none could mention all the components of comprehensive maternity protection. This was also evident in the findings from the women participants. The components of maternity protection described by the managers included: health and safety of the women (during pregnancy and while breastfeeding), maternity leave, payment benefits while on maternity leave, support for breastfeeding on return to work. These are demonstrated by the following participants responses in quotation.

"Well to start off with; I would think that you get, (that you are), what's the word, I'm looking for, you are ensured of time off even, (you know before it's needed but after the baby) was born. To assist with, (you know) bonding also naturally establishing breastfeeding or actually recovering from birth, so it's, that you have time off and also if you employed that you will have an income at the time. (That you not without an income if you were employed)". ***[Manager 05]***

"While being on duty, I do also feel the official needs to be allocated at the area where there is less risk. (You know) unexpected things can happen, while picking up heavy boxes or files". "I also send them for a risk assessment". ***[Manager 03]***

"Basically, my understanding is the protection of the mother as well the child, giving them time frame to basically take care of that newborn baby, (ja) that is basically my understanding". ***[Manager 04]***

In addition, the challenging time of the COVID-19 pandemic and therefore risk of infection (working at a hospital) were also mentioned as relevant to health protection while pregnant. One participant made special arrangements to accommodate women employees that were pregnant at the time to reduce their risk of infection.

4.9.2 Maternity protection policies

Maternity protection is captured within policies and guidelines describing the benefits and rights of pregnant women that they can combine their reproductive and productive roles. Three of the related policies and guidelines are depicted within this study, (BCEA, WCG Breastfeeding policy and CGP). From the findings the policies and guidelines are expected to be shared and implemented with women by management and human resource structures. The findings from the data revealed a lack of insight into these policies and legislation to protect women during pregnancy and after the birth of the child and breastfeeding. Some of the participants expressed their views as follows:

"Yes, my understanding, it will form part of the Basic Conditions of Employment Act (BCEA) with regards to maternity leave". ***[Manager 04]***

"That we must make breastfeeding, how do you call it a facility in the workplace available for our working mothers. When they need it, it must be available to them" ***[Manager 06]***

In addition, none of the participants could present the policies upon request at the time of data collection. Two out of four participants reported that the hospital does not have policies on maternity protection available. The responses were as follows:

"It is available, I don't have it now, but it is available" ***[Manager 03]***

"After some searching, yes but not now" ***[Manager 05]***

4.9.2.1 Implementation

To implement maternity protection within the workplace it is important that key individuals be identified and trained. The managers responded that they implement and share information with staff on different platforms on maternity protection available to them. One of it would be in an induction programme at the beginning of each month with new appointees within the

hospital. The different types of leave benefits (i.e., maternity leave) are also explained to new staff members. No platform was mentioned as to how maternity protection information are being reinforced with existing employees. Some of the managers responded as follows on implementation of the policies and guidelines.

"On a monthly basis I do induction of the new employees, so every first day of the new month, we have all the new employees in one room. We normally two that will have the induction process with the employees and the Basic Conditions of employees (BCEA) form part of it, including all types of leave that forms part of the benefits of employees and then we will discuss what maternity leave involves with regards to new appointees or people for training in the institution." ***[Manager 04)***

4.9.2.2 Maternity leave benefits

Much attention is given to the four months maternity leave. Managers reported how women are accommodated and how they can use their annual leave to extend their maternity leave to have more time at home with their baby. Maternity leave benefits are enforced within the monthly induction programme. Employees are allowed to enquire about maternity leave from the human resource department. If a woman is pregnant, it will be discussed when the staff annual leave is planned. Managers made it clear that maternity leave benefits are stipulated in the employee's contract and that employees should be responsible to read it. Some of the managers expressed their views as follows:

"All employees will inform the manager that they are planning, that they are pregnant and that they want to find out more about maternity leave, we usually take them for an interview". ***[Manager 06]***

"They received a copy of the BCEA (within their contract) the employment contract" ***[Manager 04]***

"All types of leaves that forms part of the benefits of employees and then we'll discuss maternity leave, to the fact that they allowed to go off from work earlier than what their maternity leave is for the purpose of relaxing." ***[Manager 04]***

4.9.3 Health and safety during pregnancy

Participants described that actions are taken to place pregnant women in lower risk areas. One participant reported that women are also sent to the Occupational Health and Safety department

for a risk assessment and based on the report were rotated accordingly. From a human resource perspective, it is the supervisor's responsibility, to rotate women within the respective department to perform lighter duties. Meetings are also arranged in the event a woman is at risk but does not request to be rotated, and the supervisor will take the initiative to do so in discussion with the affected employee. These are demonstrated in the following managers' responses:

"I will try my hardest if it is at all possible. I will try and accommodate them, obviously it's easier if you have the support of other colleagues". ***[Manager 05]]***

"Try and accommodate them within the situation" ***[Manager 04]***

"So, the first thing is their safety" ***[Manager 03]***

"I also send my staff to the Occupational Health department for an assessment" ***[Manager 04]***

4.9.4 Breastfeeding and return to work

There were mixed reactions from participants regarding whose responsibility it is to allow for women to be able to continue to breastfeed on return to work. Some managers responded that it is the women's responsibility to inform the supervisor. Other's responses were that the supervisor should engage with the women on return to work and enquire if the women were breastfeeding and if they plan to continue breastfeeding. Some managers responded that it is not necessary for the supervisor to know an employee's breastfeeding plans. The managers expressed their views as follows:

"Why would we need to know if everything is in place for her?". "If everyone knows that there is a dedicated space that's there, why would we need to know about a breastfeeding employee?" "But I would want to think that the line manger should then know, we can't expect of a cleaning lady to now all of a sudden contact management because they are breastfeeding". ***[Manager 05]***

"When an employee comes back, to have a conversation and hear if they decided that they will breastfeed. I ask, I don't want them to think, what if I am going to breastfeed, what will my manager think when I must go to express". ***[Manager 06]***

4.9.4.1 Awareness of breastfeeding workplace policy

Only 2 of the 4 managers responded that they are aware of the Western Cape Government Breastfeeding workplace policy. They described the policy content as follows: that the women have a right to breastfeed on return to work within their working hours; that it makes allowance for the availability of a room to breastfeed or express. One manager responded that she thought the policy allows women to go home to breastfeed their babies and that it allows for (pumping) or expressing at work. The managers views were expressed as follows:

"That mothers are allowed to take time off from work for a particular amount of time – to go home and breastfeed their child, or to, I think they're allowed to "pump" as well at work. Time off to pump". ***[Manager 04]***

"I am not sure about that, but what I do know with regards to the breastfeeding policy the last one I read was that employees were allowed to take time off during work hours to go home and breastfeed their children" ***[Manager 04]***

Most of the managers were aware that the hospital does have a breastfeeding workplace policy, however one was not entirely sure. The responses were that the hospital's policy could not differ much from the Western Cape Government (WCG) policy, but that it even motivates women to donate their breastmilk. The time allowed for women to express breastmilk at work was mentioned by one of the managers, that it is 30 minutes or maybe an hour. The participants could also report that they were aware of many women employees who were breastfeeding on return to work.

