

**IMPORTANCE OF CREATING BREASTFEEDING FACILITIES FOR  
LACTATING MOTHERS AT THE WORKPLACE: A CASE OF  
SAFARICOM KENYA LIMITED**

**BY**

**JERCYNTER A. KOBALA**

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## DECLARATION

This research project is my original work and has not been presented for examination in any other University.

Signature:.....Date:.....

Jercynter A. Kobala

(N69/71774/2014)

This research project has been submitted for examination with my approval as the University supervisor

Signature:.....Date:.....

Dr. Charles Owuor Olungah

## **DEDICATION**

To my dearest husband Richard Kobala for unwavering support and inspiration. To our children, you flower our lives with joy every single day. I am delighted beyond your imagination to have you in my life.

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## LIST OF ABBREVIATIONS AND ACRONYMS

<b>CCK</b>	Communication Commission of Kenya
<b>CRC</b>	Convention on the Rights of the Children
<b>DC</b>	District of Columbia
<b>GoK</b>	Government of Kenya
<b>HQ</b>	HeadQuarters
<b>HR</b>	Human Resource
<b>IAGAS</b>	Institute of Anthropology, Gender and African Studies
<b>IDI</b>	In-depth interview
<b>ILO</b>	International Labour Organization
<b>JCC</b>	Jambo Call Centre
<b>KDHS</b>	Kenya Demographic and Health Survey
<b>KII</b>	Key Informant Interviews
<b>KNNAP</b>	Kenya National Nutrition Action Plan
<b>MoH</b>	Ministry of Health
<b>NACOSTI</b>	National Commission for Science, Technology and Innovation
<b>PBC</b>	Perceived Behaviour Control
<b>SCC</b>	Safaricom Care Centre
<b>TPB</b>	Theory of Planned Behaviour
<b>TRA</b>	Theory of Reasoned Action
<b>UK</b>	United Kingdom
<b>UNICEF</b>	United Nations Children’s Fund
<b>US</b>	United States
<b>WIC</b>	Women, Infants, and Children

## **ABSTRACT**

This was a cross sectional descriptive study exploring importance of creating breastfeeding facilities for lactating mothers within Safaricom Kenya Limited. Thus, the study sought to: examine the facilities put in place for breastfeeding mothers, understand the benefits of breastfeeding spaces to mothers and Safaricom and establish challenges faced by breastfeeding mothers at the workplace. The study was guided by the theory of planned behaviour and data collected through in-depth interviews and key informant interviews. The data was analyzed through constant comparative approach which is consistent with the grounded theory and presented according to themes informed by the study objectives. The findings indicate that breastfeeding facilities put in place by Safaricom Kenya Limited play a significant role in the realization of optimal breastfeeding objectives. Thus the facilities serve to meet the feeding on demand basis, exclusive breastfeeding duration beyond the 90-day maternity leave as well as ensuring great outcomes on the growth and development of the infants. Among the facilities put in place include: Day-care centre equipped with milk storage facilities and running water, lactation breaks, standby health worker and caregivers for the children. Further, workplace support including training and availability of breastfeeding handbooks for new mothers has been put in place by Safaricom. The facilities however, are faced by a number of constraints including: conflicts between the lactating employees and departmental supervisors on over-stayed breaks and the feeling of embarrassment of public breastfeeding. The study recommends that there is an urgent need to address the perception by mid-level management that workplace breastfeeding might undercut the performance of female employees giving it a distractive face. Further, there is need for a study on the experiences of female employees employed in the informal sector with regards to exclusive breastfeeding.

## **1.0 CHAPTER ONE: BACKGROUND TO THE STUDY**

### **1.1 Introduction**

A large body of epidemiological studies suggests that breastfeeding is associated with significant health benefits for children. These benefits are wide ranging, including lower incidences of asthma, allergy and respiratory illnesses, fewer infections of the gastrointestinal tract, middle ear and urinary tract with consequently lower rates of hospitalizations (American Academy of Pediatrics, 1997; Quigley *et al.*, 2007).

Breastfeeding mothers are also found to be less likely to develop breast or ovarian cancer and to exhibit a lower incidence of type II diabetes (Ip *et al.*, 2007). In the recent past, research has found positive effects of breastfeeding on children's psychosocial and cognitive development (Sacker *et al.*, 2006; Iacovou and Sevilla-Sanz, 2010; Heikkila *et al.*, 2011; Del Bono and Rabe, 2012; Rothstein, 2012).

Public health campaigns aimed at promoting breastfeeding for mothers returning to work advocate breastfeeding support at the workplace and emphasize two important potential benefits to employers. Breastfeeding mothers may be absent from work less because their babies suffer from fewer illnesses, and employers who support breastfeeding at work may be more successful in retaining their employees (Maternity Alliance, 1997). However, there is very little empirical research into whether these benefits do in fact accrue to employers. The main exception is a study on maternal absenteeism conducted in the U.S. which found that infants of breastfeeding mothers exhibit fewer severe illnesses and rates of maternal absence up to three times lower than those of mothers with formula-fed babies (Cohen *et al.*, 1995).

Breastfeeding provides unique health advantages to both the infant and mother (Ip *et al.*, 2007) and thus a breastfeeding friendly workplace for the employed mother is recommended to increase the initiation and duration of breastfeeding (Mills, 2009; Wyatt, 2002; Ortiz *et al.*, 2004; Cohen and Mrtek, 1994). In a breastfeeding-friendly workplace, the provision of lactation rooms and breast pumping breaks for female employees to express breast milk for children is a critical element and may increase a mother's intention to continue breastfeeding after returning to work.

On the basis of this evidence, numerous public health agencies promote initiatives to increase the incidence and the duration of breastfeeding especially amongst the working mothers. The American Academy of Pediatrics (2005) recommends exclusive breastfeeding for the first six months of a child's life and then continued breastfeeding through at least the first year. The World Health Organization (2001) goes even further, recommending breastfeeding alongside solid foods for up to two years. Despite these efforts, rates of breastfeeding in most developed countries remain largely below the proposed targets. For example, in 2002 about 70% of mothers in the United States initiated breastfeeding in hospital, but only 33% were still breastfeeding when their child was six months old (Abbott Laboratories, 2003). For the UK, about 76% of mothers' breastfeed soon after birth and more than a third of them stops by six weeks (Bolling *et al.*, 2007).

Attempts to encourage breastfeeding in the workplace can be sorted into 3 types: employers' voluntary initiatives, support services offered by non-profit and other private entities, and government encouragement and requirements.

Evidence suggests that employers may reap net economic benefits by enabling women to combine work with breastfeeding and breastfeeding-friendly working environments could benefit employers as well as employees. There is an emerging consensus that these types of practices can be divided into two groups. Some policies such as the provision of on-site nurseries, flexible working hours, working from home, and job sharing - are mainly productivity enhancing (Lehrer *et al.*, 1991; Brown and Sessions, 1996; Hill et al., 2001, Heywood and Jirjahn, 2004; Eldridge and Pabilonia, 2007) and therefore, might be offered at no extra cost to employees. Other policies such as the provision of longer maternity leaves are mainly costly to the employer and associated with wage reductions (Heywood et al., 2007).

Barriers at the workplace might exacerbate the problem, contributing to many women's decision to stop breastfeeding long before the minimum period recommended. According to data from the 2005 UK *Infant Feeding Survey*, among women who are at work by the time the child is four months old, the incidence of breastfeeding is 25.1%, while the corresponding percentage for non-working mothers is 34.0%. Similarly, at six months after birth, only 15.7% of working mothers are still breastfeeding, against 27.4% of non-working mothers.

Women frequently attribute early weaning to unsupportive work environments (Ortiz et al., 2004). Lack of privacy and adequate time to express breast milk are also cited as barriers. Raju (2006) states that impediments to breastfeeding at workplace include employers' perception that the presence of infants in the workplace reduces mothers' productivity, regulations and other rules that bar children from the workplace, and a lack of child care clause to the workplace.

Although the decision to breastfeed is a personal one for every mother, the choice not to breastfeed often results from a lack of support (Kong & Lee, 2004). Support for breastfeeding can come from health care providers or institutions, community or social organizations, cultural expectations, or family, peers, co-workers, managers, or occupational health nurses. Many women struggle to balance work and family, and breastfeeding can place an additional strain on this balancing act. Thus, the study set to examine the importance of creating breastfeeding facilities for lactating mothers at work place, of which, Safaricom Kenya Limited was selected as the study site.

## **1.2 Problem Statement**

The nutritional, immunological, psychological and economic benefits of breastfeeding are well documented (Barber-Madden, 1987). Both UNICEF (2002) and The World Health Organization (2001) recommend that mothers should breastfeed exclusively for at least 6 months. Studies by Gielen *et al.* (1991), Chuang *et al.* (2007) and Hawkins (2007) have confirmed the benefits of breastfeeding to infants and mothers in the postpartum period. However, despite the documented benefits, Charterji and Frick (2005) posit that most employers are of the contrary opinion and assume that breastfeeding at the workplace entails some fixed costs such as purchasing special clothes, attending classes and psychological adjustments; hence, these views reinforce a negative relationship between maternal labour supply and breastfeeding which in turn challenge the drive towards achieving absolute breastfeeding practices among working mothers.

The aforementioned studies on work place breastfeeding have largely focused on the costs to the employers without examining the social and health benefits of the workplace breastfeeding facilities to the mothers and infants that would be reflected in the labour



outputs. Moreover, these studies have largely been carried out in the Western world through surveys and quantitative approaches creating a lacuna of knowledge on ethnographic and lived workplace experiences of breastfeeding mothers with the lactation facilities. In order to document the experiences of working mothers benefitting from the available facilities, this study assumed a qualitative approach that helped in teasing out the day today feeding patterns of the mothers at the workplace. More specifically, the lived experiences of the beneficiaries, the costs involved in workplace breastfeeding, the advantages of the provision of facilities to the company and the mothers at the workplace and the challenges faced by lactating employees and the employer have been illuminated in the study. To this end, the study was guided by the following set of research questions:

- i. What facilities have been put in place by Safaricom Kenya Limited for the breastfeeding mothers?
- ii. What are the benefits of workplace breastfeeding to the mothers and to Safaricom Kenya Limited?
- iii. What are the challenges faced by breastfeeding mothers and Safaricom Kenya Limited?

