Community, Work & Family

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/ccwf20

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To cite this article: Ameeta Jaga, Bianca Stumbitz, Bongekile P. Mabaso, Keneilwe Munyai & Tristan Görgens (30 Sep 2024): Advancing gender equality through context-sensitive work-family support for breastfeeding: lessons from a participatory intervention in South Africa, Community, Work & Family, DOI: 10.1080/13668803.2024.2405513

To link to this article: https://doi.org/10.1080/13668803.2024.2405513

Published online: 30 Sep 2024.

COMMUNITY, WORK & FAMILY
https://doi.org/10.1080/13668803.2024.2405513

Routledge
Taylor & Francis Group

Advancing gender equality through context-sensitive work-family support for breastfeeding: lessons from a participatory intervention in South Africa

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ABSTRACT

The return to work is a key reason for breastfeeding cessation worldwide. Where workplace breastfeeding support is available, it is shaped by universal policies that overlook local realities and needs. Our collaborative research, involving an academic team and government partners, sought context-specific solutions for supporting breastfeeding in a provincial government in South Africa. Using a participatory approach, we conducted qualitative interviews with 12 government-employed mothers and senior managers. We identified three key challenges to workplace breastfeeding support: (1) Lack of awareness and communicating of reliable information on maternity and breastfeeding rights, (2) Workplace cultures pressurising mothers into silence, secrecy, and supra-performance that perpetuate breastfeeding as 'taboo' at work, and (3) Inadequate context-sensitive and practicable interventions for supporting maternity and breastfeeding at work. Based on these findings, we co-created tailored, practical interventions with the interviewees and refined them iteratively to enhance support for workplace breastfeeding. This research informed updates to a provincial government department policy document on workplace breastfeeding support, moving beyond national legislation to create a breastfeeding-friendly workplace. Our study highlights the value of participatory approaches for the development of context-sensitive solutions for workplace breastfeeding support with implications for organizations, social policy, and future research.

ARTICLE HISTORY
Received 18 September 2023
Accepted 12 September 2024

KEYWORDS
Breastfeeding at work; gender equality; participatory research; public sector; South Africa; work-family support

Introduction

Women's needs in workplaces often go unrecognized because the structures, processes, and practices of the workplace continue to reflect dominant masculine cultures (Gatrell,

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2019). Multiple forms of gender inequalities in workplaces have negative implications for women's careers and their wellbeing (Stamarski et al., 2015). The challenge of combining breastfeeding and employment is a specific example that illuminates gender inequalities when workplaces are insufficiently inclusive. While many women cannot or do not want to breastfeed, those who wish to continue breastfeeding after returning to work from maternity leave must breastfeed or express breastmilk at work to maintain a milk supply (Lee, 2018). However, pressures to conform to masculine ideal worker norms of spending long, uninterrupted hours working (Acker, 1990; Gatrell et al., 2024; Williamson et al., 2024), the lack of adequate breastfeeding areas and milk storage facilities, as well as the discomfort of discussing support needed at work continue to be major reasons for why women conceal or cease breastfeeding (Al-Attas & Shaw, 2022; Gatrell, 2007; Sabat et al., 2022). Workplaces that value women's work and care roles promote supportive and inclusive workplace cultures that enable mothers wishing to combine breastfeeding and paid work to do so. Workplaces that support breastfeeding benefit from their employees experiencing increased job satisfaction, commitment, productivity, and organizational trust, as well as decreased depression, work-family interference, absenteeism and staff turnover (Scott et al., 2019; Waite & Christakis, 2015). Failing to support breastfeeding also creates tangible costs, contributing to preventable illness, exacerbated gender inequalities and substantial economic losses (0.70% of global gross national income) (Walters et al., 2019). Supporting breastfeeding further extends to contributing to the United Nations' Sustainable Development Goals (SDGs), particularly those associated with reduced child malnutrition (SDG 3), improved upward mobility (SDGs 8 and 10), and gender equality (SDG 5) (Smith, 2013).

Breastfeeding practices are strongly influenced by socio-cultural norms (e.g. the extent to which public breastfeeding is supported, or the duration for which breastfeeding is regarded appropriate), as well as the public health and economic context of a country (e.g. the health of a nation and the availability of state resources for maternity protection). The World Health Organization (WHO) recommends six months of exclusive breastfeeding (giving breastmilk only) for optimal infant nutrition (WHO, 2021). In 2008, South Africa reported the lowest exclusive breastfeeding rates in the world at six months (8%), despite high breastfeeding initiation rates of up to 97% (South African Demographic and Health Survey, 2016). Since then, breastfeeding has gained significant prominence on the country's public health agenda. Several policy changes have been implemented to address this, including the adoption of the International Code of Marketing of Breastmilk Substitutes (Jackson et al., 2019) and the Tshwane Declaration (Department of Health, 2011). The Tshwane Declaration calls on employers, managers, and other stakeholders to actively support breastfeeding. However, despite these efforts, the rates of breastfeeding among infants aged 4–5 months remain low at 24% (South African Demographic and Health Survey, 2016).

Literature on breastfeeding and employment has predominantly focused on Global North contexts such as the United States (US) and Western Europe (e.g. Costantini et al., 2021; Grandey et al., 2020; Lisbona et al., 2020). Research from these mostly privileged settings offer some high-cost responsive interventions such as lactation rooms and shipped milk for women who must travel for their jobs (Thomas et al., 2022). These interventions may not be appropriate for lower-resourced contexts like South Africa, yet women here equally deserve to be supported for equality, health, and

broader socio-economic equity. Given South Africa's history (apartheid, colonialism, HIV/AIDS prevalence), along with socio-cultural factors and economic challenges (patriarchy, high unemployment, and limited state maternity support), the country provides a fascinating and instructive example of the need for context-sensitive practical interventions to support workplace breastfeeding (Jaga, 2020).