4.9.4.2 Breastfeeding resources (space, storage)

Most of the managers responded that the hospital does have a dedicated space for women to breastfeed or express their breastmilk. One was not entirely sure if a dedicated space was available. The one manager responded that a space has been in the hospital since 2015 where another responded that a newly renovated space was opened in December 2021 and appeared to be very proud of the space. Responding about the storage facility of the women's breastmilk, they referred to a communal refrigerator or a refrigerator within office spaces. The responses were demonstrated as follows:

"There's always been a room there, they just made a nicer room now. A nice golden bow on the door as well, and they really taking pride of what they did" ***[Manager 03]***

"Each department has a fridge where they can store their milk". ***[Manager 03]***

"They store it in an office fridge, or can it go in a fridge?" ***[Manager 04]***

The general response on the storage of the expressed breastmilk, was that women could store the breastmilk in their office space, communal fridges or the tearooms fridges within departments:

4.9.4.3 Support and flexible work hours

The responses from participants were that they are not sure if any support is in place for the women when they return to work within the departments. They would think that the supervisors should have a conversation with the women and inform them about a space to breastfeed or express. Another respondent felt that it is everyone for themselves.

"I also think that it's pretty much everyone for (you know) themselves. If you breastfeed its sort of your own responsibility to figure out how, and where, speak to your supervisors and make time for it. I think no one is going to offer it to you unless you ask". ***[Manager 05]***

"If there was a problem with the breastfeeding you can contact the breastfeeding coordinator to help". ***[Manager 06]***

According to the key informants none of the women has ever requested to work flexible hours under their leadership, but if women were to request it, it would be considered.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

This chapter interprets and discusses this research study findings in relation to the aims and objectives. The main aim of this study was to determine the availability of maternity protection and support to women with the potential implications for breastfeeding practices. This was done considering available policies and legislation on maternity protection, and relevant literature. Five key components will be discussed from the findings and two sub-components: (i) support and protection during pregnancy; (ii) the benefits of maternity protection including the policy and guidelines available; (iii) maternity leave benefits, (iv) health protection during pregnancy and breastfeeding (v) breastfeeding support in the workplace. The two sub-components are managing breastfeeding in the workplace and breastfeeding support from colleagues and management in the workplace. Furthermore, the findings from the management semi-structured interviews will be discussed with 4 key themes: (i) Understanding amongst management on maternity protection, (ii) maternity protection policies, (iii) health and safety of women during pregnancy, (iv) breastfeeding and return to work.

5.2 Background

The women participants to this study were from different cadres such as medical professionals, nursing practitioners, support services (Dietitians, Physiotherapists, Occupational Therapists), and those within learnership positions within the hospital. General workers were also included, however all those who were approached to participate did not had a baby within the last three years. The mean / average age of the women participants was 30 years old. Most of the women were permanently employed, and a small percentage (14.5%) were employed on a fulltime contract, which made them eligible for the comprehensive package of maternity protection. Literature suggests that legislation usually covers the women employed in formal economy (public or private sector), who has worked for a certain number of days or months and entered a written employment contract with the employer (Harooni, 2015).

5.3 Support and protection during pregnancy

The current study findings reveal the impact of the support women experienced within the workplace during their pregnancy. Most participants had informed their supervisor or line manager about their pregnancy in advance. The time frames or stage of pregnancy for when

this information was shared varied with participants. The findings suggested that most women would make their pregnancy known at around 12 weeks / three months of gestation. In another study conducted it was found that, Australian university students pregnant or not candidates would notify their employers of their pregnancy and expected birth date, six months before the due date of birth (Masser et.al., 2007). which is consistent with the findings of this study. This is an opportunity for line managers to have the conversation around the workplace operational needs giving full consideration to the rights of pregnant women.

Pregnancy is considered a phase in a women's life that places great demands on their ability to adjust physically, socially, and psychologically (Mathibe -Neke & Cur, 2008). The authors of this study also suggested that the antenatal period is an opportunity for employers to reach out to pregnant women and the wellbeing of the unborn child (Mathibe -Neke & Cur, 2008). In this master's research, women were generally well supported as paid time was provided to attend antenatal check-ups which was mainly medical visits. Some of the women had to take time off from work due to complications during their pregnancy and needed specialized care. About 6% of the women felt that they were not well informed or supported by their supervisors or line manager, as they still had to continue doing their normal duties with no support even when they were identified as a high- risk pregnancy. According to management, information on maternity protection is shared within the induction programme at the beginning of the month with new appointees. However, there is a need that management could create more opportunities to share information such as when women report that they are pregnant. Based on the findings the support from management, acknowledgement of the pregnancy and sharing maternity protection information could improve.

5.4 Women's understanding of maternity protection benefits and policies

Maternity protection is a fundamental human right, when women are allowed to combine their productive and reproductive roles and should be perceived as normal, according to (Nguyen et.al.,2022). The findings from the current study showed that women's knowledge about what maternity protection is, is limited as most could only mention one or two aspects of the maternity protection package. These are suggestive of management's inability to report on all aspects of the maternity protection package and is associated with the same experience with the women participants. It suggested a lack of knowledge and understanding of comprehensive maternity protection which is a women's right during the maternity period. The findings also suggest that even if maternity protection is legislated, the communication of the information is still inadequate. More efforts could be considered to ensure that women are well informed on

these maternity protection benefits available to them. There are specific policies addressing the right to maternity protection such as the BCEA (1997) that stipulates that women are entitled to four consecutive months (unpaid) maternity leave. The findings suggest that women benefit from a four months of paid maternity leave. Paid maternity leave for the full duration of the four months is one of the benefits within the public sector (i.e., women employed within the government sector). Tygerberg hospital is a tertiary hospital within the public sector.

The Code of Good Practice on the Protection of Employees during Pregnancy and after Birth of the Child (No. R 1441), provides a guideline for employers and employees that concerns their health and protects them against potential hazards and during time of breastfeeding. The breastfeeding workplace policy within the Western Cape Government (WCG) was reviewed and updated in 2021 and stipulates women's entitlement to be supported if continuing to breastfeed on return to work. It also makes provision for expression or breastfeeding breaks of 30 minutes twice a day and that space should be provided to do so as well as storage space for their expressed breastmilk. The findings from this research suggested that more than 50% of the women did not know about the availability of these policies as part of the maternity protection benefits. Related policies could also not be shared from management which could withhold the entitlements of maternity protection from the women. As one of the managers responded, "It is available, I don't have it now, but it is available". More can be done in terms of improving the knowledge of women employees on the maternity protection package and the availability of the policies supporting this package. In a study conducted in Vietnam the findings suggested that there is a great need to increase awareness and to strengthen enforcement of the existing policies that is available to women on maternity protection (Nguyen et.al., 2022).