### **1.3 Study Objectives**

#### **1.3.1 Overall Objective**

To assess the importance of creating breastfeeding facilities for lactating mothers within Safaricom Kenya Limited.

### **1.3.2 Specific objectives**

- i. To find out the facilities put in place by Safaricom Kenya Limited for breastfeeding mothers.
- ii. To tease out the benefits of breastfeeding spaces to mothers and Safaricom Kenya Limited.
- iii. To establish the challenges faced by breastfeeding mothers and Safaricom Kenya Limited.

### **1.4 Assumptions of the study**

- i. There are existing breastfeeding facilities and supportive policies within Safaricom Kenya Limited.
- ii. Workplace breastfeeding facilities benefit the mothers as well as Safaricom Kenya Limited.
- iii. There are challenges in the provision and utilization of the breastfeeding facilities in Safaricom Kenya Limited.

### **1.5 Justification of the study**

The findings of this study stand to demonstrate how current breastfeeding practices at the workplace can help in the realization of the Kenya National Nutrition Action Plan 2012-2017 which aims at improving exclusive breastfeeding and complimentary high quality foods to infants and newborns. The study findings provide evidence that supportive work environment not only build the confidence of lactating mothers but also encourage breastfeeding within this group after returning to work. Consequently, the breastfeeding mothers are able to delay weaning of the babies.

The findings add to the literature on maternal health and child nutrition in general but breastfeeding and workplace climate in particular. Thus, the importance of the provision of facilities to the employer as well as the employee in terms of increased production or output and if possible, cascade the practices to all the companies in Kenya. The cascading has the potential of increasing the number of women in the workforce and also enabling them to balance child care and professional growth.

### **1.6 Scope and limitations of the study**

This study was carried out in Nairobi City County, Kenya. Particularly, the study examined the facilities put in place by Safaricom Kenya Limited to encourage workplace breastfeeding, the benefits of breastfeeding to lactating mothers and Safaricom Limited Company and the challenges that lactating mothers face with respect to breastfeeding at the workplace.

The study was limited to lactating mothers working within Safaricom Kenya Limited. Thus, the study did not take into consideration mothers within the public sector and informal employment leaving the experiences of lactating employees in these sectors out. The study being qualitative in approach and as such, has not established quantitative trends and patterns on workplace breastfeeding practices across different centres within Safaricom Kenya Limited, however, the triangulation of data collection methods ensured that data collected is not only rich enough to answer the study questions but also offer insights into the workplace breastfeeding practices.

## **1.7 Definition of key terms**

**Breastfeeding:** The process of feeding infants or young ones on breast milk.

**Breastfeeding facilities:** These are facilities, breaks and policies put in place at the workplace for lactating mothers.

**Workplace:** The work environment including facilities and policies governing operations within these facilities.

**Lactating mothers:** Mothers who have given birth and are still in the process of breastfeeding their babies up to a period of one year.

## **2.0 CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

This chapter reviews literature related to breastfeeding practices among working mothers. The literature is reviewed using the following sub-headings: workplace and breastfeeding practices, importance of breastfeeding for lactating mothers, employer support for breastfeeding mothers, the benefits of workplace breastfeeding and challenges to workplace breastfeeding. The chapter ends with a discussion on the theoretical framework that guided the study.

### **2.2 Workplace and breastfeeding practices**

The notion of workplace interventions for breastfeeding working mothers has been widely discussed under the broader umbrella of workplace breastfeeding support programmes. Literature asserts that workplace breastfeeding support programmes aim at accommodating the rights of breastfeeding mothers and breastfeeding babies and these women do this by offering various logistic arrangements at the workplace (Katcher and Lanese, 1985).

According to Bonoan (2000), workplace lactation support programmes have been viewed as planned and collective efforts of a company to assist breastfeeding mothers via specialized arrangements. Literature demonstrates that these programmes serve as a work-life conflict resolution strategy and as an avenue for promoting work-life balance among working mothers (Carden and Major, 2005; Seijts, 2004).

The review by Kong and Lee (2004) indicates that mothers' workplace settings have a deep impact on their decision to continue or discontinue the breastfeeding practices. In addition, several publications have revealed that the presence of workplace lactation support programmes enhances working mothers' capacity to continue breastfeeding along with employment (Barber-Madden *et al.*, 1987; Hill *et al.*, 1997). One of the studies reveals that female employees, who received support from employers and workplace, described their experiences as "the best experience affecting breastfeeding" (Anderson *et al.*, 2006). This indicates that the presence or absence of workplace interventions can impact the breastfeeding practices of working mothers, and these interventions could be viewed as mother and baby friendly initiatives at workplace settings.

Working mothers are one of those groups who often find it challenging to continue breastfeeding with employment, especially if workplace support is minimal or missing (Rojjanasrirat, 2004; Johnston and Esposito, 2007). Studies conducted among American working mothers reported that early cessation of breastfeeding was greater among employed mothers (Hill *et al.*, 1997; Lewallen *et al.*, 2006), and mothers who returned to work after childbirth reported to have a 6–9 weeks shorter duration of breastfeeding as compared to mothers who stayed at home (Arlotte *et al.*, 1998). The problem of early cessation of breastfeeding among employed mothers indicates that at each country level, there is a need to extend support to these mothers to sustain their breastfeeding practices.

### **2.3 Workplace interventions for breastfeeding working mothers**

Findings from the literature reveal that for the successful implementation of such programmes, workplace interventions must be designed at multiple levels (Chen *et al.*,

2006). It is emphasized that collective efforts are required at the level of employee, employer, and workplace to promote a balance between breastfeeding and employment (McIntyre *et al.*, 2002). Therefore, the following workplace interventions have been identified from literature for supporting employed mothers to continue breastfeeding.

### **2.3.1 Educating and guiding working mothers about breastfeeding**

At the level of working mothers who breastfeed, provision of knowledge and guidance about strategies to manage breastfeeding with employment is one of the most essential interventions to promote breastfeeding practices among working mothers (Johnston and Esposito, 2007). This intervention is considered as one of the essential elements of workplace lactation support programmes (Cohen *et al.*, 1995; Katcher and Lanese, 1985). Literature further emphasizes the importance of enhancing mothers' knowledge about breastfeeding to enable them plan and manage breastfeeding with their work (Lewallen *et al.*, 2006). A study conducted among American mothers emphasizes that breastfeeding working mothers could be assisted for successful breastfeeding through provision of accessible educational services to them, as well as to their mothers and mothers-in-law (Arlotte *et al.*, 1998).

Findings from a qualitative descriptive study conducted among fifty (50) American mothers highlight the importance of assisting breastfeeding working mothers to plan strategically and to hold a positive attitude towards breastfeeding (Rojjanasrirat, 2004). Another United States based qualitative study on working mothers further highlights the importance of provision of prenatal and postnatal breastfeeding information and practical assistance to working mothers to enable them decide the best suited method to feed their babies after returning to the workplace (Thomson and Bell, 1997).

Further, a study conducted in Dhaka, on 238 Bangladeshi working mothers, emphasizes the importance of enhancing working mothers' knowledge about breastfeeding and maternity entitlements at the workplace (Haider and Begum, 1995).

### **2.3.2 Enhancing employers' awareness about breastfeeding**

Employers can help to promote breastfeeding practices in working mothers, and so it has been argued that raising employers' awareness about benefits of breastfeeding is one of the essential interventions at workplace settings (Thomson and Bell, 1997). While valuing the importance of employers' and managements' know-how about the benefits of breastfeeding accommodation at the workplace, research findings reveal that a well aware employer could instil receptivity among co-workers with regard to breastfeeding accommodation for employed mothers (Seijts *et al.*, 2007).

Also, an Australian-based project that aimed at promoting a balance between breastfeeding and employment indicated that dissemination of educational material to workplaces helped employers in revisiting their existing workplace policies; therefore, designing assistance programmes for employers has been recommended to maximize the implementation of breastfeeding support at the workplace setting (McIntyre *et al.*, 2002).

While the notion of raising employers' awareness about breastfeeding has been widely supported by several authors, literature underscores that interventions for employers must move beyond the arena of providing information to them and employer focused interventions must be strong enough to challenge their negative attitude towards breastfeeding (Gatrell, 2007).



### **2.3.3 Arranging physical facilities at workplace**

To promote breastfeeding practices among working mothers, another widely discussed intervention includes arranging physical facilities at workplace settings (Lewallen *et al.*, 2006). The commonly discussed physical facilities include: onsite child care, breast pumps, storage facilities, privacy and, most importantly, provision of time to breastfeed or express breast milk.

Lewallen *et al.* (2006) argue that working mothers must be provided with facilities to avail breastfeeding breaks, pump breast milk, and store breast milk hygienically at workplace settings. Further, they assert that long term breastfeeding could be encouraged among employed mothers via workplace initiatives through provision of private, clean pumping locations and regular breaks for pumping breast milk. Also, while supporting the notion of physical facilities at workplace, a quantitative study conducted at one of the workplaces in New Jersey, revealed that out of 38 participants, working mothers who were a part of a workplace breastfeeding support programme, 22 continued breastfeeding for a longer duration (mean duration 11.7 months, range 4–24 months) as compared to 16 mothers who only availed maternity leaves (mean duration 6 months, range 1–18 months) ( Katcher and Lanese, 1985).

Besides the above, a quasi-experimental study conducted at two corporations in the United States reveals that provision of physical facilities and equipments like breast pump, breast milk storage facility, pumping room, and privacy enabled 59 working mothers in the breastfeeding group to continue their breastfeeding practices; thus, the reported illness rates among their babies were three times lesser than in the formula-fed babies (Cohen *et al.*, 1995). This finding indicates that logistic arrangements facilitate

breastfeeding promotion as a primary outcome and lower illness rates among breastfed babies, as a secondary outcome.

Furthermore, their study describes breastfeeding accommodation at workplace as provision of a private room with a breast pump, refrigerator, sink, and desk to enable working mothers to breastfeed or express milk at work.