In South Africa, a gender equitable constitution (Constitution of the Republic of South Africa, 1996) explicitly prohibits discrimination on the grounds of gender, sex, and pregnancy, and the Employment Equity Act No 55 (1998) aims to redress past injustices of women being prohibited from entering the formal workforce (Commission for Gender Equity, 2023). In addition, pro-feminist state benefits aimed to attract a female labor force into the formal economy include four months of maternity leave partially paid (at 66% of earnings) through an unemployment insurance fund. Complementing this benefit is the right of mothers to breastfeeding breaks to breastfeed or express milk at work, twice per day for 30 min each until the infant is six months old (see the Basic Conditions of Employment Act, No 75, 1997). Of South Africa's formal workforce (71%, StatsSA, 2024), women comprise nearly half (43.4%, StatsSA, 2024). While these legislative efforts have contributed to this increase, policy implementation and awareness among employers and employees about maternity and breastfeeding support remains poor (Mabaso et al., 2023; Martin-Wiesner, 2018). New mothers are often not aware of the rights to breastfeeding breaks or how to access maternity leave pay benefits. In some instances, the payments are delayed, or it is too little for the mothers to survive on part of their wages, necessitating their early return to work (Stumbitz & Jaga, 2020).

Co-creating equitable knowledge for addressing workplace support for breastfeeding

We adopted a participatory research (PR) approach in responding to a grant funding call for partnered research projects between the Western Cape Government (WCG) and academics from a local university. The research must have addressed the developmental priorities of the Western Cape Province (the third most populated province in South Africa). The aim of the research projects funded through this call was to inform policy makers, and/or develop activities in a resource constrained environment, that are aligned to the Province's strategic priorities. Supporting workplace breastfeeding was identified as a key area to help address the Province's strategic goal 3: Increase wellness and safety and tackle social ills. We recognized that it was important to begin exploring the challenges of breastfeeding for working mothers from within the context of the WCG as an employer. With a PR approach, the academics and the organization are both treated as 'experts' and equal partners who combine theoretical expertise and lived experience to co-create and develop practical and meaningful interventions that were informed by the users. We co-created the following research questions after mapping the problem from all the partner members' perspectives (more about this study setting and the approach is presented later):

(1) What were the current levels of awareness of maternity rights and related organizational policies among staff and managers in the provincial government departments?

(2) What was the extent to which state-level legislated policies and good practice recommendation were translated into actual practices and taken up by staff within the provincial government departments?
(3) What were the existing challenges to breastfeeding support provision by a provincial government employer and how might these be overcome?

We organize our article as follows: After presenting our theoretical lens, we outline our PR approach as an inclusive context-sensitive method to produce knowledge about combining breastfeeding and employment in South Africa. We then present the findings of our qualitative interviews with mothers and managers to understand key challenges to workplace breastfeeding support. This is followed by our research intervention – a co-creation process for developing appropriate support for working mothers, enabling a breastfeeding-friendly workplace in this context. To conclude, our discussion offers suggestions for management, policy, and future research.

Theoretical background

Ideal workers vs breastfeeding mothers

Breastfeeding is glorified in public health discourses around the world (Arts et al., 2017; Gatrell, 2019). Yet, the return to work remains the principal reason for breastfeeding cessation in many countries, including South Africa, among mothers who may have desired to continue breastfeeding and working (Navarro-Rosenblatt & Garmendia, 2018). Except for very few studies (e.g. Stumbitz & Jaga, 2020), research on workplace breastfeeding support in South Africa (and global South settings more broadly) remains scarce in organizational literature. Exploring the contrasting attitudes toward maternity within the United Kingdom public health discourses and organizational settings, Gatrell (2019) explains how pregnancy, maternity, and breastfeeding are treated as inconvenient, messy, disruptive, and burdensome. Most workplaces continue to be designed around outdated ideas of an 'ideal worker' who has no social or caring obligations outside work (Acker, 1990; Gatrell et al., 2024). Consequently, new maternal workers feel pressured to either cease or conceal breastfeeding to minimize workplace disruption and comply with organizational expectations (Gatrell, 2007, 2011, 2014; Sabat et al., 2022). Instead of discussing their support needs with their managers and colleagues, the topic becomes 'taboo' at work (Gatrell, 2007; Gatrell et al., 2024) and is limited to non-work spheres only. Furthermore, pregnant, newly maternal, and breastfeeding workers manage stereotypes and stigma of being unreliable, non-committed, unprofessional, and underperforming. To counter these stigmas, they may tolerate discrimination or being sidelined, and often use 'supra-performance' (performing above expected standards) to prove their commitment (Gatrell, 2011; Grandey et al., 2020; Stumbitz et al., 2018).

The context-embeddedness of breastfeeding

Breastfeeding is a social construct (Afoakwah et al., 2013; Turner & Norwood, 2013), strongly embedded in the local socio-cultural, public health, and economic context (Stumbitz & Jaga, 2020). The paucity of breastfeeding research in organizational literature is likely to

be related to cultural views about maternal bodies seeping into the workplace, which affect the feasibility of combining breastfeeding and employment (Turner & Norwood, 2013). In cultures where decent breastfeeding is confined to the domestic space (Kukla, 2006), any visibility of breastfeeding activity is problematized, and women employees are often uncomfortable to discuss related support needs with employers and colleagues.