5.5 Maternity leave benefits

A considerable proportion of women responded that the minimum time for maternity leave is four months, which is in line with what is stipulated within the BCEA (1997). Women would mostly start their maternity leave before birth, only a small percentage had given birth and then started their maternity leave due to complications as some explained. Most women started maternity leave either two or four weeks before the birth. Those who started two weeks before birth wanted to spend more time after the birth with their babies before returning to work. Findings from the study in Vietnam was different noting that most women would rather return early to work to connect with colleagues and friends (Nguyen et.al., 2022).

Most of the women were paid for the full duration of maternity leave as it is within the public sector in South Africa. This is one of the benefits of working within the public sector as it is different within the private or any other small and medium enterprises. Maternity benefits are commonly not available to women working within the informal sector such as (self- employed, domestic workers) within South Africa and is restricted to the formal sector (Hicks, 2021). In a country such as Vietnam which is a lower-middle income country as part of an integrated maternity package, women would receive paid maternity leave with cash support that is either equal to or greater that two thirds of their previous earnings (Nguyen et.al., 2022). The implications of this are that many of the women did not receive their cash support when needed most. This was due to many reasons such as employer not submitting documentation of the women timely to receive their cash payouts. Some employees not having a bank account, and other factors such as the employer not making contributions towards a social fund that women can receive their cash payouts (Nguyen et.al., 2022). Nguyen et al. (2022) suggested a more streamlined system for Vietnam to allow women easier access to their funds, to monitor employers and the enforcement of penalties, for not complying to the stipulated regulations of contributing to the social insurance (Nguyen et.al.,2022). In comparison to Vietnam, it is very different within the public sector. Most women reported they are paid for the full duration of maternity leave. Paid maternity benefits are done through a payment system(digital) and directly into their bank accounts. They had no concerns of not receiving payments.

According to (Cerise et.al., 2013), maternity leave is important to support women to take care of their own health and that of their newborn and securing an income and providing job security. One of the managers reported that women are accommodated to make use of their annual leave to extend their maternity leave and have more time at home with their baby.

5.6 Health risks during pregnancy and breastfeeding at work

During pregnancy and after birth most women within the sample reported that they felt that their health was at risk. These participants reported that various activities had an impact on their health, such as frequent visits to the toilet, tiredness, backache, and the speed of movement. Certain tasks that women performed also reported to have an impact such as the lifting of heavy objects, exposure to chemical and physical hazards, night duty and heavy noises. Sitting and standing was reported as one of the tasks that affected most of the women daily. Article 3 (see textbox below) of the ILO Convention (C-183) 2000 explains in detail the measures that should be taken to ensure the health and safety of the mother and child in the workplace.

Article 3 of C-183:

"Each Member shall, after consulting the representative organisations of employers and workers, adopt appropriate measures to ensure that pregnant or breastfeeding women are not obligated to perform work which has been determined by the component authority to be prejudicial to the health of the mother or the child, or where an assessment has established a significant risk to the mother's health or that of her child."

(Harooni, p7,2015) Source: ILO Convention C-183 (2000) and Recommendation 191

About a quarter of the women of the sample reported that they requested lighter duty, or a transfer and it was granted. A study in Vietnam reported similar findings (Nguyen et.al., 2022).

The BCEA (1997) section 26 states that a pregnant employee or if the employee is nursing their child is not allowed to perform hazardous work. This is also stipulated in the Code on Protection of Employees During Pregnancy and after Birth of a Child (CGP) (No. R1441). However, a study conducted by (Pereira-Kotze et.al., 2022) suggested that the recommendations of the CGP are not enforced legally and this can have an impact on the health protection of women in the workplace. Pregnant and lactating women are vulnerable during this period and measures at the workplace should be in place and enforced to protect them and their babies from any harm. The managers do provide some measures to accommodate women to protect their health and safety. Women are assessed by the Occupational Health and Safety department within the hospital for recommendations. They are rotated for lighter duties as per the outcome. Women not requesting lighter duties the management will liaised through meeting with them to discuss their health and safety needs.

5. 7 Breastfeeding support in the workplace

Exclusive breastfeeding is defined as giving an infant only breastmilk (including expressed breastmilk) and no other food, drink or water, with the exception of prescribed medication (Bland et.al., 2003, WHO, 2014). The research findings suggest that most of the participants demonstrated an understanding of what the concept means as some could add the additional information of no food or any other drinks, to be given to an infant within the first six months of life. It is commendable that women understand the meaning of exclusive breastfeeding. However, when returning to work after maternity leave to continue breastfeeding and continue it exclusively until the age of 6 months of the infant can be challenging. The return to work after the birth of a child is a major reason why breastfeeding is greatly compromised within the South African context within a provincial government setting and globally (Mabaso, Jaga &

Doherty, 2020). This is evident within the findings of the study as most women reported that they did not continue breastfeeding for the full duration of up to 6 months exclusively.

5.7.1 Managing breastfeeding in the workplace

Most of the women shared that they breastfed for a shorter period than what they would have liked to do, and this was due to various reasons. Therefore, their infants were weaned shortly after the return to the workplace. Some reported that they managed their infants with (i) breastfeeding before work after returning from work with giving infant formula during the daytime, and (ii) some breastfed their infants before work, after work and expressed or breastfed if it was possible during work hours. A qualitative exploratory study conducted to investigate breastfeeding experiences within the workplace suggested that during maternity leave mothers become very anxious just thinking about going back to work (Mabaso, Jaga & Doherty, 2020). Mothers can become anxious for many other reasons such as the response of colleagues and management if they continue breastfeeding. Reasons include how they will manage the expressing of their breastmilk, the lack of a private or dedicated space within the hospital and the storage space for their expressed breastmilk. Therefore, it can be concluded mothers within this current study most probably experienced similar feelings. In the current findings a proportion of the women participants reported that they were allowed to have expressing breaks. A small percentage could report that the length of time to express was 60 minutes per day. Most of the women reported that they had no private or dedicated space in the hospital to express and had to create or find their own space as was available to them such as bathrooms, treatment rooms and office spaces. Only one of the participants mentioned that there is a dedicated space for expressing their breastmilk. Many women suffered embarrassment having to express their breastmilk in communal spaces such as indicated above. Some women expressed their feeling of embarrassment due to the lack of space. This conversation was initiated with role players in the hospital separately from this research study. An existing space (used as a storeroom) was identified to be renovated and made user-friendly as a dedicated space for expressing of breastmilk, according to the (NDoH, 2019) booklet. This space created within the hospital came at the time when the reviewed Western Cape Government (WCG) breastfeeding workplace policy was approved. The updated policy has now included that, employers should provide a designated space in which lactating mothers can safely express during working hours. Reported by one of the managers “There’s always been a room there, they just made a nicer room now. A nice golden bow on the door as well, and they really taking pride of what they did”. Furthermore, having the space to express is

ultimately not sufficient as women need a space to store their expressed breastmilk. At this workplace, the dedicated space does provide the storage (refrigerator) for the women's expressed breastmilk. To provide adequate storage facilities is part of the workplace support and is inclusive of this initiative, according to (Kumoni-Murage et.al, 2021).