Findings from another study also report the arrangement of a private room for breastfeeding as being the cheaper and easier aspect of implementation (Seijts and Yip, 2008). Moreover, a mix methods study conducted in Thailand highlights the importance of having private space to breastfeed, flexible timetable, breastfeeding breaks, and child care facilities to promote breastfeeding practices of working mothers (Yimyam *et al.*, 1999). Also, a United States based retrospective study, on 462 women, reveals that the provision of prenatal counseling, counseling facilities, privacy, equipment for pumping, and breastfeeding breaks, under a company sponsored lactation support programme, enabled 97.5% mothers to initiate breastfeeding and supported them to continue breastfeeding till the mean age of 9.1 months (Ortiz *et al.*, 2004).

#### **2.3.4 Flexibility in work environment**

Mothers' workplace environment plays a vital role in enabling or disabling mothers to continue breastfeeding practices along with employment (Johnson and Esposito, 2007; Wright and Schanler, 2001).

There is a general support of the argument that, along with other interventions; provision of flexibility at workplace settings is an essential intervention (Barber-Madden *et al.*,

1987). While highlighting job flexibility as one of the interventions at the workplace, literature recommends that flexible work hours and paid maternity leaves could enhance breastfeeding mothers' capacity to continue optimal breastfeeding (Wright and Schanler, 2001).

Also, some United States based studies support the notion that a flexible work environment facilitates breastfeeding continuation among lactating working mothers (Haider and Begum, 1995; Kimbro, 2006). Furthermore, study findings by some other researchers suggest that flexibility and provision of facility at the workplace could increase breastfeeding initiation rates among working mothers (Noble, 2001).

### **2.3.5 Mother and baby friendly policies**

Besides other interventions, several study findings reveal the importance of having mother and baby friendly policies to support breastfeeding continuation. A Hong Kong based cross-sectional study suggests that, "Policies can validate employees' right to provide their milk for their children, even when individual supervisors or co-workers are less than supportive" (Dodgson *et al.*, 2004: 45). This reveals that presence of breastfeeding policies could secure rights of breastfeeding mothers at workplace settings.

One of the cross-sectional studies conducted at a Taiwanese semiconductor manufacturer plant reports that presence of breastfeeding policies at the workplace and having awareness about them influences the initiation rates of breastfeeding among working mothers. However, differences exist in breastfeeding continuation among office workers and fabricating workers due to differences in job flexibility and working environments or

both. Hence, the study revealed that along with supportive policies, flexibility in workplace is also essential (Chen *et al.*, 2006).

Case studies in Ireland, Sweden, and the United States, highlight the importance of breastfeeding supportive policies that include: paid parental leave policy, child care policies, and workplace policies for the promotion of breastfeeding (Galtry, 2003). Also, findings from a prospective survey conducted in Washington, DC reveal that a breastfeeding friendly maternity leave policy should be employed to support breastfeeding mothers (Kurinij *et al.*, 1989).

A Canadian study indicates that provision of extended maternity leave, of more than three months, could enhance breastfeeding duration among working mothers. Also, two other studies have emphasized that longer duration of maternity leaves serves as a powerful predictor for sustaining breastfeeding practices of working mothers (Foo *et al.*, 2005; Olang *et al.*, 2009).

#### **2.4 Employer support for breastfeeding mothers**

Employers can play an important role in successfully combining breastfeeding and full-time employment by new mothers. Employees who have specialized knowledge and skills are a valuable asset to companies and given the high cost of recruiting and training, employers may be willing to negotiate with breastfeeding employees (Zinn, 2000). The occupational health nurse has a unique opportunity to support the breastfeeding mother and provide a safe, encouraging environment. The occupational health nurse is an advocate for working mothers and an educator for employers (Corbett-Dick & Bezek, 1997).

As the occupational health nurse develops a lactation program, space and time to facilitate pumping for the breastfeeding mother should be considered, at a minimum. Although breastfeeding mothers do not need a large space to pump milk, they do need a private space with a locking door and access to a sink with clean, running water. This infrastructure if well developed can demonstrate and communicate support for a workplace lactation program by the employer. It is essential that policies outline the company's responsibilities to the mother, as well as the breastfeeding mother's responsibilities to the company (U.S. Department of Health and Human Services, 2008).

Studies of employers reveal varying degrees of knowledge regarding the benefits of breastfeeding for employers. Employer attitudes and practices toward breastfeeding mothers can be affected by personal experiences and knowing that employees are actually expressing milk in the workplace, as many mothers do not reveal this practice (Mills, 2009).

In the studies by Dunn et al. (2004) and Witters-Green (2003), it was revealed that employers may be unaware of the benefit that supporting breastfeeding provides the business, and few know the benefit of breastfeeding to the infant and mother. Dunn et al. (2004: 77) assessed breastfeeding practices among 157 businesses ranging from fewer than 50 employees to more than 500 employees. The common theme among those surveyed was that employers are not knowledgeable about the benefits of breastfeeding for employees. This lack of knowledge contributes to the attitude that accommodating breastfeeding mothers is a "non-issue." However, 70.5% of employer respondents did indicate that if approached, they would support employees' breastfeeding needs.

Libbus and Bullock (2002) surveyed employers from the service, manufacturing, and educational sectors and found mixed results regarding employers' attitudes towards breastfeeding in the workplace. Although 71% of the respondents supported a woman who wants to breastfeed or express milk at work, only a small proportion of employers appeared to see the value in promoting breastfeeding (18% to 25%) or breastfeeding as a strategy for decreasing absenteeism (25%). In addition, only 18% of the employers believed breastfeeding was a recruitment tool.

Brown et al. (2001) took a social marketing perspective to explore small and large employers' knowledge, attitudes, and practices regarding providing support for employees. They found that although employers recognized the benefits for the employee and the employer, high priority was not placed on providing the services. The employers identified employee demand as a motivator to provide such services. Many of these employers have been approached by employees regarding the need for space and time to breastfeed or express milk at work. Barriers to providing breastfeeding support were also recognized, including the lack of private, appropriate space, lack of schedule flexibility, poor employee relations, decreased productivity, and concern about financial or liability issues.

Finally, Witters-Green (2003) randomly sampled 14 employers, small and large, regarding their views on breastfeeding. None of the employment sites had a formal policy regarding breastfeeding, and two of the employers said they knew of no benefits of breastfeeding. None of the employers could name the company benefits that could result from a breastfeeding program. Fifty percent of the employers indicated only a bathroom or bathroom stall was available for mothers to express milk and have privacy.

Regarding break flexibility, most of the employers indicated that breaks could be scheduled around the mother's needs as long as the customer's needs were met first, there was assurance the employee's work was completed, and the job was covered by others while the employed mother was away on break to pump.

It is these adverse viewpoints and opinions that constrain choices for the breastfeeding mother. Dunn et al. (2004) concluded that some employers felt breastfeeding was a personal choice and not the responsibility of the employer. In contrast, Brown et al. (2001) found that employers recognized the value and benefits of breastfeeding, but did not place priority on providing the services and support that a woman needs to continue breastfeeding upon return to work.

Consistent barriers across the studies were time and private space that would allow for expressing milk and equipment. Employers felt that as long as customers, productivity, and other employees did not suffer due to the absence of the breastfeeding mother, then expressing milk or breastfeeding was allowed (Brown *et al.*, 2001; Witters-Green, 2003). Some employers view the bathroom as an acceptable lactation facility. The minimum equipment needed to support breastfeeding includes a sink to wash hands and a place to store pumped milk; however, equipment such as hospital-grade pumps was rarely provided.

## **2.5 The benefits of workplace breastfeeding**

Reduced health care and insurance costs have been noted by businesses that support breastfeeding mothers (U.S. Department of Health and Human Services, 2008). Ball and Wright (1999) estimated a savings for employers of between \$331 and \$471 in health

care expenditures per infant that is exclusively breastfed for 3 months. The U.S. Breastfeeding Committee (2009) reports that for every \$1 invested to support breastfeeding, there is an impressive net return.

Breastfeeding has been associated with a decrease in parental employee absenteeism as a result of a sick child (American Academy of Pediatrics, 2005; Association of Women's Health, Obstetric and Neonatal Nurses, 2008; Dunn et al., 2004; Libbus & Bullock, 2002; Witters-Green, 2003). Mothers (and fathers) of breastfed infants spend less time at home, away from their work environment, to care for a sick infant (U.S. Department of Health and Human Services, 2008).

In addition, improved morale, decreased turnover, and increased retention of experienced employees have all been noted as benefits to employers (Ortiz *et al.*, 2004). Brown et al. (2004) identified that employers who support breastfeeding in the workplace contribute to mothers' peace of mind, decreasing stress and increasing productivity. In addition to the financial benefits to the employer, "mother friendly" has been identified as a successful recruitment tool (Libbus & Bullock, 2002), highlighting the business as an industry leader.

### **2.5.1 Importance to the lactating mothers at work place**

The population of women becoming employed during their childbearing years is growing. Although the benefits of breastfeeding to both the infant and mother are well established, employment is a persistent barrier to continued breastfeeding (Gielen *et al.*, 1991; Chuang *et al.*, 2010; Hawkins *et al.*, 2007).



From an economic perspective, the negative relationship between breastfeeding and maternal employment is the result of the fact that breastfeeding is an activity which is intensive in maternal time and, therefore, in direct competition with other uses of it, including market work. This implies that the opportunity cost of breastfeeding can be measured in terms of the costs of absence from work (Chuang *et al.*, 2007).

Within a standard neoclassical framework, the optimal amount of breastfeeding will be chosen so that its marginal benefit equals its marginal cost. As it is assumed that the marginal benefits of breastfeeding diminish over time while the marginal costs of not working increases over time, there is a simple theoretical justification for the observed negative relationship between the duration of breastfeeding and the duration of maternity leave. If, in addition to this, it is also assumed that breastfeeding entails some fixed-costs, such as the costs of purchasing special clothes, attending classes, and psychological adjustments (Chatterji and Frick, 2005), then a negative relationship between maternal labour supply and breastfeeding initiation might also arise.

Breastfeeding provides unique health advantages to both the infant and mother (Ip *et al.*, 2007) and thus a breastfeeding friendly workplace for the employed mother is recommended to increase the initiation and duration of breastfeeding (Mills, 2009; Wyatt, 2002; Ortiz *et al.*, 2004, Collen and Mrtek, 1994). In a breastfeeding-friendly workplace, the provision of lactation rooms and breast pumping breaks for female employees to express breast milk for children is a critical element and may increase a mother's intention to continue breastfeeding after returning to work.