In some South African cultures, breastfeeding is not viewed as a private issue and bare-breasted women are not perceived as inappropriate (Allison, 2017). However, South Africa's colonial history has influenced urban societal norms, contributing to the perception that public breastfeeding is unacceptable due to the sexualization of breasts in Western culture and the resulting stigma associated with workplace breastfeeding. Prevailing Eurocentric workplace norms defining professionalism further perpetuate this perception. Consequently, colonial erasure of traditional values in the South African context contributes to the belief that workplace breastfeeding is embarrassing and unprofessional, exacerbating the lack of supportive work environments for breastfeeding mothers. An entrenched patriarchal culture (Booysen & Nkomo, 2010) further prevents working women in South Africa from seeking support for breastfeeding in their workplaces, even with the availability of legislated breastfeeding breaks. Socio-economic challenges including high unemployment rates at 32.9% (StatsSA, 2023) continue to influence working women's decisions to conform to 'ideal worker' norms so as not to jeopardise their careers by requesting breastfeeding support. Economic factors, such as the financial feasibility of providing a designated space for breastmilk expression, as mandated in countries such as the US (Thomas et al., 2022), may not be (or perceived not to be) possible for most organizations in a low-middle income context like South Africa. Importantly, similar resource constraints are faced by smaller workplaces around the world and are thus not unique to global South contexts.

While the challenges for breastfeeding women returning to work are similar globally, there is a need for context-sensitive and practical responses that reflect the realities of the organization and its employees. We therefore use a PR approach to ground our research and recommendations in the specificities of the local context and to address the limited literature on breastfeeding and employment from diverse contexts across the world.

Method

Insider/outsider research methodology

An insider/outsider (I/O) research team was formed to develop a contextually sensitive understanding of the setting (Bartunek et al., 2008; Holmes, 2020). The insider team comprised senior practitioners from two organizational units within the provincial government: (1) Policy and strategy and (2) Nutrition. Conducting this research in the provincial government setting aligned with senior management's explicit commitment to advancing wellness and gender equity. Senior decision-makers therefore had an interest and statutory responsibility to identify initiatives that recognized and responded to associated challenges.

The outsider team consisted of academics and a doctoral student from the fields of nutrition, design, and organizational studies with a focus on gender and the work-family interface. As the outsider team was external to the provincial government, they

contributed diverse and somewhat impartial perspectives to the research problem and analysis (Holmes, 2020). The collaborative group of insider and outsider co-researchers jointly acknowledged that the topic of breastfeeding workplace support fell well within the Province's strategic priorities as an issue relating to women's and child wellness and to tackling the social ills of patriarchal systems and gender inequality. The government partner's interest was to improve support for breastfeeding as a determinant of improved food security. As women's employment was a key reason for ceasing breastfeeding, this was deemed an important issue in the local context. The government partner had prior experience in benefiting from a human-centered research design to approach a socially complex issue on housing. The research team's investment in improving workplace breastfeeding support was a feminist initiative to reduce workplace inequalities and create breastfeeding-friendly workplaces that recognises and supports women's lactating bodies. For the academic team, the PR approach was also part of an epistemic project to decolonise knowledge production by co-creating solutions to complex social problems – like breastfeeding at work – that is sensitive to, and meaningful in, the local context. After developing the research questions, the I/O research team agreed on the methods to collect and analyse data, and co-authored the research for public dissemination (Bartunek et al., 2008).

Study site

The South African Constitution differentiates between three spheres of government and demarcates a specific set of responsibilities for each sphere (Department of Public Service and Administration, 2023). Policy objectives such as the promotion of breastfeeding, while supported by local and national government, is primarily the responsibility of the provincial government as it is the sphere of the state that is most directly responsible for the implementation of health services and outcomes. Compared to the private sector, the provincial government offers comparatively more stable employment conditions and appealing benefits, including fully paid four months maternity leave (as opposed to the legislated 66% of monthly income) with the option to extend to two more months without pay, and fully paid paternity leave (a 10-day consecutive leave within the first six months of a child's birth). The provincial government is a useful site of study in the formal sector because it employs a cross-section of society – from individuals with limited formal education from relatively impoverished backgrounds (e.g. porters in hospitals) to highly trained professionals living traditionally middle to upper class lifestyles (e.g. accountants). It also includes a broad range of workplace settings from desk-based office jobs to more dynamic workplaces, such as classrooms or hospital wards. The study was conducted within two of the 13 departments in this provincial government, namely, the Department of Education and Department of Social Development. Within these departments, participants recruited for the study included those from office-based jobs (e.g. an administrative clerk) to classroom-based jobs (e.g. teachers). Those in highly specialized jobs (e.g. surgeons) or those who spent their workdays visiting homes in communities (e.g. community social workers) were not included due to their job-related time or location demands. Most participants had a post high school qualification. In the Department of Education, we interviewed teachers and a principal as a manager. In the Department of Social Development we interviewed only those in

office-based positions where a tertiary qualification would have more likely been required. While the participants were diverse in race, most were colored[1], consistent with the dominant race group in the Western Cape province (Department of Public Service & Administration, 2023) (refer to Table 1 for demographic data).

The participatory research intervention

The research ran for 18 months from April 2018 until September 2019. Ethics approval was obtained to conduct the study from the first author's affiliated university [REC 2018/004/013] and permission was granted from the two provincial government departments to approach their staff to participate in the study. The I/O research team embarked on a PR intervention, embedded in principles of design thinking (Dorst, 2011), to co-create appropriate support for women who wished to combine breastfeeding and employment. To begin, the I/O research team members each shared their understanding about the broad topic of breastfeeding and working, while withholding views of any solutions. This process uncovered varied lived experiences. For example, from a public health perspective, the insider nutrition-practitioners' goal was to increase exclusive breastfeeding for mother and infant health. However, from the outsider organizational studies-researcher's perspective, the aim was to create more inclusive workplaces for working mothers. This sharing helped the team acknowledge assumptions to reduce cognitive biases, cultivate empathy, and create a shared focus on the project (Liedtka, 2017).

As a next phase, semi-structured interviews were conducted with mothers and senior managers to gain rich insights into breastfeeding support for working mothers within the provincial government setting. The insider research team sent an invitation to participate

Table 1. Demographic characteristics of study participants.