5.7.2 Breastfeeding support from colleagues and management within the workplace

Most of the participants responded that they were supported by their line manager upon return to work and with breastfeeding. As part of the maternity protection package, non-discrimination, breastfeeding breaks, and childcare support is stipulated and women are entitled to benefit from these components. Therefore, breastfeeding support in the workplace can have direct benefits for children, mothers, employers, and businesses. If women are supported well with breastfeeding in the workplace, not suffering any discrimination, have the provision of childcare facilities, it can yield positive effects. With adequate support women can be more productive, less ill and have improved health outcomes for their children with a longer breastfeeding duration (Bonoan, 2000). The supporting network towards women within the workplace within this study can be strengthened as some women reported that they were not well supported and a small group experienced discrimination because they were breastfeeding at work.

5.8 Management knowledge regarding maternity protection and existing policies

Maternity protection is a comprehensive package that is in policy and legislation. It is also regarded as a human right to women during pregnancy and after birth of a child. The comprehensive maternity protection package also includes non-discrimination within the workplace, that women should be treated fairly, irrespective of pregnancy or confinement. Another aspect is job security and women should not be subjective to dismissal because of pregnancy (ILO, 2012). Further support and protection of women in the workplace is the provision of childcare facilities that can facilitate continued breastfeeding. Therefore, employers should ensure women are protected in terms of the recommendations from the ILO.

5.8.1 Improved understanding amongst management on maternity protection

The findings that emerged from management and their understanding of maternity protection, is that none could provide a comprehensive explanation. That includes pregnancy, maternity leave, paid / cash benefits, health and safety, breastfeeding breaks, childcare facilities, non-discrimination in the workplace and job security. The participants responses were mainly on health and safety of women and vaguely touched on breastfeeding. This is similar to the

findings from the women participants who reported a narrow understanding of maternity protection. The findings of a study conducted by (Probst et.al., 2018) found that poor implementation was due to the lack of understanding of maternity protection legislation. As a means of improving understanding this should be addressed at organizational level. Management should recognize the importance of the maternity protection package and how it is guided by policy and legislation. The lack of understanding was confirmed when none of the managers could present any of the policies on request thereof. As one of the managers responded, “It is available, but I don’t have it now, but it is available”. To improve the understanding of management on the available policies, they should make a considerable effort to familiarize themselves with the available policies. Arendt & Sterken (2019) within the International Baby Food Action Network (IFBAN) suggested that legislative measures are the most effective to ensure complete access for women to maternity protection. It also suggested that it is necessary to be knowledgeable about the national and provincial laws and where it is inadequate to advocate for improved understanding and protection of women. For the successful implementation of maternity protection within the workplace it is reliant on the management structure. Depending how familiar management is will ultimately result in how well the women understand and benefit from maternity protection.

5.8.2 Actions on implementation of maternity protection information

The findings suggest that maternity protection information is implemented on one platform, which is the induction programme within the hospital. This programme is at the beginning of each month and is aimed at all new appointees upon entering the services. This is in line with a study conducted by (Probst et.al., 2018), who suggested that information on maternity protection should be given to all women as soon as they are appointed entering the service. However, to ensure that women of childbearing age are educated on the topic of maternity protection regular informative interventions may be needed. The time when a women employee informs her line manager of her pregnancy, may be an opportune time for the manager to either share the information with the employee or refer her to a dedicated person who could serve as resource. Additionally, key individuals that are knowledgeable on the policy and legislation can act as advocates to raise awareness. A high awareness should be raised of maternity entitlements and women recognizing the value of these entitlements for their health and wellbeing as suggested by (Nguyen et.al., 2022).

5.8.3 Actions taken protecting health and safety of women

Firstly, pregnancy can affect a women's ability to perform work duties and performing certain duties can become a hazard for pregnant woman (Colloway, 1995). The physical changes that pregnant women's body undergo can interfere with performing her work duties, such as fatigue, muscle reduced strength, lower back pressure and heightened the risk for injury (Colloway, 1995). Findings from this study suggest that management would consider if women requested changes within their work environment for health and safety reasons. The Occupational health and safety department within the hospital was reported to be of support to the women to conduct risk assessments and provide recommendations for any changes. Harooni (2015) suggested that Occupational safety and health regulations urge employers to ensure the safety of women during pregnancy, after childbirth and during lactation. The study reveals that the employer will make considerable effort to protect women from hazards during pregnancy. It also emerged that supervisors would take initiative to discuss health and safety with the women and make the necessary adjustments. Considerable support was provided in this regard.

5.8.4 Breastfeeding support on return to work

Exclusive breastfeeding (EBF) is the most effective and optimal way to feed newborn infants within the first six months of life. It is known that breastfeeding is important to the health of the mother and child, and yield long-term health outcomes (Smith et.al., 2013). Despite the many benefits of breastfeeding the EBF rates of up to 6 months is poor even though the percentage women that initiates breastfeeding is high (Du Plessis et.al., 2016). The reasons for this are multifaceted and one of the factors contributing is the return to work after childbirth and maternity leave as was confirmed by women participants. The findings from this study reveal mixed reactions from the managers on the responsibility of enabling women to continue breastfeeding on return to work. Some participants responded that it is the supervisor's responsibility to have the conversation on breastfeeding with the employee. Others felt that it is the women that must inform the employer (supervisor), that they plan to continue breastfeeding. There was also the response that it is not needed for senior management to know that women are breastfeeding on return to work, but the responsibility of the line manager. Communication is key between the employee and employer to make clear responsibility and meet the needs in terms of breastfeeding support. Daniels (2020) reported that breastfeeding in the workplace is not a priority for management and that there is a lack of awareness of the mandatory breastfeeding breaks. From the findings of this study only two of the participants

were aware of the WCG breastfeeding workplace policy and could describe the context thereof. The right to breastfeeding breaks and space to breastfeed or express or that women are allowed to go home and express. As one of the managers expressed “I am not sure, but I do know with regards to the breastfeeding policy the last one I read was that employees were allowed to take time off in working hours to go home and breastfeed their children”. Should this be the case it can practically be implemented if women make use of the childcare facility on the hospital’s premises and arranged with their immediate supervisor. On the other hand, if women have to travel home to directly breastmilk feed this can be challenging, time consuming and costly depending on where women stay. The transport and travel times to and from work within South Africa is in many instances long and costly and would place an extra burden and stress on women. Stressors is known to influence the mother’s milk supply and the hormone oxytocin, who in turn facilitates the removal of the milk from the breast. A study conducted found that stress is likely to influence the hormonal responses that can decrease the secretion from oxytocin and the let-down reflex (Isiguzo et.al., 2022). With stress women are less likely to exclusively breastfeed for six months. Women also reported how they had to find space to express their breastmilk. Management found it acceptable that the women will find a space or that there are spaces (treatment room or communal tearoom) available to express their breastmilk. So, provisions of the legislated policy on breastfeeding breaks and space were not effectively implemented. This also indicates the lack of awareness of what the policy make provision for. The WCG breastfeeding workplace policy was reviewed and updated by the department in 2021 and make provision for a space to express and a storage space as well, for the women’s expressed breastmilk. The stipulations of the reviewed policy as expected from managers in the workplace is depicted in Figure 2, (WCG).