Women frequently attribute early weaning to unsupportive work environments (Ortiz *et al.*, 2004). Lack of privacy and adequate time to express breast milk are cited as barriers (Raju, 2006). Other impediments include employers' perception that the presence of infants in the workplace reduces mothers' productivity, regulations and other rules that bar children from the workplace, and a lack of child care close to the workplace (Raju, 2006). Fein *et al.* compared strategies women use to continue breastfeeding while working and found that breastfeeding an infant directly during working hours was associated with the longest duration, and pumping milk during working hours was the second most successful strategy; neither breastfeeding nor pumping during work hours was associated with the shortest duration (Fein *et al.*, 2008). Women's experience of workplace-related barriers to breastfeeding varies by occupation. Professional women have significantly greater success in breastfeeding than do women in such occupations as retail sales, administrative support, and construction trades (Kimbrow, 2006).

Although the evidence indicates that maternal employment and breastfeeding are negatively correlated on average, they are not incompatible, and many working mothers do feed their children breast milk (Ortiz *et al.*, 2004). In fact, there is a great variety of feeding practices among working women. One way of explaining this diversity of arrangements is to look at differences in workplace characteristics. Indeed, breastfeeding studies often mention aspects of the workplace as potentially important in maintaining breastfeeding rates among working mothers.

Among the most cited workplace characteristics in this context is the availability of on-site nurseries, extended breaks, facilities to express and store milk, lactation rooms and lactation consultants or programmes (Johnston and Esposito, 2007; Mills, 2009).

There is however, still very little evidence of the true effectiveness of these workplace characteristics in increasing breastfeeding rates and durations among working women (Hawkins *et al.*, 2007; Jackowitz, 2008) and some indication that the effects are not the same for all groups (Chen *et al.*, 2006). Even less attention has been paid to these policies' effects on women's labour force participation, either in terms of turnover, absenteeism or length of maternity leave.

Most of those who advocate that creating a breastfeeding friendly workplace have benefits for employers refer to the evidence presented in a study conducted by Cohen *et al.* (1995), who carried out a comparison of breastfeeding and non-breastfeeding mothers' rates of absenteeism in two corporations implementing a lactation programme. The authors found fewer and less severe infant illnesses and lower rates of maternal absenteeism among the breastfeeding group.

The U.S. Dept of Health and Human Services (2010) study of a corporate lactation program voluntarily offered by 5 employers found it successful in enabling women to express milk in the workplace. These corporations felt that offering a lactation benefit was important as a recruitment tool and in retaining female employees. Although such approaches can help, the persistence of low US breastfeeding rates calls for active exploration of additional approaches, including supportive laws that can reach a broader class of employees than do voluntary efforts.

Perhaps it is not enough for employers to provide space (dedicated lactation room); employers should also have a positive attitude towards their pregnant employees. Various results support the claim that providing access to breastfeeding facilities benefits

employers, as it results in significantly shorter maternity leave spells among higher educated mothers.

## **2.6 Challenges to workplace breastfeeding**

Using a qualitative approach, Mlay et al. (2003) and Galtry (2007) interviewed women about their breastfeeding experiences as employed breastfeeding mothers. The major theme identified by all of these women was an inconsistency between breastfeeding recommendations and breastfeeding support. Although many health care providers encourage breastfeeding appropriately, women are often left to manage employment and breastfeeding alone and at times are even forced to conceal that they are breastfeeding to “fit in” with workplace organizational culture. All of the participants in the studies experienced difficulty breastfeeding while employed, but each had a unique individual experience of balancing the roles of employee and mother.

All of the participants had negative experiences breastfeeding while employed. These experiences ranged from a lack of privacy to pump, to embarrassment over leaking breasts, to conflicts with supervisors over scheduling that would allow for breastfeeding, open hostility for breastfeeding from employers. These studies draw attention to the socio-cultural aspects of breastfeeding and add to the impression that many employers do not facilitate breastfeeding. Galtry’s study was especially discouraging because it is recent and the participants were all professionals, a group often presumed to have more positive experiences breastfeeding while employed. Even with lactation facilities and breastfeeding policies in place, underlying workplace culture can still discourage breastfeeding (Yi *et al.*, 2006).

In Yi and colleagues' research of breastfeeding practices among Taiwanese women employed by a semiconductor manufacturer, many mothers were not aware of their employer's breastfeeding policy. Decreased awareness of policies directly correlated with decreased breastfeeding. Also, despite knowing about lactation rooms and breastfeeding-friendly policies, many of the employed breastfeeding mothers working in fabrication did not breastfeed because of concerns about work performance. In Taiwan, it is common for manufacturers to give bonuses based on group activities; these mothers did not want to jeopardize the group or their individual productivity bonuses. Also, Taiwan offers only 8 weeks of maternity leave, thus illustrating the importance of cultural differences.

Witters-Green's (2003) research focused on employed breastfeeding mothers enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Through interviews conducted with 13 postpartum WIC-eligible women, the study yielded a portrait of factors impacting the decision to breastfeed while employed. Although the author did not give the exact number, perhaps because of the study's main focus on employers, few of the women identified for this study breastfed their infants while employed. This limited the study's applicability to employed breastfeeding mothers. This methodological shortcoming may be attributed to inappropriately identifying women who intended to breastfeed or making early assumptions that women would follow through with a plan to breastfeed. Even after initially stating that they would breastfeed, most of the participants did not choose to breastfeed while employed because it would be too difficult.

## **2.7 Theoretical framework**

### **2.7.1 Theory of Planned Behaviour (TPB)**

This study was guided by the theory of planned behaviour (TPB) as propounded by Ajzen (1991). TPB is an expansion of theory of reasoned action (TRA) and that was developed to fill the gap in the TRA (Fishbein & Ajzen, 1975; Ajzen & Fishbein, 1980). The theory of planned behavior assumes that rational considerations govern the choices and behaviors of individuals (Ajzen, 1985 & Ajzen, 1991& Ajzen & Fishbein, 2005). Specifically, according to a precursor of this theory, called the theory of reasoned action, behavior is determined by the intentions of individuals--their explicit plans or motivations to commit a specific act. TPB deals with behaviour where people have incomplete control over it (Ajzen, 2002). In addition, the degree to which significant individuals, such as relatives, friend, or colleagues, condone this act, called subjective norms, also affects intentions (Ajzen, 1985, 1991& Ajzen & Fishbein, 2005). The perceived importance or relevance of these relatives, friends, or colleagues affects the extent to which their approval will shape intentions. Furthermore, these weightings might vary across contexts. In contrast, the beliefs of managers might be more likely to shape the intentions to engage in behaviors that relate to work life.

In this theory, Perceived Behaviour Control (PBC) is defined as the presence or absence of requisite resources and opportunities, the individual's perception of the ease or difficulty in performing the behaviour of interest (Ajzen, 1991). PBC is assumed to reflect on past experiences and partly from second hand information through the exchange of information by family, friends and factors that may control the level of perceived difficulty of performing the behaviour of interest (Ajzen, 1991).

In this study, perceived behavioural control is defined as the degree of anticipated ease or difficulty of developing a breastfeeding intention to practice optimal breastfeeding behaviour and confidence in the ability to carry out the behaviour. Given the increase in resources (breastfeeding knowledge, breastfeeding support and time) and opportunities, the greater is the perceived control of breastfeeding intention to optimally breastfeed and thus the more likely is the practice of optimal breastfeeding.

The theory of planned behaviour states that there are three categories of beliefs that guide human action-oriented behaviours: the outcomes of performing the behaviour (behaviour beliefs), the expectations of significant others in relation to the behaviour (referent beliefs or perceived expectations), and the presence of factors that facilitate or hinder the behaviour (control beliefs). Duckett (1998) further refined the theory of planned behaviour into a structural model for breastfeeding.

Prior to this new theory of planned behaviour for breastfeeding being developed, research focused on measuring variables such as age, education, and income. One study complemented Duckett's earlier work by using the theory of planned behaviour for breastfeeding and studying breastfeeding duration in Chinese women (Dodgson *et al.*, 2003). This research complemented Duckett's earlier work by expanding it with a non-White sample. Prior to the theory of planned behaviour for breastfeeding model, limited research explained variability in breastfeeding intention and duration related to personal motivational concepts. Duckett's research is most significant because concepts related to motivation and breastfeeding intentions have been understudied and the relationship between breastfeeding and underlying motivational processes is not fully understood.

Duckett's (1998) work may be useful in learning more about employed breastfeeding women. Using the theory of planned behaviour suggests that women tend to follow their prenatal plans regarding breastfeeding (Duckett, 1998). Both Rojjanasrirat (2004) and Stevens (2003) emphasized the importance of planning and commitment to employed breastfeeding mothers.

The theory of planned behaviour has been applied to predict the inclination of employees to voice their concerns about their organization and to offer solutions. Specifically, in a study conducted by Liang, Farh, and Farh (2012), participants completed measures that gauge the extent to which they voice their concerns about existing or imminent practices, called prohibitive voice, as well as the degree to which they suggest improvements, called promotive voice.

### **2.7.2 Relevance of the theory to the study**

The theory explains the availability of workplace resources (facilities) and opportunities (policies and the favourable management attitudes) as some of the motivational factors for working mothers to continue breastfeeding. Thus, the presence of lactating facilities and social support among the peers might help to build the confidence needed by lactating mothers to continue with their prenatal plans on breastfeeding. Control beliefs in TPB alter a woman's decision to breastfeed if she perceives a lack of control at work hence; this helps to explain part of the challenges experienced by breastfeeding women at the workplace.



### **3.0 CHAPTER THREE: METHODOLOGY**

#### **3.1 Introduction**

This chapter describes the research site, design, sample and sampling procedures, data collection methods, data processing, analysis and presentation methods used in the study. The chapter concludes by discussing the ethical considerations that guided the research process.