Participant	Level of Education	Gender	Race	Age	Work Position	Number of years in the organization	Child's age at time of study (months)/ no. of children
Mother 1	Postgraduate	F	White	38	Senior Communications Specialist	10 years	20 months
Mother 2	Postgraduate	F	Colored[1]	32	Project Manager	3 years	6 months
Mother 3	High School	F	Colored	40	Admin Clerk	10 years	24 months
Mother 4	Postgraduate	F	Colored	36	Supply Chain Officer	12 years	12 months
Mother 5	Postgraduate	F	African	36	Teacher	missing	7 months
Mother 6	Postgraduate	F	Colored	34	Teacher	7 years	36 months
Mother 7	Postgraduate	F	Colored	31	Teacher	3 months	16 months
Mother 8	Postgraduate	F	Colored	31	Monitoring Officer	9 years	5 months
							Number of children for managers
Manager 1	Postgraduate	M	Colored	47	School Principal	18 years	3 children >18
Manager 2	Postgraduate	M	African	55	Chief Director	missing	3 adult children >18
Manager 3	Postgraduate	F	White	59	Director	25 years	1 child <18
Manager 4	Postgraduate	M	Colored	49	Director	2 years	2 adult children >18

[1]The term 'colored' denotes a South African racial category that refers to individuals 'loosely bound together for historical reasons such as slavery, creolization and a combination of oppressive and selective preferential treatment under apartheid' often oversimplified as 'mixed race' (Erasmus, 2017, p. 112)

in the research via electronic mail to the respective authorities in the two participating departments for dissemination to their staff. Following no responses using this approach, the insider research team approached their personal networks within the departments who met the criteria for inclusion. We continued sampling using this convenience and purposive technique. A final sample of eight mothers (who had a child within the past three years while working for government) and four managers (who had an employee in their team who in the past three years returned from maternity leave) from the two participating departments was reached. Follow-up interviews were conducted after the interventions – based on the analysis of the first round of interviews – were designed (Further details are presented in the section on Co-created breastfeeding support interventions). The initial interviews focused on the needs of mothers who desired to combine breastfeeding and paid work. We included the perspectives of senior managers to expand our understanding of how best to create breastfeeding-friendly workplace environments, recognizing that they hold legitimate organizational power and shape organizational culture. The limited time availability of mothers and senior managers to participate in the PR intervention determined the smaller sample size. Small samples in participatory research however can be justified because of the in-depth engagements from working closely with the participants to incorporate their knowledge at different time points and to ensure that their perspectives and needs are captured in context-sensitive ways (Rasmus et al., 2020). Both mothers' and managers' perspectives were sought to enable triangulation of findings.

The mothers' ages ranged from 31 to 40 years old, four were first time mothers, and seven had postgraduate qualifications. Their children's ages ranged from five months to 3 years. Using South African census race categories, six were colored[1], one was white, and one was African black. Of the four senior managers, three were male, their ages ranged from 47 to 59 years, all had postgraduate qualifications, two were colored, one was white, and one was African black. The mothers were asked to tell us their stories of their infant feeding choices, their experiences of returning to work after maternity leave, any workplace support provided to continue breastfeeding, reasons for not continuing breastfeeding after returning to work, and what support they would have found helpful. Managers were asked to share their experiences of supporting pregnant women and mothers returning from maternity leave in their team. From the interviews, the I/O team aimed to elicit both experiences and emotions that gave insight into the mothers' and managers' needs.

All interviews were conducted face-to-face at the participant's place of work and lasted between 30 and 77 min. Participation was voluntary and confidentiality of the participants' information was maintained. All the interviews were recorded with permission from the interviewees. A minimum of two members (one insider and one outsider) of the research team were present at each interview. As part of the PR process, the I/O research team met regularly during the data collection process to read the transcripts and interviewers' notes, capturing details from the participants' stories. Examples of the details captured included emotions (e.g. the fear to ask for a place to breastfeed), challenging situations (e.g. the renovation of the disability toilet that was used for expressing breastmilk), and decisions (e.g. to cease breastfeeding to avoid leaking breasts in a meeting). The I/O research team used thematic analysis (Braun & Clarke, 2022) to identify patterns and understand connections in the data. This analysis process helped the team

to reach consensus on the most compelling and consistent challenges mothers and managers were experiencing and informed the process of co-designing interventions to address the support needs identified. The intervention designs were refined through iterative follow-up interviews with the mothers and managers to gather feedback and ensure alignment between their needs and the interventions.

Interview findings

Three key themes representing challenges of breastfeeding at work emerged from the PR process: (1) Lack of awareness and communicating of reliable information; (2) Secrecy, silence, and supra-performance; and (3) Inadequate context-sensitive and practicable interventions supporting maternity and breastfeeding at work.

Lack of awareness and communicating of reliable information on maternity and breastfeeding rights

Both managers and mothers lacked information relating to breastfeeding at work. Only two mothers and one manager knew about the legislated breastfeeding breaks. One manager said, '*I'm not [aware of any policies on breastfeeding breaks] … it could be, but I don't know*' (Manager 1, male), while another stated, '*even the Basic Conditions of Employment Act does not have that … definitely there is no (breastfeeding) breaks there*' (Manager 2, male). These findings confirm that despite legislation on breastfeeding breaks in the Basic Conditions of Employment Act, the likelihood of it being known to managers in this government setting context was poor. When one manager became aware of it through the interview, he noted the contradiction that '*government seems to be developing policies for other people, but they don't internalise it within their own work context*' (Manager 4, male).

None of the mothers had been provided with any information on their breastfeeding rights at work. Most mothers were also unaware of the option to extend their maternity leave by two months with no pay, which some said would have helped them to breastfeed for longer had they known:

> 'I didn't fully explore it [maternity leave benefit options] but I would have loved to have done that. I would have gladly taken a cut in pay if I could have stayed [at home] for an extra month or two' (Mother 5).