Figure 2: Western Cape Government Health and Wellness (WCGHW) Breastfeeding workplace policy 101 for Managers

Updated circulars of the revised policy were shared with all institutions within the WC. This is available on the WCG website. The WCG as the primary employer is responsible for guiding principles of information to management in hospitals and staff in general. Some, participants from both samples reported that the hospital have a dedicated space that were revived and made user-friendly for all women that return from work and continue breastfeed. The room has been set up according to the standards indicated within the policy and the (NDoH, 2019; UNICEF, 2020) booklet supporting breastfeeding in the workplace. Considerable effort has been made to improve the conditions within the workplace to provide a dedicated and comfortable space. However, it is clear from some participants of both samples that they were not aware of this dedicated space. The benefit of having a policy allows the enforcement of the provisions within as outlined in figure 2. It also provides guidance and protect breastfeeding mothers and their rights in the workplace. More can be done to improved implementation of the policy, the awareness of the dedicated space available and the support from management especially given that the tertiary hospital employed such a large number of women. A study conducted in the United States by (Hojnacki et.al., 2012) has found that in larger company's employers offered significantly more breastfeeding support. Additionally, the informal support from management such as a kind behavior and respect, can create conducive environments that women can combine employment and breastfeeding (Hojnacki et.al, 2012) Thus improving sustained breastfeeding should become a public health priority (Smith et al., 2013).

5.8.5 Responses from management on maternity leave benefits and request for flexible hours

The one aspect that do get much attention from the maternity protection package is maternity leave. Findings suggested that management do much to make sure staff are informed about maternity leave. They reported that the maternity leave benefits are stipulated within the women's contracts. They have an open-door policy that women can come and enquire about their maternity leave. Maternity leave is planned within annual leave planning if a woman reports that she is pregnant. One of the managers reported that maternity leave is the opportunity for the women to bond with her baby and spent time. The option to add annual leave to extend maternity leave is promoted amongst the women as reported. According to (Jia et.al., 2018), paid maternity leave is a policy measure to combine employment and breastfeeding and should be implemented as such. However, in this study findings, breastfeeding is not the focus point of maternity leave but that women are allowed the time off to spent with their babies. In the context of South Africa not much research has been done on breastfeeding perceived as normal and acceptable within societies. It is therefore necessary that interventions to practice breastfeeding as a normality and acceptable should be implemented more effectively across health systems, policies and workspaces.

In this study it was reported that none of the women requested flexible hours, but management responded that they were willing to accommodate if requested.

5.8. 6 Limitations of the study

The study population was limited to limited to Tygerberg hospital in the Western Cape. Participants were purposively sampled in line with the quantitative and qualitative methods and all efforts made to recruit from different backgrounds, cadres and diversity, however, given the low response rate of women participants the findings from this study cannot be generalized to employees of other tertiary hospitals. The low response rate is not uncommon to online research studies (Michaelidou & Dibb, 2006). Conducting an online survey posed unexpected challenging as many women did not have access to an email address or were not technologically savvy to access the questionnaire from their mobile devices. Four key informants from management structures may not be representative of all managers at the hospital. For the purpose of this study, general workers such as cleaners, housekeepers, operators within the radio room and kitchen were included in the study population. However, none of them that were approached to potentially participate in the research fit the criteria of having a baby within the last three years and therefore were excluded.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The main aim of this study was to determine the availability of maternity protection and support to women within a tertiary hospital and the potential implications for breastfeeding on return to work. The study explored the knowledge of women employees within Tygerberg hospital on maternity protection. The research also explored the association of maternity protection and the women's breastfeeding practices on return to work after four months of maternity leave. The study also described the available policies on maternity protection and the knowledge of women employees and the management structure. Furthermore, the study explored the attitudes, knowledge, and level of support from individuals in management positions towards women employees, on return to work and breastfeeding.

Findings of the study suggest that the women were generally well supported during pregnancy. Most women were allowed paid time off for antenatal checkups. Most women would also inform their managers at 12 weeks of gestation about their pregnancy which is in line with other studies conducted. A few women felt that they were not well supported during pregnancy as they had to continue their normal duties irrespective, if they were identified as a high-risk pregnancy. Exploring the understanding of maternity protection and supporting policies, the women's knowledge was limited. Most could only identify with certain components of the maternity protection package, such as four months maternity leave and that it is fully paid for the duration of maternity leave. This suggested a lack of knowledge and understanding of their right to maternity protection. It was found that there is the lack of available information and the way in which women obtain information on maternity protection. Few women reported that information was obtained from their line managers whilst others obtained information form their colleagues. It is therefore suggested that more can be done from the employer to improve the knowledge of the women on an ongoing basis. The induction programme referred to, where women obtain this information is clearly not enough. The health of women was also compromised as indicated within the findings and indicates the lack of awareness of the guideline CGP that protect the health of women during pregnancy and after childbirth. Most women had a clear understanding of EBF. However, the study found that women would continue breastfeeding on return to work, but not exclusively until the six months of the child. The women reported that it became very challenging on return to work, finding a space to

express, the storage of their breastmilk in communal refrigerators. The supporting network within the workplace towards breastfeeding can benefit from considerable efforts such as guidance and support with the available policies that supports women to continue breastfeeding. The awareness of the newly dedicated lactation room and the breastfeeding policy can be strengthened.

The study found a lack of knowledge of the existing policies, guidelines, and legislation to protect women within the workplace amongst the management structure. Considerable attention can be given at organizational level to improving the knowledge and implementation of maternity protection. It is therefore suggested that management engage with staff on maternity protection matters when a woman staff member report that she is pregnant. This will facilitate management remaining updated on maternity protection guidelines, policies and legislation and ensure that women receive 'just-in-time' information on maternity protection. The WCG as the primary employer should therefore address the maternity protection as a priority to improve practices, knowledge and understanding amongst women staff and management within hospitals.

6.2 RECOMMENDATIONS

To improve the knowledge and understanding of women employees and hospital management and to support breastfeeding practices for women breastfeeding on return to work, the following recommendations is provided based on the findings of the research.