#### **3.2 Research Site**

The study was carried out among the employees of Safaricom Kenya Limited. This is the only established telecommunication company with operational lactation facilities for employees in Jambo Call Centre (JCC), Safaricom Care Centre (SCC) and Headquarters (HQ1).

Safaricom Limited was incorporated on 3 April 1997 under the Companies Act as a private limited liability company. It was converted into a public company with limited liability on 16 May 2002. By virtue of the 60% shareholding held by the Government of Kenya (GoK), Safaricom was a state corporation within the meaning of the State Corporations Act (Chapter 446 of the Laws of Kenya), which defines a state corporation as a company incorporated under the Companies Act which is owned or controlled by the Government or a state corporation.

Following the offer and sale of 25% of the issued shares in Safaricom held by GoK to the public in March 2008, the GoK ceased to have a controlling interest in Safaricom under the State Corporations Act and therefore, the provisions of the State Corporations Act no longer apply to Safaricom Kenya Limited.

Safaricom set up the Crèche/Day-care Facility in Jambo Call Centre (JCC) Mlolongo in the year 2009 to offer onsite Crèche/Day care facilities to ensure that staff and their dependents have access to Crèche facilities. The Crèche/Day-care facility is situated at the JCC and Safaricom has partnered with professionals to run the facility. It offers easy access and quality child care to staff and their dependants. The Crèche/Day-care facility is designed to offer a safe, happy and caring environment for children. It is equipped with modern toys and equipment to help develop skills and create learning opportunities for children ([www.unglobalcompact.org](http://www.unglobalcompact.org)).

Safaricom has created a conducive working environment for its working mothers through: adoption of various best practices in creating a mother - friendly work environment and work life balance, comprehensive insurance cover and investing in child care facilities. On medical scheme, ante natal clinics and scans covered including both natural and caesarean deliveries with immunizations catered for up to 9 months solidly ensuring the child's healthy start in life.

### **3.3 Study Design**

This was a cross-sectional and descriptive study on breastfeeding facilities (rooms, policies and overall environment) within Safaricom Limited over a period of four months. Data collection was carried out through semi-structured interviews and key informant interviews. During data collection phase, in-depth interviews with employees of Safaricom Limited were conducted first. Key informant interviews were eventually conducted with purposively sampled informants to clarify a number of issues arising from in-depth interviews besides injecting expert opinions into the study. The data collected have been analysed in line with the specific study objectives as the major

themes. Verbatim quotes have been used during data presentation to amplify the voices of the informants.

### **3.4 Study population**

The study was conducted amongst the female employees of Safaricom Limited who have benefitted from the established breastfeeding facility. The unit of analysis was the individual female employee.

### **3.5 Sample and sampling procedures**

In the study, purposive sampling was used to reach 20 women employees who have benefitted from the breastfeeding facilities. Whereas many female employees expressed knowledge of the breastfeeding facilities including the company support program, the inclusion criteria for this study was an individual female who has worked in the company and benefitted from the facilities put in place and not all female employees.

Key informants were purposively identified on the basis of their positions within Safaricom Limited and relevant representatives drawn outside the company knowledgeable on the study subject. Thus, the Human Resource Officer from Safaricom, the nursing officer in charge of the day care facility, an official from the Ministry of Labour and Social Services to shed light on the Government policy on workplace breastfeeding, and one Gender expert to shed light on working women and breastfeeding experience in Kenya were selected.

### **3.6 Data collection methods**

#### **3.6.1 In-depth interviews**

These were conducted with 20 female employees drawn from Safaricom Limited. The interviews were semi-structured to allow for further probing on the basis of information provided by the informants. These informants provided information on the nature of facilities with respect to equipment and the training on use, the workplace policies regarding the breaks, frequencies of visits to the facilities, the attitudes of the employer and other employees towards breastfeeding at workplace, the benefits of workplace breastfeeding and the challenges that they face undertaking the breastfeeding at Safaricom Limited. An in-depth interview (IDI) guide (Appendix 1) was used to collect data.

#### **3.6.2 Key informant interviews**

These were conducted with four selected informants chosen on the basis of their expert knowledge of the subject matter. The key informants provided information on the various legislations, policy developments that speak to international labour organization prescriptions, observed practices in the workplaces and gaps that need to be addressed to achieve breastfeeding targets among working mothers. The key informants included the Human Resource Officer from Safaricom, the nursing officer in charge of the day care facility, an official from the Ministry of Labour and Social Services. Individually and collectively, they were able to shed light on the government policy position on workplace breastfeeding practices and in addition, one Gender expert was able to shed light on working women and breastfeeding experiences in Kenya. A key informant interview (KII) guide (Appendix 2) was used to collect the data.

### **3.7 Data processing and analysis**

Data collected from in-depth interviews and key informant interviews were transcribed and coded. Thematic analysis of the transcriptions then followed in line with the study objectives. Specifically, the analysis was along the lines of the facilities for breastfeeding that are in place, the benefits of breastfeeding to employees and the Safaricom Limited and the challenges in meeting workplace breastfeeding needs. Verbatim quotes have been used alongside the general description of the data to amplify the informants' voices.

### **3.8 Ethical considerations**

A research permit for the study was obtained from the National Commission for Science, Technology and Innovation (NACOSTI) after formal defence of the proposal and its approval by Institute of Anthropology, Gender and African Studies-University of Nairobi (IAGAS).

Recruitments of the informants for the study were based on informed consent after necessary explanation of the project objectives and the potential use of the findings had been elaborately done. Before recruitment, the researcher sought the authorization of the management of the Safaricom Limited for the study to be conducted within their premises.

Regarding benefits, the informants were informed that the results of the study will be disseminated back to them and that the management will be implored to make the necessary changes to the breastfeeding programme to benefit more people. It was also envisaged that the results would be used to inform a child friendly policies on work environment for the country at large. This meant that the study had the potential to

benefit other women and even themselves in the future if the work place environment became lactating women friendly.

Confidentiality and anonymity of the informants has been highly observed both during the interviews and reporting phase of the study. Anonymity of the informants has been maintained through the use of pseudonyms. The aim is to ensure that the study findings do not in any way put employees at risk of victimization by their employers or reveal their identities. The reach to the academia and scientific community will be ensured through publication of the results in refereed journals while unpublished copies of the thesis will be available at the university of Nairobi libraries.

### **3.9 Problems encountered and their solutions**

At the beginning of the field work, gaining trust of the management of Safaricom Limited was challenging given the misunderstanding that the study could be part of an audit process. To overcome the distrust, the researcher produced a letter of introduction from the University of Nairobi as well as the academic research permit obtained from NACOSTI. While the facility users were initially hesitant to discuss challenges, they were given surety of anonymity throughout the study and reporting phases. Thus, the researcher built rapport at the beginning and adhered to strict confidentiality and anonymity in handling such problems.

## **4.0 CHAPTER FOUR: BREASTFEEDING FACILITIES FOR LACTATING MOTHERS AT SAFARICOM LIMITED**

### **4.1 Introduction**

This chapter presents the findings of the study together with the analysis and discussions. The chapter begins by describing the breastfeeding facilities and policies put in place at Safaricom Limited and their implications on the study. Subsequently, the benefits of workplace breastfeeding and challenges faced by breastfeeding mothers at the workplace have been presented and discussed.

### **4.2 Breastfeeding facilities**

The first objective of the study was to describe breastfeeding facilities put in place for lactating mothers at Safaricom Kenya Limited. This arises out of the understanding that breastfeeding is an essential part of the overall reproductive cycle for the mother resulting in faster recovery from pregnancy and cuts down on absence from work. To do this, mothers not only require private space and/or rooms but also equipment for safe storage of the expressed milk as much. The findings and discussions on this objective have been carried out across the following sub—headings: Space allocation at Safaricom; Milk storage facilities, breastfeeding breaks, scheduling of lactation room use; training of lactating mothers, and workplace support.

#### **4.2.1 Breastfeeding facilities at Safaricom limited**

In the study, it was established that Safaricom Limited has created play and sleep areas within the child day-care facilities which are manned by professionals. In addition, there exists refrigeration facilities and safe container storage facilities for bottles. Further to these, private lactating mothers' room that are fully equipped exist.



**Plate 4.1: Baby cot at Safaricom Creche'**



**Plate 4.2: Baby play area at Safaricom Creche'**

#### **4.2.2 The lactation space and/or room**

One of the most significant elements to breastfeeding employee when she returns to work is a location where she can comfortably and safely express milk during the workday. This can be a woman's private office or an on-site, designated lactation room with an electrical outlet where breastfeeding employees can use a pump to express milk during workday. In the study, it was established that Safaricom has created mothers'



rooms where breastfeeding employees can go and express milk. These rooms are largely situated in Safaricom Headquarters (HQ1), the Safaricom Care Centre both in Westlands, Nairobi County and the Jambo Care Centre situated in Mlolongo, Machakos County as expressed in the interviews below:

“Part of striking work-life balance for breastfeeding mothers is to help find a safe place to attend to her baby at any point of need, that is why Safaricom has greatly invested on mother’ rooms that are equipped to allow for expression, breastfeeding and safe storage of milk, it is one way of ensuring breastfeeding continues beyond the leave days” **(Officer from HR department)**.

“The employer (Safaricom) has provided its female employees with clean lactation rooms otherwise known as “mothers’ rooms” for private breastfeeding sessions, I like the fact that I can breastfeed and get to connect with my baby at the workplace over the breaks” **(28 year old first-time mother)**.

“This is the only workplace in Kenya that provides both day-care and special rooms for breastfeeding mothers, as a young mother on baby number two, I find the rooms more comfortable than bathrooms which were the only private space for milk expression in my former workplace” **(33 year old mother of two)**.

From the findings above, full-time employment is seen to play a key role in a woman’s decisions about infant feeding, thus, erection of rooms at workplace becomes important in realizing the nutritional needs of a baby. As McKinley and Hyde (2004) note, a woman’s career plans have the most significant impact on both whether she breastfeeds exclusively and for how long she breastfeeds. Further, Biagiaoli (2003) observes that working outside the home negatively affects both initiation and duration of breastfeeding. In the context of the current study, the mothers’ rooms offer comfortable and private environment where mothers can go and express milk, hence, continuation with breastfeeding is assured while incidences of early weaning are greatly avoided.