Mothers received information about breastfeeding and maternity issues from diverse sources including friends, family, different health professionals, and the internet, but voiced that at times the information was conflicting. This often made them feel overwhelmed and uncertain. However, one mother had coincidentally come across a health services manager (HSM) from another department with disciplinary expert knowledge on breastfeeding who she subsequently consulted to inform her feeding choices:

> '… the information that [a HSM] gives us is a trusted voice and a trusted opinion […]. As a new mother you are bombarded with information, and you don't know what to trust … Having somebody that you can go to … like the pediatrician told me that I need to start feeding [solids] at four months, but [the HSM] said six months … and so having somebody [at work] who I know is an expert and who I know is passionate about these things is always good' (Mother 2).

This example demonstrates that having a trusted source of information on infant feeding practices felt empowering. The managers recognized their limited knowledge on breastfeeding as a workplace issue and the associated ways in which they could support women in this endeavor. Having gained insights into this challenge, as well as the health and economic implications of not supporting breastfeeding, the managers indicated a willingness to support mothers. As one manager said:

'*So, I think I was never exposed to the idea [that mothers needed to breastfeed at work] and now that I have, I think it is something that definitely needs to happen*' (Manager 1, male). However, the male managers added that they did not know how to initiate such conversations with women employees, demonstrating the need for support in this area.

Secrecy, silence, and supra-performance

The provision of information on maternity and breastfeeding rights alone would not have been adequate to meet both the mothers' and managers' needs to advance support for workplace breastfeeding. In the context of workplace cultures still dominantly reflecting male ideal worker norms and male bodies that do not leak, there was a general secrecy about breastfeeding at work by mothers. Managers' ignorance about women's workplace breastfeeding needs and/or not bringing awareness to these matters in the workplace, led to silence about the topic. For instance, this manager knew of the right to request extended maternity leave but did not inform expecting mothers of this option. The manager assumed that since mothers did not ask for it, it was not needed, and may be unaware too of the demands of care work that mothers perform during maternity leaving inferred by using the phrase 'sitting at home':

> 'We are very accommodating [but] there has never been a situation that I know of in the entire department where somebody was denied the benefit [of extended maternity leave]. The extended benefit of sitting at home for an extra two months taken from their own leave and so on, it has never happened' (Manager 2, male).

Conversations between managers and pregnant women about maternity benefits and their breastfeeding options on their return to work were rare. Male managers initially felt that this concern was a woman's private issue and presumed that female employees from their departments would not want to have such conversations with them on this topic, speaking to the invisibility of this issue in workplaces:

> 'I don't even know if every woman is comfortable discussing their personal matters like that with especially a male manager. Not that I have had any issues around it, but I have never had a discussion. Maybe it is something I need to think about going forward' (Manager 1, male).

The onus to ask for related support to manage breastfeeding and employment was therefore on the mothers. This was problematical as, consistent with our theoretical framework, mothers aimed to reduce stigma associated with maternity through strategies of secrecy. As illustrated in the following example, mothers often had to perform maternal body work (Gatrell, 2014) to keep their lactating bodies secret. This mother tried to regulate her body (in this case through reduced liquid intake), and was prepared to endure leaking and painfully swollen breasts daily, rather than request time and space for expressing breastmilk:

> 'It is embarrassing if it breaks through and milk spilling out […] so eventually I wouldn't even go and make myself tea or anything during the day just to prevent the milk supply from getting too much, but towards eleven o' clock or so in the mid-morning time my breasts would already be full and now I must still carry myself till three o' clock and still get home and get home after six. So, my body, I was just producing so much at that time and I was in pain every day'. (Mother 5).

Mothers wanted to be able to ask their managers for maternity and breastfeeding support without feeling that they were asking for special accommodations, or that such requests would jeopardize their careers. One mother admitted that despite knowing about the legislation, the only reason why she had the confidence to speak to her manager about taking breastfeeding breaks was because she herself was in a senior position with a private office. She added, however, that the demands of her senior position required her to be at numerous meetings each day, making it more difficult to protect time for expressing breastmilk.

> 'When I came back to work, I was very determined to carry on breastfeeding. I was very lucky that I had my own office … I did [express] for two months in total, but I think because of the environment I was in and not wanting to make it known that I was always expressing milk I would always leave it as far as possible to pump and it ultimately did affect it and it reduced the milk, so that after two months the milk just dried up. It wasn't a case of [her baby] not wanting to feed or me not wanting to pump or anything. It actually just dried up […] because I wasn't finding time between meetings to do so' (Mother 1).

Her manager, also a mother, expressed disappointment over her pregnancy due to its perceived negative impact on work performance. Consequently, the participant felt unable to request time to breastfeed during meetings, she added:

> 'There was no way I was going to make it known that I was now disrupting the workplace with my feeding and so it affected the way I fed … because of the fact that I was not going to say in-between a meeting – or something – that I was going to go now and pump. So, I had a few circumstances where it started leaking but thankfully it was nothing noticeable'.

We found that mothers were mostly unaware of breastfeeding colleagues as it was not spoken about. In the absence of visible role models, mothers who were expressing at work discreetly went to the bathroom to do so. Some mothers shared their anxiety about colleagues or their manager hearing their breast pump. Most mothers mentioned a need for a community of support, and sharing of experiences among co-workers, to reduce the secrecy and stress relating to combining breastfeeding and work:

> 'Nobody told you about that [about how it would be when you return to work], like the breast that is sore and the milk that leaks and just being uncomfortable and being wet sometimes, and we don't know what to do'. (Mother 7)

The concealment of these conversations in the workplace reinforces the assumption that maternity and breastfeeding are private sphere matters. Accordingly, workplace cultures fail to transform in ways that are sensitive to mothers' needs and experiences. For example, some mothers felt that co-workers and managers mistakenly viewed the demands of maternity leave as a holiday. Consistent with our theoretical framework, mothers tended to respond to these stereotypes by working even harder or 'supra-performing', aiming to overcome any stigma of mothers as underperforming:

> 'You come back from your maternity leave and then you are not expected to take vacation for the rest of the year … I took one day vacation leave and then after that I just lost like twenty days of vacation because you are too scared to take it because you took a four-month holiday and that is what it is called 'a four-month holiday' … ' (Mother 1).