6.2.1 Formal interventions to improve knowledge and understanding of maternity protection

- Familiarization of national, provincial and facility policies (BCEA), (WCG breastfeeding policy), guidelines (CPG) for the employer within management formal training sessions and as part of continuous professional development activities. (Training unit responsibility).
- Written policies that is visible and easily accessible (applicable to the setting) based on available legislation that can guide immediate line managers
- Regular informative interventions and supportive sessions between the women and line manager when information shared that they are pregnant, and further on return to work to support the continuation of breastfeeding.
- Visible educational materials on the maternity protection and the breastfeeding workplace policy, which can be displayed on the digital screens available in the

hospital at all entrances, notice boards within the immediate work areas and the National Department of Health booklets on breastfeeding in the workplace. The hospitals Facebook page is another source to display maternity information. (Responsibility of the Human resource and Publications Departments).

- ❖ Formal conversations with women to address their needs and provide support during pregnancy and breastfeeding on return to work. (Line managers responsibility).
- ❖ Increase awareness on the dedicated lactation room and the breastfeeding work policy and all the benefits this provide to women on return to work. This can be included within the informal training sessions already existing within the hospital. Staff orientation sessions to the lactation room facilitated through the informal training unit.
- ❖ Recommendation to the Human Resource Department and Wellness to keep a record of women returning to work and continue breastfeeding as part of the MBFI statistics. Also, in line with creating awareness around the Breastfeeding work policy and assist with improving the Exclusive breastfeeding rates provincially, nationally, and globally. The information can be presented annually within management meetings as part of improving breastfeeding practices in the workplace for women on return to work. This could be used as an indicator if the hospital is making progress with improving knowledge and understanding of the women.
- ❖ Orientation for pregnant women to improve awareness around facilities for example childcare and dedicated lactation room availability for possible use. (Responsibility of the Human resource department in support of the training unit)

6.2.2 Informal interventions to improve support for breastfeeding

- ❖ Improve the workplace climate and culture, to increase opportunities to have conversations with women around maternity protection such as monthly departmental meetings. To promote breastfeeding amongst women employees and this can reap the benefits of women applying the best practice to patient care supporting mothers with breastfeeding.
- ❖ Flexibility from the employer to support women with breastfeeding breaks as per policy.
- ❖ Management to improve the practice of kind behavior and respect shown towards women combining their roles of employment and motherhood.

6.2.3 Recommendations for further research

Limited research is available on maternity protection and breastfeeding support in the workplace amongst health professionals within the public or private sector. Similar studies, with larger samples, can be done at other public hospitals as well as at private sector hospitals. General workers within the tertiary hospital did not meet the inclusion criteria of having had a baby in the last three years but given the nature of their jobs it would be important to explore maternity protection among general workers within hospitals. Additionally, social norms on breastfeeding and factors that may help raise the acceptance of breastfeeding as a social norm in South Africa remains a key area to explore.

CHAPTER SEVEN

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APPENDICES

APPENDIX 1:

STUDY PAMPHLET

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APPENDIX 2:

INFORMATION SHEET FOR WOMEN EMPLOYEES AT THE HOSPITAL

Project Title: Maternity protection for women and potential implications for breastfeeding on return to work at a tertiary hospital in the Western Cape.

What is this study about?

This is a research project being conducted by master's student Crystal Jacobs at the University of the Western Cape. We are inviting you to participate in this research project because you form part of the criteria which is that you had a baby whilst employed within the hospital for this research topic. The purpose of this research project is to establish the knowledge of pregnant women and women who have delivered a baby in the past 3 years, on maternity protection and how this level of knowledge can be improved.

What will I be asked to do if I agree to participate?

You will be asked to participate in an online questionnaire. The study will be conducted within the tertiary hospital (Tygerberg Hospital) which is your place of work. This research study is based on the maternity protection (i.e., maternity leave benefits, safety during and after pregnancy, breastfeeding on return to work) of pregnant women and after birth, returning to work.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the questionnaire will be kept anonymous and will not contain any information that may personally identify you. Your name will not be included on the questionnaire or in the transcribed responses; a code will be placed on the questionnaire and any other data collected. The researcher will be the only one having access to the questionnaire and your identity.

To ensure your confidentiality, the computerised information will be password protected of which only the researcher will have access. The data will be stored in a secured manner in order

to protect any form of identity of the participant. If we write a report or article about this research project, your identity will be protected.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities' information that comes to our attention concerning child abuse or neglect or potential harm to you or others. In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities.

What are the risks of this research?

There may be some risks from participating in this research study. All human interactions and talking about self or others carry some amount of risk. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about the extent of the knowledge of women on maternity protection. We hope that, in the future, other people might benefit from this study through improved understanding of maternity protection in the workplace and the level of support from colleagues and management structures. Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by **Crystal Jacobs, Department of Dietetics and Nutrition** at the University of the Western Cape. If you have any questions about the research study itself, please contact **Crystal Jacobs** at: 27 0645367485 or crystal.jacobsa@gmail.com / 2363676@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

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This research has been approved by the University of the Western Cape's Biomedical Research Ethics Committee.

Biomedical Research Ethics Committee

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APPENDIX 3:

CONSENT FORM

Title of Research Project: **Maternity protection for women and potential implications for breastfeeding on return to work at a tertiary hospital in the Western Cape.**

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve, and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name…….
Participant's signature…….
Date……

Biomedical Research Ethics Committee
University of the Western Cape
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APPENDIX 4:

Online questionnaire on maternity protection and continued breastfeeding on return to work after maternity leave

1.1 How old are you?

18 – 25

25- 30

30 – 35

35 – 40

40 -49

1.2 What is your job title?

Medical Profession

Nurse practitioner

Support services

General worker

Other (please specify) …….

1.3 What type of employment do you have?

Permanent employed

Full time contract employed

Part time contract employed (exit to thank you page; terminate questionnaire)

2. Maternity Protection: *(Please tick)*

2.1 How long ago was your last pregnancy or birth?

I am currently pregnant and did not have any previous pregnancies

I am currently pregnant and also had a child <3 years ago

Less than 12 months

> 12 months but <3 years ago

>3 years ago (direct to thank you page and terminate survey)

2.2 How many times were you pregnant in the last 3 years?

Once

Twice

More than 2 times

2.3 Did you have to make your pregnancy known to your line manager?

Yes

No

2.4 At what stage of your pregnancy did you inform your line manager that you are pregnant?

4 months

5 months

6 months

Other, Explain ,----------

2.5 What process did you follow to inform your line manager?

Formal meeting

Letter / Email

Informal (in the passage)

Other, please provide detail: ----------

2.6 How supportive was your line manager when you informed him/her that you are pregnant?

Very Supportive

Supportive

Not really supportive

Unsupportive

(Please explain if you choose unsupportive or not really supportive))----------

---

2.7 On a scale of 1 to 4 how satisfied are you with the general support in the workplace during pregnancy?

(1) Very satisfied

(2) Satisfied

(3) Dissatisfied

(4) Very dissatisfied

2.8 Do women receive time off for medical visits when they are pregnant or have a young baby?

Yes

No

2.9 Did you have to take time off from work during pregnancy?

Yes

No

2.10 What was your reasons for taking time off during pregnancy?

Routine check-up

Complications during the pregnancy

Normal sick leave unrelated to the pregnancy

Normal annual leave unrelated to the pregnancy

Other (please elaborate) ……----------

The following questions are to assess your *understanding* regarding maternity protection policies in the facility. *Please note there is no right or wrong answer, but the researcher is interested in your understanding.*

3. Maternity Protection: *(Please tick)*

3.1 Please provide an explanation of your understanding of the term maternity protection?

Explain: ----------

3.2 Where did you obtain information about maternity protection benefits available to you?

Line manager

Human resource department

Union

Colleagues

Other (please provide detail)

3.3 How was the information given?

Verbally

Information booklet

3.4 When was this information given to you?

When you reported that you are pregnant

At the time when you were employment

During induction training programme

When you made enquiries before you were pregnant

Other (please elaborate) …….----------

Please read the following statements and indicate the answer that corresponds to your understanding of the statements below.