Safaricom strives to invest in work-life balance initiatives that will help employees find balance and personal satisfaction. This has been done by supporting and enhancing employees' physical, mental, emotional, and family health/well-being. One of these initiatives is the mothers' room.

#### **4.2.3 Room amenities**

The study sought to find out the nature of equipment fitted in the lactation rooms for the female employees. The purpose was to assess whether employees felt comfortable and safe enough to express milk and/or breastfeed in the settings provided for them or not. The findings indicate that Safaricom has installed in each of the mothers' rooms a standard electrical outlet which enables breastfeeding women to pump from both breasts at the same time to reduce the amount of time needed to express milk. Further, the informants felt that having lockable doors was a good idea besides providing the breastfeeding mothers with safe, clean and running water as expressed in the interviews below.

“The rooms are fitted with electric outlets and the hospital standard pumps, you can use that in case it is free or plug your own electric pump, either way, and all a mother needs is a milk collection kit, the pump is efficient and effective” **(29 year old first time mother).**

“Part of the health benefits extended to female employees is the subsidized breast pump at our facilities, it is one of those equipment a lactating mother needs and even feels safe to use because then it becomes private property when the baby is eventually weaned and does not need to be brought to our care centres” **(Officer at Safaricom Care Centre facility).**

“There are enough seats for every mother in the room and the general environment feels clean, in fact, you are provided with a locker for safe storage of breast pump which

speaking health wise is quite a hygienic practice. Besides, with the running water in the mothers' rooms, cleaning feeding bottles before resuming work is not a big challenge” **(35 year -old mother of three)**.

“As you may have observed, the lactation rooms are well equipped with all the requirements i.e. a refrigerator and plenty of water supply which is deemed a primary necessity to any breastfeeding mother” **(Officer within HR Department at Safaricom)**.

From the findings, provision of adequate and effective amenities not only gives the mothers the confidence to continue breastfeeding but also make them feel safe about the health of their babies. In a previous study, Lewallen et al. (2006) argue that working mothers must be provided with facilities to avail breastfeeding breaks, pump breast milk, and store breast milk hygienically at workplace settings. Further, they assert that long term breastfeeding could be encouraged among employed mothers via workplace initiatives through provision of private, clean pumping locations and regular breaks for pumping breast milk. Moreover, a mix methods study conducted in Thailand highlights the importance of having private space to breastfeed, flexible timetable, breastfeeding breaks, and child care facilities to promote breastfeeding practices of working mothers (Yimyam *et al.*, 1999). Although breastfeeding mothers do not need a large space to pump milk, they do need a private space with a locking door and access to a sink with clean, running water, provisions which are available within Safaricom lactation rooms.

#### **4.2.4 Milk storage facilities**

The study sought to understand how and where the expressed milk is stored by lactating mothers using the breastfeeding rooms at Safaricom. This is because milk has unique antibacterial properties which require that breast milk be safely stored at room

temperature, in a personal cooler, in a refrigerator or in freezers. However, in a workplace, it must be understood that colleagues may not be comfortable with milk being stored in a shared refrigerator. The findings indicate that freezers within the mothers' rooms and Day-care centres are largely shared; however, mothers are often encouraged to label their milk before storage as in the interviews below;

“In incidences where a lactating mother does not bring a long a personal cooler, the room freezer is communally used by all breastfeeding mothers, but to be safe and sure, we usually help the mothers in labelling their bottles” (**Officer in HR department**).

“We prefer using the company coolers to store milk ....it is just convenient given the fact that there is always a person in charge of the facilities making sure that nothing goes wrong to the baby's milk” (**30 year old employee and mother of one**).

“The refrigerators in the lactation rooms have been of great help to me, at least we have a place to keep the expressed milk, that saves time on the need to have multiple breaks between work” (**27 year old mother of one**).

A similar study in the US by Cohen et al. (1995) conducted at two corporations in the United States reveals that provision of physical facilities and equipments like breast pump, breast milk storage facility, pumping room, and privacy enabled 59 working mothers in the breastfeeding group to continue their breastfeeding practices; thus, the reported illness rates among their babies were three times lesser than in the formula-fed babies. This finding indicates that logistic arrangements facilitate breastfeeding promotion as a primary outcome and lower illness rates among breastfed babies, as a secondary outcome beyond lowering anxiety among female employees on the welfare of their babies.

#### **4.2.5 Work flexibility and Room use scheduling**

Availability of time and breaks for expressing milk and breastfeeding remain one of the most important mechanisms of ensuring continued breastfeeding at work. Thus, the study sought to understand how such provision is being actualized at Safaricom Limited for lactating mothers. The findings indicate that lactating mothers are allowed regular breaks of fifteen minutes after every two hours to express milk or breastfeed their babies. Further, it was established that, a maximum of ten minutes is allowed in case the caregiver at the facility raises the need to breastfeed a baby, ideally, ten minutes for demand-driven breastfeeding out of the regular schedules. This is expressed in the interviews below:

“Every mother is given fifteen minutes to breastfeed or express milk at moderated breaks of two hours between working sessions, that is satisfactory especially to those who want to express milk” **(35 year old mother of two)**.

“The company allows any breastfeeding mother to visit the baby after two hours as a norm but these schedules can be flexible in case the baby demands more, in that case, the mother will be given another 10 minutes to breastfeed before resuming her desk” **(Officer in charge of one of the lactation rooms)**.

“Best practices show that flexibility at workplace is necessary to support breastfeeding, for instance, we know that women typically require two or three pumping sessions of about 15 minutes each, but should extra time be needed for milk, flexibility to make up for the time before or after the usual work schedule helps make this expenditure of time manageable for a number of companies which Safaricom has adopted” **(Ministry of Labour official)**.

The scheduling of the lactation facility use was found to be important to cater for the large number of company employees in need of using the facility besides maintaining the privacy for the mothers as are captured by informants below:

“The breaks are patterned in a way that mothers alternate, this helps to reduce on congestion of the lactation rooms while also giving the mothers the comfort of privacy to express the milk and discuss some challenges with nurses in charge of the facilities” **(Officer within HR at Safaricom)**.

“Scheduling room use is good practice in safeguarding the equipment and the supplies’ therein as much...but most importantly, it gives the mothers the most desired privacy to maximize room usage” **(Nurse at the lactation facility)**.

In other studies, it has been highlighted that in order to maintain privacy when scheduling, each user can be given a number to use rather than her name. Companies may issue a key or electronic access code to each woman enrolled in the lactation support program. Keys may also be retained by the program coordinator, staff nurse or other designated individual and checked out by mothers as needed. While highlighting job flexibility as one of the interventions at the workplace, literature recommends that flexible work hours and paid maternity leaves could enhance breastfeeding mothers’ capacity to continue optimal breastfeeding (Wright and Schanler, 2001).

Furthermore, study findings by some other researchers suggest that flexibility and provision of facility at the workplace could increase breastfeeding initiation rates among working mothers (Noble, 2001). One of the cross-sectional studies conducted at a Taiwanese semiconductor manufacturer plant reports that presence of breastfeeding policies at the workplace and having awareness about them influences the initiation rates of breastfeeding among working mothers. However, differences exist in breastfeeding continuation among office workers and fabricating workers due to differences in job flexibility and working environments or both. Hence, the study revealed that along with supportive policies, flexibility in workplace is also essential

(Chen *et al.*, 2006). A variety of methods in room scheduling are summarised in Box A below

**Box A: Room Scheduling practices**

Electronic sign-in (a computerized room schedule) that allows employees to log in their preferred pumping times daily or weekly.

Schedule sign-in sheet or dry-erase board kept in the room or by the person who has the key to the room.

E-mail notices sent to employees who are using the room.

First-come, first-served basis, with an “Occupied” sign outside the door (this is effective if there are only a few women needing the room).

A Hong Kong based cross-sectional study suggests that “Policies can validate employees’ right to provide their milk for their children, even when individual supervisors or co-workers are less than supportive” (Dodgson *et al.*, 2004: 45). This reveals that presence of breastfeeding policies could secure rights of breastfeeding mothers at workplace settings. Further, case studies in Ireland, Sweden, and the United States, highlight the importance of breastfeeding supportive policies that include: paid parental leave policy, child care policies, and workplace policies for the promotion of breastfeeding (Galtry, 2003). Also, findings from a prospective survey conducted in Washington, DC reveal that a breastfeeding friendly maternity leave policy should be employed to support breastfeeding mothers (Kurinij *et al.*, 1989).

#### **4.2.6 Training of breastfeeding mothers**

Given that successful breastfeeding is a learned behaviour, the study sought to find out the existence of training programs for the expectant and lactating mothers at Safaricom Limited. This is because, basic breastfeeding information, made available at the

beginning during pregnancy, helps female employees make informed choices about infant feeding and builds support among colleagues. The findings indicate that Safaricom uses both its hired personnel at the care facilities to train mothers on effective breastfeeding at work place while at the same time invite professional nutritionists to take lactating mothers through feeding clinics as revealed by the informants in the following quotes:

“I got trained twice on breastfeeding in the last trimester, this was purely Safaricom funded family event aimed at encouraging young mothers to breastfeed even after resuming work...this built some level of confidence in me especially being a new employee and first-time mother” **(28 year old mother of one)**.

“Where possible, we invite experts to talk to our female employees who are expecting or those who have just resumed duty after delivery...the aim is to ensure that babies get the right amount of milk and that is why we prefer to invite nutritionists or lactation consultant to come and conduct clinics with our employees” **(An officer from HR department at Safaricom)**.

“The lactation rooms are fitted with breastfeeding manuals and simplified instruction charts including those on hygiene during breastfeeding, they serve as good reference materials for mothers interested in learning new ideas on breastfeeding” **(36 year old mother of two)**.