Another mother articulated her sense of alienation after returning from maternity leave, feeling that she could not share her experiences with her team or voice her needs as a new mother. Rather, she felt that she could only speak about work tasks. A senior manager acknowledged, '*I think in general the work environment is still very discriminatory against females'* (Manager 1). These findings demonstrated the need to sensitize managers to the challenges faced by maternal and lactating workers, and for workplace solutions that help to replace strategies of silence with a culture that fosters open conversation about support needed, without women having to fear negative consequences.

The need for context-sensitive and practicable interventions

This theme demonstrates the implications of an unsupportive workplace culture for breastfeeding mothers and alludes to the need to normalize breastfeeding at work. That breastfeeding was still not considered a workplace issue was further reflected in the lack of dedicated private areas, other than a bathroom, for expressing milk at work. Only a few mothers could maintain exclusive breastfeeding by utilizing facilities which belonged to a different department, in a separate building across the road. However, with 30 min provided in the regulation for a breastfeeding break, there was limited time to express breastmilk in that facility while still feeling relaxed enough to pump milk.

Manager 4 stated that it only 'struck him' after he had met a mother in a lift who was on her way to express breastmilk in the building across the road. At this point he realized that there were practical elements to supporting breastfeeding mothers at work that he had not considered before, and reflected:

> 'Why is the facility not here? So why must a person go somewhere else and why was I not aware of any policies or facilities? … we could have the space, but I wouldn't quite know what it's got to look like. How do you think that could have been improved? I want to help but don't know how to'. (Manager 4, male)

As demonstrated here, organizations may have support measures in place to comply with legislation, however, they may be inadequate or impractical as they were developed without consultation with women about their needs.

While a workplace culture change takes time, our interviews identified several participants – both mothers and managers – who could become role models that the organization currently lacks. These role models could be catalysts for normalizing breastfeeding at work. For instance, immediate supervisors, who work in proximity with mothers before they go on maternity leave, are well positioned to discuss leave days for prenatal visits, and the full range of maternity benefits offered by the organization, including information on the right to breastfeeding breaks on return to work and the related workplace support available.

A senior manager acknowledged that mothers struggle to reintegrate into work after maternity leave. She felt responsible for easing their return and committed to finding out how to support their breastfeeding or childcare needs: '*It's not like I've got all the answers, but I mean if I don't have the answers, I will find the answers for them and I will link them up and so on'* (Manager 3, female).

Another manager, who was also an immediate supervisor to a mothers who recently had a baby, recognized toward the end of his interview that he had the capacity to play an agentic role in advancing support for breastfeeding at work:

> 'So, there is definitely a few discussions I need to have internally and also, like I said, it's definitely going to change my approach going forward … and not just take it for granted that they are doing whatever … we can have the conversation [on how we can] accommodate you and things like that'. (Manager 1, male)

Co-created breastfeeding support interventions

The interview findings revealed the complexity of empowering managers and mothers (and by extension, all employees in the workplace) through access to credible information and the need to normalize breastfeeding at work. It highlighted an existing gap in knowledge and implementation of policies, underscoring the importance of co-creating support measures with the users themselves to ensure that interventions are context-sensitive, practicable, and needs-based. Following the analysis of the initial interview data, which revealed specific challenges to breastfeeding at work, the I/O research team reframed the problem from the participants' perspectives, shifting the focus to idea generation through answering 'How might we … ' questions. For example, 'How might we enable a male middle manager to begin a conversation with their team about breastfeeding at work?' This allowed the research team to generate ideas for innovation. Two ideas were selected to convert to concepts using an impact-versus-effort matrix (Coyette et al., 2007). Ideas that would potentially have high impact and were easy to implement for immediate change in the practitioner context were selected.

The first was a webpage on the company intranet for both managers and (expectant) mothers, and the second, a conversation-starter cube for managers. In this phase, inexpensive materials such as cardboard and other craft materials were used to create mock-ups. In follow-up interviews, the same interview teams (one insider and one outsider) engaged the managers and mothers that were initially interviewed on whether the ideas of the webpage and the conversation-starter cube would help meet their respective needs to create and experience a breastfeeding-friendly workplace. These mock-ups, rather than finished concepts, were used to encourage the mothers and managers to freely contribute toward improving the interventions without feeling intimidated, thereby ensuring that the interventions were developed by, and not for them.

The study findings showed a need for the mothers for information on maternity protection that is both credible and accessible, because they were searching through several sources for information (e.g. company intranet and pregnancy websites), which was time consuming and frustrating. A maternity journey webpage was conceptualized to meet this need by having information in one place that speaks to the spectrum of the maternity journey from the context of a government employee. The topics were presented on a timeline from planning their pregnancy as a working mother, informing their manager, planning maternity leave, preparing for return to work, managing breastfeeding at work, and concluding with weaning their child. The webpage included sections for Human Resources advice on leave policies, and Practical Resources such as where to find breastfeeding rooms across the organization. In the follow-up interviews with the mothers from the initial interviews, we presented the mock-up webpage explaining

how it incorporated their needs for diverse information in one location. Feedback from the mothers to improve the innovation included: (1) A link on the webpage where mothers could share personal stories at different stages of their maternity journey to create a sense of community and to address the silence of this topic in the workplace, (2) A question and answer section on continuing working and breastfeeding, (3) Financial planning for maternity, and (4) A tab for more factual, medical-related breastfeeding advice such as how to treat breast congestion. The mothers also recommended several ways to raise awareness about the website to all employees, including notifications on desktop screensavers and advertising it on the inside of workplace bathroom doors (as a highly visible place).