3.5 The Basic Conditions of Employment Act (BCEA) stipulates a set of principles to protect employees during pregnancy and after birth.

True

False

I don't know the BCEA

Not sure

3.6 The Code of Good Practice provide guidelines to employers and employees concerning the protection of the health of women in the work environment during pregnancy and after childbirth.

True

False

I don't know the Code of good practice

Not sure

3.7 The Breastfeeding work policy support women to continue breastfeeding on return to work after childbirth.

True

False

I don't know the Breastfeeding policy

Not sure

The following questions is to assess your understanding of maternity leave benefits:

4. **Maternity Leave:** *(Please Tick)*

4.1 What do you think is the minimum time for maternity leave that women are entitled to in South Africa?

6 weeks

12 weeks

14 weeks

16 weeks

> 16 weeks

Other (please specify)…….

4.2 Did your maternity leave start before or after birth?

Please explain, ----------

4.3 Was your maternity leave,

Paid

Unpaid

Partly paid

Explain if unpaid or partly paid, ----------

4.4 If paid, for how long, (eg.100% payment (of salary) for full duration of maternity leave?

Explain,----------

4.5 How long before the expected birth did you start maternity leave?

4 weeks

3 weeks

2 weeks

1 week

4.6 How did your line manager respond when you informed them of when you plan to start your maternity leave?

Supportive

Unsupportive

Empathetic

4.7 Was your colleagues supportive when they were informed that you starting your maternity leave?

Yes

No

5. Health protection at work during and after pregnancy: *(Please Tick)*

5.1 Do you think that your health and safety was at risk during and after your pregnancy, because of the work you performed?

Yes

No

Not really sure

5.2 Which of the following tasks were part of your work while you were pregnant? (Mark all relevant options)

a) Lifting heavy objects Y/N

b) Exposure to chemical or physical hazards Y/N

c) Prolonged sitting or standing Y/N

d) Night duty Y/N

e) Other hazards, Y/N

Explain……..

If yes to a, b, c, d, or e then, for each of them:

5.3 Please indicate how often did you have to perform any of the above tasks?

Never

Almost all the time

Sometimes

Rarely

Not sure

5.4 Did your pregnancy affect your work in any way?

Not at all

Yes very much

Only a little

5.5 If yes, which of the aspects affected your work the most? (mark only one answer)

Frequent visits to the toilet

Tiredness

Backache

Medical visits

Speed of movement

Other, indicate, ----------

5.6 Did you request lighter duties or a transfer to a safer environment during your pregnancy?

Yes, and my request was accepted

Yes, my request was not accepted

No, I did not request a transfer

No, I had no reason to request a transfer

5.7 Did you feel discriminated against in the workplace because of maternity leave or breastfeeding privileges on return to work?

Yes

No

Not sure

The following questions are to assess your practices of breastfeeding on return to work after maternity leave.

6. Breastfeeding on return to work: *(Please tick)*

6.1 What does exclusive breastfeeding mean to you?

Explain,----------

6.2 Did you continue to breastfeed your baby when you returned to work?

Yes

No [If no, skip to question, 6.5.]

6.3 If yes, for how many months did you breastfeed after you returned to work?

I stopped breastfeeding when I returned to work

I am still breastfeeding and it is…..(number) months after I returned to work

I breastfed for …… (number) months after I returned to work before I stopped

6.4 How did you manage breastfeeding on your return to work?

Explain----------

6.5 Did you breastfeed for a shorter period than what you would have liked to because you had to return to work?

Yes

No

6.6 The breastfeeding work policy protects women breastfeeding on return to work?

True

False

Not sure

Don't know of such a policy

6.7 If true, who informed you of the breastfeeding work policy?

Line manager

Colleagues

Union

Other, Explain,----------

6.8 Were you allowed to breastfeed or express your milk at work?

Yes

No

Not applicable

6.9 Were you allowed time off during work hours for expressing or breastfeeding in the workplace?

Yes

No

Not applicable

6.10 If yes, what was the length of time allowed to take off to express or breastfeed?

15 minutes

30 minutes

30 minutes twice daily

15 minutes once daily

other (explain)----------

6.11 Was there a space available to you at the workplace for breastfeeding or expressing of your breastmilk?

Yes

No

Don't know

6.12 If yes, what type of space were available to use for expressing or breastfeeding?

office space

bathroom

treatment room

dedicated lactation room

other (explain)----------

6.13 If you express your breastmilk was a storage space available?

Yes

No

Don’t know

Find my own storage space

6.14 If yes, what storage space was available?

cooler bag/box

cool area in your workspace

refrigerator in the workspace

dedicated refrigerator

other (explain)----------

6.15 If no space available to breastfeed or express did it influence you to stop breastfeeding?

Yes, explain…….

No, explain ……...

6.16 What was the response of your line manager towards you continuing breastfeeding on return to work?

Very Supportive

Supportive

Not really supportive

Unsupportive

(Explain, If not really supportive or unsupportive)----------
---

6.17 Did you ever feel discriminated against because you continued breastfeeding on return to work?

Yes

No

6.18 If yes, how did it make you feel to be discriminated against because of breastfeeding on return to work?

Unhappy

Dissatisfied

Demotivated

Did not bother you

6.19 Does the workplace have any childcare facilities that staff can make use of (such as an onsite – creche)?

Yes

No

6.20 The Basics Conditions of Employment Act (BCEA) protect employees that want to continue breastfeeding on return to work?

Yes

No

Not sure

Don't know the BCEA

Dear participant a heartfelt thank you for completing the questionnaire and your participation in the research study.

APPENDIX 5:

Semi-structured interview for Management to determine their knowledge, attitudes and level of support towards the women employees within the tertiary hospital, during pregnancy and on return to work.

1. **General Information**

   1.1 What is your job title?

   1.2 How many employees under your leadership have been pregnant in the last 3 years?

   ---

2. **Knowledge regarding maternity protection, policies, and employment Acts available.**

   2.1 What is your understanding of the concept, "Maternity Protection"?

   2.2 Do you have a written policy informing employees of their rights to maternity protection?

   Options: Yes / No

   If Yes, can you share the policy with me?