In the context of preceding findings, previous study by Johnston and Esposito (2007) indicate that provision of knowledge and guidance about strategies to manage breastfeeding with employment is one of the most essential interventions to promote breastfeeding practices among working mothers. Applying the lenses of Perceived Behaviour Control (PBC), Ajzen (1991) posits that the presence or absence of requisite resources and opportunities, the individual’s perception of the ease or difficulty in performing the behaviour of interest. Further, PBC is assumed to reflect on past



experiences and partly from second hand information through the exchange of information by family, friends and factors that may control the level of perceived difficulty of performing the behaviour of interest (Ajzen, 1991). In the case of Safaricom, the nutritionists and lactation room literacy charts provide this secondary information. Literature further emphasizes the importance of enhancing mothers' knowledge about breastfeeding to enable them plan and manage breastfeeding with their work (Lewallen *et al.*, 2006; Rojjanasrirat, 2004). Also, an Australian-based project that aimed at promoting a balance between breastfeeding and employment indicated that dissemination of educational materials to workplaces helped employers in revisiting their existing workplace policies; therefore, designing assistance programmes for employers has been recommended to maximize the implementation of breastfeeding support at the workplace setting (McIntyre *et al.*, 2002).

#### **4.2.7 Workplace support**

In the study, support from peers and those in the managerial positions was considered significant. This draws from previous literature indicating that majority of breastfeeding employees report that what they value most about their company's lactation program is company support, including verbal and written support from supervisors, colleagues and other breastfeeding employees. In this study, breastfeeding mothers reported receiving assistance from their colleagues during the breaks especially around their tasks. Similarly, the employees pointed out that their supervisors and the general management openly discussed the health benefits of breastfeeding at the workplace which was a key motivating factor for continued breastfeeding upon resuming work. These views are summarised in the interviews below:

“It is a common practice for your colleagues to take calls on your behalf and attend to

clients when you are out breastfeeding, it is a big relief when people do it with great understanding that you have a baby to attend to even if it is at the workplace” (**30 year old mother of two**).

“Our bosses(supervisors) often discuss breastfeeding schedules and training arrangements by invited nutritionists for breastfeeding mothers openly, this makes a young mother like me feel at home in the workplace, it is the kind of support one needs to satisfactorily breastfeed a baby” (**26 year old mother of one**).

In the same breath, key informants in the study emphasized workplace support as a key driver to continued breastfeeding. Largely, they were of the opinion that establishment of programs that recognise the needs of breastfeeding mothers such as day-care facilities as well as openly availing information about the basic needs of breastfeeding employees is a sure indicator of support. This practice, they observed, should be complimented by express company policies about breastfeeding timings and use of the facilities as in the interviews below indicates:

“Some practices such as setting policy framework on breastfeeding at workplace alongside offering employees the flexibility to adjust meeting times around their scheduled pumping sessions remain sound support strategies at workplace especially when talking about supervisors as actors in workplace breastfeeding” (**Gender expert**).

“Our support has been the engagement of expectant mothers in prenatal classes on the need for breastfeeding as well as training these potential mothers on the use of company breastfeeding facilities” (**Nursing officer at Safaricom**).

The above findings are in concurrence with the work of Slavit (2009) which shows that most co-workers, particularly both male and female employees who have children of

their own, support company health benefit programs that include lactation support. Occasionally, some co-workers might view these services as unfair, particularly if they perceive that they will be required to cover the breastfeeding mother's tasks or shifts. These concerns should be addressed by the manager or supervisor. Supervisors can remind employees that breastfeeding can improve the health of mothers and babies. Supporting co-workers in taking scheduled breaks to provide breast milk for their babies can help reduce the number of unplanned absences due to a sick child. Mothers who worry about co-worker resistance sometimes discontinue breastfeeding earlier than planned or hesitate to request lactation support from their supervisors. Successful company lactation programs consider the needs of both the breastfeeding employee and her co-workers (Slavit, 2009).

Although the evidence indicates that maternal employment and breastfeeding are negatively correlated on average, they are not incompatible, and many working mothers do feed their children breast milk (Ortiz et al., 2004). In fact, there is a great variety of feeding practices among working women. One way of explaining this diversity of arrangements is to look at differences in workplace characteristics. Indeed, breastfeeding studies often mention aspects of the workplace as potentially important in maintaining breastfeeding rates among working mothers. Among the most cited workplace characteristics in this context are the availability of on-site nurseries, extended breaks, facilities to express and store milk, lactation rooms and lactation consultants or programmes (Johnston and Esposito, 2007; Mills, 2009).

International breastfeeding facility room components are summarised in table 4.1 below

**Table 4.1: Standard breastfeeding facility**

<b>Private Area to Express Milk</b>	Onsite Nursing Mothers' Rooms are included in floor plans. All locations have at least one room that either contains a sink or has one nearby.
<b>Breastfeeding Equipment</b>	All women enrolled in the program are given a breast pump that is easy to travel with, a carrying case and all needed supplies.
<b>Milk Expression Scheduling</b>	Flexible scheduling for milk expression needs during regular break times
<b>Education</b>	Prenatal education kit, classes, and consultation with a lactation consultant before and after giving birth.
<b>Support</b>	Telephone support for breastfeeding women during maternity leave, a return-to-work consultation, and ongoing support from a lactation consultant

Source: Slavitt (2009).

### **4.3 Benefits of breastfeeding at workplace**

The second objective of the study was to establish the benefits of breastfeeding at the workplace both to the employees and the mothers. This follows the understanding that breastfeeding is an essential part of the overall reproductive cycle for the mother, resulting in faster recovery from pregnancy. Thus, a healthy mother means an employee who is absent less often and able to contribute more productively to her workplace. Breastfeeding may also decrease employee absences associated with caring for a sick child since it has important short- and long-term health benefits for both children and women.

A substantial literature in personnel economics looks at the effects of family friendly working practices on various outcomes, including rates of absenteeism and retention.

There is an emerging consensus that these types of practices can be divided into two groups. Some policies - such as the provision of on-site nurseries, flexible working hours, working from home, and job sharing - are mainly productivity enhancing (Hill et al., 2001; Heywood and Jirjahn, 2004; Eldridge and Pabilonia, 2007) and therefore might be offered at no extra cost to employees. Other policies - such as the provision of longer maternity leaves - are mainly costly to the employer and associated with wage reductions (Heywood et al., 2007). The findings and discussions have been carried out along the following sub-areas: health benefits, lower absenteeism, retention of valuable employees and employment legislation requisite.

#### **4.3.1 Health benefits**

Breastfeeding can reduce medical costs for mother and child including frequent visits to health centres. In the study, mothers reported being psychologically at peace to work knowing that their babies are well-fed and attended to. Similarly, the breastfeeding employees observed that the overall weight gain among their babies was within the clinical expectations due to continued breastfeeding at work. Thus, there was a feeling that being allowed to continue breastfeeding at workplace allowed their babies to maximize on the nutritional benefits of breast milk while at the same time reducing on chances of deficiency diseases within children as noted in the voices below:

“Close monitoring of the baby is important in preventing gastrointestinal infections and other malnutrition related diseases.” **(33 year-old mother of two)**.

“I have not experienced any cases of asthma in my baby neither have I seen any newborn related maladies since I started carrying him with me to work for purposes of breastfeeding...the paediatric assessment on his cognitive development has been encouraging as much” **(28 year-old mother of one)**.

In the study, key informants observed that continued breastfeeding played a significant role in preventing allergies in babies especially when alternative foods are introduced too early into their body systems, hence, the workplace breastfeeding serves to ensure that such health risks are kept to the minimum especially for babies below the age of six months. This was captured thus:

“Babies are sensitive beings and adaptation to food changes takes time, you can cut down on allergies and indigestions by continuously breastfeeding up to six months when the digestive tract and immune system are well developed...this is a good health ground for encouraging workplace breastfeeding” (**Facility nurse at Safaricom**).

The findings above serve to reinforce the previous conclusions of American Academy of Pediatrics (1997) and Quigley et al. (2007) showing that workplace breastfeeding benefits are wide ranging, including lower incidence of asthma, allergy and respiratory illnesses, fewer infections of the gastrointestinal tract, middle ear and urinary tract with consequently lower rates of hospitalisations. Further, Ip et al. (2007) established that breastfeeding mothers are less likely to develop breast or ovarian cancer and to exhibit a lower incidence of type II diabetes indicating the need to continue breastfeeding after the normal three months maternity leave for the working mothers. In addition, they observe that a breastfeeding-friendly workplace, the provision of lactation rooms and breast pumping breaks for female employees to express breast milk for children is a critical element and may increase a mother’s intention to continue breastfeeding after returning to work (Ip et al., 2007).

### 4.3.2 Lower absenteeism among employees

One of the most important determinants of employees' output at work is consistency at work. Thus, absenteeism or lack of it among the female employees of Safaricom was deemed an important strand of inquiry in the study. The findings indicate that employees report less incidences of leave days occasioned by the illness of their children and spend a large amount of time on their desks. Further, rather than leave the workplace so early to go and tend to their babies at home, a number of female employees are able to stay the full length of the working hours at work. Essentially, the lactation rooms are able to meet the needs of the employees while at the same time satisfy the company's demand of its employees as in the interviews below:

“When I had my first child, I would ask to work for a maximum of seven hours, that unsettled my employer a bit because it would affect my output at work, since the installation of the breastfeeding facilities at Safaricom, I can work till 5pm in the evening and beat my targets” **(35 year old mother of three)**.

“I feel relieved to have my son around the work place, this motivates me to concentrate on my work and meet my targets...the lactation rooms have been of great help” **(29 year old mother of one)**.

“Many of our female employees are able to stay long at work and there is overall reduction in the frequency of leave days taken to attend to children's needs” **(Officer from HR Department)**.

The findings above indicate that breastfeeding at workplace bear multiple benefits. While the female employees and their babies are the primary target beneficiaries for the lactation facilities, the spill over effects is largely felt on their reduced absenteeism and increased output at work with respect to beating their deadlines and meeting their targets. In a previous study by Maternity Alliance (1997), it was noted that breastfeeding

mothers may be absent from work less because their babies suffer from fewer illnesses, and employers who support breastfeeding at work may be more successful in retaining their employees. Furthermore, many studies (for example, American Academy of Pediatrics, 2005; Association of Women's Health, Obstetric and Neonatal Nurses, 2008; Dunn et al., 2004; Libbus & Bullock, 2002; Witters-Green, 2003) have noted that breastfeeding has been associated with a decrease in parental employee absenteeism as a result of a sick child.