For the managers, the I/O team created a conversation-starter cube that could be placed in a visible space such as a manager's desk, to address both their discomfort in having conversations on breastfeeding, and their lack of knowledge on breastfeeding at work. Each side of the cube had key probes to guide a manager through a conversation on breastfeeding at work with employees and improve their knowledge on the issue. Managers could use these probes to prepare in advance for a meeting with a pregnant team member and engage in further research should they need to improve their knowledge in any specific area. An example probe was: 'Did you know that allowing a breastfeeding mother to take her legislated breastfeeding breaks is not showing preferential treatment?'. This initial example demonstrates that the cube did not only serve to start conversations and provide information, but also to challenge stigmatizing myths and to begin shifting workplace norms and culture. We generated 20 probes (see Appendix) which were captured on cards, and we asked managers to rank six that they considered most effectual to appear on the surfaces of the cube. Across the managers selections, all but three of the probes were acknowledged as valuable. One of the prompts that was not selected by any manager was: 'Breastfeeding is not an on and off switch'. The managers also suggested other ways of using the probes such as on a stress ball or a deck of cards. By placing the tangible mock-up of the webpage and the conversation cube in the hands of the user (mothers and managers respectively), we created a sense of ownership toward the process of developing a final intervention. In this way both mothers and managers were enabled to identify shortcomings in the concepts and give further ideas for improvement through the follow-up interviews. Using quick feedback loops (Liedtka, 2017), their suggestions were incorporated into improved versions of the concepts to ensure that what was being developed addressed the context-specific needs of the users. The research team iteratively conducted two rounds of follow-up interviews with managers and mothers to refine the innovations until they sufficiently met their respective needs.

Discussion

Our study set out to develop a contextually-nuanced understanding of workplace breastfeeding support in a provincial government in South Africa, to inform tailored strategies to better support working women. An I/O research team adopted a PR approach that co-created potential interventions *with* mothers and managers, rather than *for* them. This approach allowed us to explore breastfeeding support in its specific historical and socio-cultural context (Longhurst, 2004) and confirmed the inadequacy of workplace policies that are developed using a top-down approach and without consultation with the

users themselves. Maternity protection policies are often designed without any consultation of those they seek to support and the benefits available at firm level not communicated to employees. A frequent implication of this is that policies are not taken up in practice due to ignorance, fear of negative consequences, or simply because the support available is inadequate. This so-called 'policy-practice gap' is a commonly observed phenomenon in organizational research globally (Lisbona et al., 2012; Stumbitz et al., 2018) and thus not unique to the South African context.

From the qualitative interviews we identified three core challenges to workplace breastfeeding support in the provincial government: (1) Lack of awareness and communicating of reliable information on maternity and breastfeeding rights, (2) Strategies of silence and secrecy that perpetuate breastfeeding as 'taboo' at work (c.f., Gatrell, 2007), and (3) Inadequate context-sensitive and practicable interventions to supporting maternity and breastfeeding at work. The remaining phase of the research was used to co-create two potential interventions designed with and from the experiences of the mothers and managers to help overcome the challenges identified: (1) a website aimed to inform mothers and managers about maternity and breastfeeding rights, to empower mothers through access to credible information by experts as well as by providing a space for mothers to share their own stories of managing work and breastfeeding; and (2) the conversation starter cube which provided managers with a tangible way to begin conversations with pregnant women and their co-workers, and help challenge stigmatizing myths, thereby beginning to shift workplace norms and culture. These interventions aimed to normalize breastfeeding in the workplace and navigate the contradiction between breastfeeding mothers' realities and the ideal male worker norm (Al-Attas & Shaw, 2022; Sabat et al., 2022).

Theoretical implications

Ideal workers vs breastfeeding mothers. The three key challenges to workplace breastfeeding support identified through the interviews – the lack of awareness and communicating of maternity and breastfeeding rights, workplace culture characterized by strategies of silence, secrecy, and supra-performance, and lack of adequate support, demonstrate the persistence of the ideal worker ethos consistent with our theoretical framework. While these challenges for breastfeeding women returning to work are not unique to the South African context and might be similar globally, there is a need for local, context-sensitive responses that reflect the realities of the organization and its employees.

The context-embeddedness of breastfeeding. The PR approach illustrated the importance of considering the socio-economic and cultural context. Where workplace breastfeeding support is available, its nature tends to be determined by universal international policies with little attention to the context specific support needs of breastfeeding women. In South Africa, the government's attention to broader systemic issues like severe poverty, malnutrition, inequality, and rampant unemployment leads to limited resources. This constrains efforts to provide optimal breastfeeding support, including private rooms and electronic pumps commonly recommended in studies from wealthier nations. Our study demonstrated the need to co-create support measures with breastfeeding mothers themselves, to ensure they were practicable, targeted, and needs based. Additionally, an entrenched patriarchal societal culture makes organizational culture change efforts to foster gender equality and breastfeeding support more challenging.

Policy and practice implications

A key finding was that the translation of a set of policies into behavior changes in practice represents a complex challenge. While there was general ignorance about the legislative and organizational policy frameworks, shifting the knowledge of managers and employees about workplace breastfeeding support requires far more than simply sharing information about existing regulations.

Important to note was that all the managers, once sensitized about the challenges faced by the breastfeeding mothers, empathized with them and were willing to start providing more proactive support. Proactive support from managers promotes open communication about maternal needs for working mothers (Sabat et al., 2022) and is positively associated with breastfeeding continuation (Costantini et al., 2021). Both the cube and website are useful tools through which to support a shift in awareness, knowledge, and behaviours amongst managers. The managers further requested assistance on how to begin having conversations on breastfeeding at work among all employees not only mothers, hence the value of the conversation starter cube.