   2.3 What actions have you taken to inform employees of this policy?

   2.4 How do you think the provisions in your facility differ from the National Legislation?

Attitudes towards the employees regarding maternity protection:

3.1 How do you inform female employees about the maternity leave available to them? (Do you share the regulations with them, is it stipulated in their contract or is it shared in a induction programme)

Explain:----------

3.2 How do you accommodate pregnant or breastfeeding women employees that requested rotation for health and safety reasons?

Explain, ----------
-

[Follow –up] how do you engage with pregnant or breastfeeding women employees that do not request rotation for health and safety reasons

---

3.3 If a pregnant or breastfeeding women employee identified risk to their health, what actions have you taken to remove the risk?

[Follow – up] How have such an event influence your engagement with pregnant and breastfeeding women

Explain, ----------

3.4 Whose responsibility do you think is it to inform management that a women employee is breastfeeding when she returns to work?

[Follow up] How often have you dealt with such a situation at this hospital in the past?

[Follow up] How has such past engagements helped to resolve challenges, improve employee relationships, etc.?

4 The level of support of management towards employees on maternity protection:

4.1 Are you aware that the Western Cape Government has a breastfeeding work policy in place, and do you know what it entails?

_____

_____

4.2 Do the facility have a breastfeeding work policy in place and how does it compare to the Western Cape Government policy?

4.3 Do you know of any women employees that on return to work following maternity leave were breastfeeding?

Options: Yes / No and how did you support these breastfeeding women

4.4 Does the hospital have a lactation room for women breastfeeding on return to work to express their milk?

Options: Yes / No

If No , which facilities does these women use to express their milk and how do they store their breastmilk?

4.5 What measures were in place to support these employees breastfeeding on return to work?

4.6 Did any of the employees on return to work requested flexible working hours to continue breastfeeding?

Options: Yes / No4.7 How did you accommodate employees with these requests of flexible hours on return to work?

Dear participant heartfelt thank you for completing the questionnaire and for your participation

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APPENDIX 6:

INFORMATION SHEET FOR MANAGEMENT

Project Title: Maternity protection for women during pregnancy and breastfeeding support on return to work in a tertiary hospital in the Western cape.

What is this study about?

This is a research project being conducted by Masters student Crystal Jacobs at the University of the Western Cape. We are inviting you to participate in this research project because you form part of the criteria as management employed within the hospital for this research topic. The purpose of this research project is to establish the knowledge of pregnant women and women who have delivered a baby in the past 3 years, on maternity protection and how this level of knowledge can be improved. To establish management knowledge and level of support towards the women during pregnancy and on return to work following maternity leave, and how this can be improved.

What will I be asked to do if I agree to participate?

You will be asked to participate in a semi-structured interview. The study will be conducted within the tertiary hospital (Tygerberg Hospital) which is your place of work and you are involved in service management or human resource management where you may have to engage with pregnant women and women who are breastfeeding with regards to maternity protection for women who return to work after having had a baby. This research study is based on the maternity protection (i.e. maternity leave benefits, safety during and after pregnancy, breastfeeding on return to work) of pregnant women and after birth, returning to work.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the questionnaire will be kept anonymous and will not contain any information that may personally identify you. Your name will not be included on the questionnaire or in the transcribed responses; a code will be placed on the questionnaire and any other data collected. The researcher will be the only one having access to the questionnaire and your identity.

To ensure your confidentiality, the computerised information will be password protected of which only the researcher will have access. The data will be stored in a secured manner in order to protect any form of identity of the participant.

If we write a report or article about this research project, your identity will be protected.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others. In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities.

What are the risks of this research?

There may be some risks from participating in this research study.

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about the extent of the knowledge of women on maternity protection. We hope that, in the future, other people might benefit from this study through improved understanding of maternity protection in the workplace and the level of support from colleagues and management structures.

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by **Crystal Jacobs, Department of Dietetics and Nutrition** at the University of the Western Cape. If you have any questions about the research study itself, please contact **Crystal Jacobs** at: 27 0645367485 or crystal.jacobsa@gmail.com / 2363676@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof Ernesta Kunneke
Head of Department: Dietetics and Nutrition
University of the Western Cape
Private Bag X17
Bellville 7535
ekunneke@uwc.ac.za

Prof Anthea Rhoda
Dean: Faculty of Community and Health Sciences
University of the Western Cape
Private Bag X17
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chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Biomedical Research Ethics Committee.

Biomedical Research Ethics Committee
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APPENDIX 7:

CONSENT FORM

Title of Research Project: Maternity protection for women and potential implications for breastfeeding on return to work at a tertiary hospital in the Western Cape.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

___ I agree to be audiotaped during my participation in this study.

___ I do not agree to be audiotaped during my participation in this study.

Participant's name……..

Participant's signature…….

Date……

Biomedical Research Ethics Committee

University of the Western Cape

Private Bag X17

Bellville

7535

Tel: 021 959 4111

E-mail: research-ethics@uwc.ac.za

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APPENDIX 8:

ETHICS CLEARANCE CERTIFICATE

15 July 2021

Ms C Jacobs
School of Public Health
Faculty of Community and Health Sciences

Ethics Reference Number: **BM21/5/12**

Project Title:	Maternity protection for women and the potential implications for breastfeeding on return to work at a tertiary hospital in the Western Cape.
Approval Period:	12 July 2021 – 12 July 2024

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report annually by 30 November for the duration of the project.

*Permission to conduct the study must be submitted to BMREC for record-keeping.*The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias

Research Ethics Committee Officer

University of the Western Cape

Director: Research Development University of the Western Cape
Private Bag X 17 Bellville 7535
Republic of South Africa Tel: +27 21 9594 Email: research-ethics@uwc.ac.za

APPENDIX 9: PERMISSION TO CONDUCT RESEARCH

TYGERBERG HOSPITAL
REFERENCE:
Research Projects
ENQUIRIES: **Dr GG Marinus**
TELEPHONE:**021 938 5752**

Ethics Reference: BM21/5/12

TITLE: **Maternity protection for women and the potential implications for breastfeeding on return to work at a tertiary hospital in the Western Cape.**

Dear Ms C Jacobs

PERMISSION TO CONDUCT YOUR RESEARCH AT TYGERBERG HOSPITAL.

1. In accordance with the Tygerberg Hospital Health Research Policy and Protocol of **April 2018,** permission is hereby granted for you to conduct the above-mentioned research here at Tygerberg Hospital for a year based on your HREC approval.

2. Researchers, in accessing Provincial health facilities, are expressing consent to provide the Department with an electronic copy of the final feedback within six months of completion of research. This can be submitted to the Provincial Research Co-Ordinator (Health.Research@westerncape.gov.za).

DR K MAART
MANAGER: MEDICAL SERVICES

Date: 3/a/21

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