Additionally, the study findings informed the updating of the provincial government's Department of Health's 2012 policy document which previously only contained the legislation. The policy document has now been expanded to address all elements required to support and protect breastfeeding in the workplace. Additionally, the research assisted the provincial government in identifying the preferred method of support for managers and employees toward creating a breastfeeding-friendly workplace. The collaborative approach was instrumental in not only exploring the complexities of promoting breastfeeding in the workplace, but also that more traditional policies and policy-making processes may be unlikely to effectively respond to the needs of mothers and managers. It therefore expanded the policy conversation and offered new avenues of exploration, joint action, and further research projects. However, our findings and the literature suggest that these measures would need to be embedded in a wider process that proactively seeks to empower staff and incentivise a change in organizational norms toward gender sensitivity and empathetic leadership. Managers embedding a new practice such as breastfeeding in the workplace must first pay attention to the social processes such as opportunities to equalize access to participate in the practice, and then to be involved in group processes to embed this as learning. Managers should also pay attention to power and incentive-structures that enable or constrain participation of different marginalized groups of women. This is because these practices must be embedded against existing strong patriarchal norms (as relates to breastfeeding, and more generally, to a gendered set of expectations about what is normal in workplaces).

Support for mothers combining breastfeeding and working specifically, and employees combining care work and employment generally, should target all employees, not just women. Furthermore, emphasis should be placed on building the relationship between supervisors and their staff. For example, supervisors can work creatively with schedules to help mothers meet their breastfeeding at work or other care needs (Mabaso et al., 2023). A greater sense of inclusion for employees may foster high quality relations with supervisors and co-workers, improve job satisfaction, organizational commitment, job performance, and wellbeing (Shore et al., 2018).

Limitations and future recommendations

This exploratory study has some limitations that should be considered. The provincial government, as the largest employer in the province offers a diverse range of employment contexts (e.g. in the field, in hospitals, and on the road) and employee types (e.g. unskilled to specialized). However, the study sample may not fully represent this diversity as most participants were in office jobs. Future research should pilot the two interventions among a range of diverse employees and managers across more departments, increasing the sample size. Senior managers' limited participation due to busy schedules potentially skewed the findings. Future studies could have an inclusive representation across managements levels, including first line supervisors and middle management, as well as elicit the voices of co-workers (Zhuang et al., 2019). Conducting interviews at workplaces may have inhibited mothers from openly discussing negative experiences. Additionally, the overrepresentation of professional mothers limits the application of findings to other job levels. Our results may be most applicable to professional women in countries with similar demographics and maternity benefits as South Africa. A significant limitation was the reliance on retrospective recall from both mothers and managers, which could introduce memory biases and inaccuracies. The lack of real-time observational data on return-to-work behaviours and maternal body work management further constrained the study. To address these limitations, future research could consider longitudinal designs with real-time data collection. Finally, the onset of COVID-19 prevented any further progress on the take-up of the innovations, as these two government departments (Social Development and Education) were significantly affected by the ramifications of the pandemic. The COVID-19 pandemic has potentially reshaped workplace dynamics. Future studies could include an implementation and evaluation study of these innovations, as well as studies that examine the long-term impact of lockdown-induced changes on flexible working arrangements, such as remote work and flexible hours, and their effects on continued breastfeeding. Such findings could inform new ways of working for breastfeeding mothers for their first six months of their child's life and can guide practice and policy with regards to supporting pregnant and new mothers, as well as managers. However, again we caution against a universal approach to such efforts (Jaga, 2020). Context and intersectionality should be prioritized as research has shown that mothers with lower educational qualifications, difficult living circumstances, and from Black and minority ethnic backgrounds were more likely to have experienced negative effects of the lockdown and ceased breastfeeding (Brown & Shenker, 2021). Future research should explicitly consider these factors to ensure that interventions and policies are equitable and effective across diverse populations.

Acknowledgements

Our sincere appreciation goes to Nicolette Henney, Aa-ishah Petersen, Thembisa Blom, and Yusra Price for their valuable contributions to the project. We also thank Robert Morrell for helpful feedback during the manuscript development.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This publication is based on research that has been supported by the Cape Higher Education Consortium (CHEC WCG JTT award).

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Appendix: Potential Probes for Conversation-starter Cube

1. What role can I play as a manager in supporting a pregnant / breastfeeding worker?
2. Breastmilk production doesn't stop when the woman (mother) returns to work.
3. Breastfeeding is not an on and off switch.
4. Did you know the Basic Conditions of Employment Act gives mothers two 30min breaks per day for breastfeeding?
5. Supporting mothers in the workplace will increase productivity.
6. Do we have a safe and clean space for breastfeeding mothers (to express and store milk)?
7. Have you spoken to your pregnant employee about her rights and options to breastfeed?
8. How will we store expressed breastmilk? / What facilities do we have to store breastmilk?
9. What is your understanding of breastfeeding in the workplace?
10. Did you know that breastfed children have a greater chance of survival?
11. Supporting breastfeeding women at work lowers absenteeism.
12. What have you done to make your work environment mother friendly?
13. Are you aware of the father's role in breastfeeding?
14. How do you think male colleagues can support a mother's breastfeeding at work?
15. Did you know that allowing a breastfeeding mother to take her legislated breastfeeding breaks is not showing preferential treatment?
16. Did you know that breastfeeding benefits everyone and not just the baby?
17. Did you know that it's perfectly fine for a mother to breastfeed in the workplace?
18. Are you aware of the employee wellness program at WCG?
19. Returning to work can be an adjustment for the mother and the team.
20. Have you checked on the wellness of the new mother since their return to work after maternity leave?