#### **4.3.3 Retention of experienced employees**

The quality of employees in terms of return on investment, versatility and adaptability to fast-changing markets remain important to the success of commercial companies like Safaricom. Hence, it was important to investigate how breastfeeding at workplace and more specifically at Safaricom serve to meet this end of expectation. Findings indicate that the company prioritizes to retain its pool of trained employees, therefore, any interventions that would limit the chances of employee turn-over is appreciated. The creation of lactation rooms at the workplace is one such intervention that not only retains the female employee workforce but also goes ahead to cut down on the need to retrain new employees as in the interviews below:

“Any commercial firm would want to retain its experienced and trained staff; these are the people who drive your products and objectives, to Safaricom, the Day-care centres and lactation rooms created are found to serve this purpose just right among the female employees” (**HR officer at Safaricom**).

“We strive to cut down on the cost of hiring substitution staff when female employees are on leave for long to attend to their infants but more so, when our female members of staff decides to quit because the company cannot meet the breastfeeding demands...this can be costly to the company so we improvised initiatives like Day-care and



breastfeeding rooms at work to have these employees maximize their input” (**HR officer at Safaricom**).

“Safaricom spends a lot of money training its new staff, it would be costly to lose this human resource after delivery....I have a feeling that the lactation rooms are significant in retaining the female employees.” (**Gender expert**).

The findings of this study are in concurrence with the conclusion of Ortiz et al. (2004) that breastfeeding at workplace improved morale, decreased turnover, and increased the retention of experienced employees. These have all been noted as benefits to employers. Further, a study by the U.S. Dept of Health and Human Services (2010) on corporate lactation program voluntarily offered by five employers found it successful in enabling women to express milk in the workplace. These corporations felt that offering a lactation benefit was important as a recruitment tool and in retaining female employees. In addition, Brown et al. (2004) identified that employers who support breastfeeding in the workplace contribute to mothers’ peace of mind, decreasing stress and increasing productivity.

#### **4.3.4 Fulfilment of legislative requisites**

With realization of the potential challenges in breastfeeding for working mothers, global measures have been set up to promote, protect and support breastfeeding through the *Innocenti declaration* and the International Labour organization (ILO), which recommend at least a 14 weeks maternity leave for mothers after delivery. In Kenya, the Employment Act Cap 266 states that working mothers are entitled to three months (90 calendar days) maternity leave after delivery, with an assurance of resuming their job thereafter (GoK, 2007).

On 29<sup>th</sup> March 2016, Members of parliament approved a Health bill that makes it mandatory for employers to set up well equipped lactation stations within the office premises. In addition, employers are supposed to give all lactating mothers one hour break to breastfeed or express breast milk. By providing conducive environment where lactating mothers can comfortably express and store their milk, employers will not only promote exclusive breastfeeding for a healthier future generation but will also have a more productive workforce that is not worried about their baby's next meal or painful engorged breasts. The lens of the law is captured in the interviews below:

“The law envisages as per the Employment Act of 2007 steps towards achieving optimal breastfeeding for the infants, and with the coming into force of the Health Act (2015), companies are now bound by the law to provide conducive environments for the working mothers to continue breastfeeding” (**Ministry of Labour official**).

“Explicit recognition and enforcement of breastfeeding at workplace goes along away not only to fulfil Kenya's recently enacted Health Act, 2015 but also the predecessor Convention on the Rights of the Child (CRC) and the Maternity Protection Convention all of which sought to ensure better welfare for the infants” (**Gender expert**).

According to Kenya Demographic and Health Survey (KDHS) (2014), only 61% of children under six months of age are exclusively breastfed in Kenya, with the proportion breastfed being higher within the first one month and goes down subsequently. For most working mothers, the first three months of exclusive breastfeeding are easy since maternity leave allows them to be in close proximity with the baby. With initiatives such the Daycare centres at Safaricom and the coming into force on Health Act, 2015, the figures of infants who undergo exclusive breastfeeding is set to rise. Under the provision, stations must be equipped with all the necessary facilities, including electric outlets for

breast pumps, refrigerators and appropriate cooling facilities within office premises. Employers will also be obliged to provide comfortable seats for mothers to ensure that the breastfeeding experience is as relaxed as possible.

#### **4.4 Challenges faced in breastfeeding at workplace**

The study sought to establish the various challenges faced by breastfeeding mothers at the workplace. The objective was to interrogate some of the administrative, personal and institutional factors that might affect effective breastfeeding despite the existence of workplace breastfeeding policies and the associated lactation rooms. In the study, employees reported a number of challenges among them; the conflict with supervisors over the scheduling of breaks, competing priorities between work targets and the need to breastfeed, low number of caregivers to adequately attend to all the babies in the care centre as discussed below.

##### **4.4.1 Conflict with supervisors over breastfeeding breaks**

In the study, informants observed that whereas the company policies provide flexible schedule for breastfeeding with employees being allowed to attend to infants over fifteen minutes breaks, they also observed that their immediate supervisors are often uncomfortable with extended stays at the lactation rooms. According to the informants, the supervisors are yet to fully embrace the compatibility between breastfeeding and working at the same time, as such, they perceive breastfeeding at workplace as an activity that undercuts the departmental targets. Besides the conflict with supervisors, the informants also expressed a sense of guilt in meeting their targets observing that breastfeeding at workplace naturally presents a sense of divided attention between work and baby care as expressed in the excerpts below:

“While we have the goodwill of the company to ensure better welfare of our children, there is often backlash when supervisors feel that you are spending a lot of time with the baby at the expense of being on your desk and accomplishing tasks in time...” (A **27 year old mother of one**).

“It is not that the supervisors are against workplace breastfeeding, sometimes the pressure of meeting departmental targets under the performance contract make the supervisors get hard on employees, however, as the HR department, we work to harmonise the relations and reassure lactating employees of company support” (**Interview with HR officer**).

“The whole breastfeeding demands competes with your time to clear the scheduled tasks, it can be tedious, I thought I would be psychologically settled by bringing the baby at work but seems like it is another set of distraction...my supervisor is not at ease with it neither am I” (A **34 year old mother of two**).

Interviews with key informants revealed that challenges relating to supervisor-supervisee conflicts are expected in any profit oriented company and often at a time when a new phenomenon like work place breastfeeding is yet to become an organizational culture in Kenya as the revelations below indicate:

“As the workplace adjusts to this new initiative and practice, you do not expect an immediate buy-in, some people will view it as reproductive work that should not find home in the workplace but eventually such attitudes especially among the business oriented employers will subside” (**Gender expert**).

“What the female employees are expressing are just part of administrative hiccups, once the middle-level managers understand and internalise that they can achieve more by supporting their experienced staff lactating at the workplace then they will embrace the policy and programs...what is important is that the company already has a policy on the same and there is national legislation to support it as much” (**Ministry of labour official**).

The findings above give credence to the work of Raju (2006) who identified workplace breastfeeding impediments to include employers' perception that the presence of infants in the workplace reduces mothers' productivity. Further, Kong and Lee (2004) observe that support for breastfeeding can come from health care providers or institutions, community or social organizations, cultural expectations, or family, peers, co-workers, managers, or occupational health nurses, thus, an opposition from any of these actors may result into a conflict as in the case of supervisor-supervisee relations observed in this study. In another related study, Galtry (2007) interviewed women about their breastfeeding experiences as employed breastfeeding mothers. The major theme identified by all of these women was an inconsistency between breastfeeding recommendations and breastfeeding support. Although many health care providers encourage breastfeeding appropriately, women are often left to manage employment and breastfeeding alone and at times are even forced to conceal that they are breastfeeding to "fit in" with workplace organizational culture.

It is also observed that milk production operates on supply-and-demand basis; the more the breasts are emptied, the more milk they produce. If a mother doesn't empty her breasts regularly, her milk supply will rapidly decrease. If the mother is only given a short time to express, she will not manage to fully empty her breasts which can cause breast engorgement, a very painful condition that makes breastfeeding and expressing very difficult.

#### **4.4.2 The feeling of embarrassment**

Women employees may find themselves excluded from social interactions when they are breastfeeding because others are reluctant to be in the same room while they

breastfeed. For many women employees in the study, the feeling of embarrassment restricts their activities and reported the preference to express milk and have the same fed to their babies rather than breastfeed directly. This is because in the larger Kenyan culture, breasts have often been regarded primarily as sexual objects, while their nurturing function has been downplayed. The perception of breasts as sexual objects may lead women to feel uncomfortable about breastfeeding in public including common area for breastfeeding at the workplace as shown in voices below:

“It is quite uncomfortable when two or three of you are in at the same time and you want to breastfeed your baby, it is like you are half naked before people, and so you might get to the room and just express the milk in your own privacy...at the end of the day, that lactation room is a public space...it is even un-cultural for me to expose my breasts to fellow women” (A **36 year old mother of three**).

“Sometimes you might go into the lactation room and you end with milk all over your top, it is quite embarrassing when you have to go back to your desk in such a mess. To avoid such, I am forced to carry expressed milk just for storage in our facility but generally, I feel quite reluctant to try breastfeeding within the room” (**28 year old mother of one**).

All of the participants in the study expressed feelings of personal discomfort, either with the act of breastfeeding process or when they leave the child crying, unsatisfied, and still hungry in order to resume duty in time. This is emotionally painful for them. They verbalized that they are all the time disturbed and depressed the whole day, which affects their work. Several of the mothers expressed that they feel guilty about that. The majority of the participants in this study described themselves as facing problems with lactation. The problems are discomfort, feeling of guilt for wasting their milk to relieve them of pain due to engorgement in order to work comfortably.

## **5.0 CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS**

### **5.1 Introduction**

This chapter presents the summary, conclusion and recommendations of the study. The study set to investigate the effects of creating lactating facilities for breastfeeding mothers at workplace by examining Safaricom Kenya Limited.

### **5.2 Summary**

The study assessed the facilities put in place for lactating employees, the benefits of breastfeeding to employees and Safaricom as the employer, and challenges that these breastfeeding mothers face while lactating at the workplace. The study findings revealed that Safaricom Kenya Limited has put in place a number of facilities to fulfil the needs of breastfeeding mothers and the facilities include: lactation rooms equipped with amenities for milk storage, running water, changing rooms for babies, refrigerators and lactating seats for the mothers. Besides the equipment, breastfeeding policy is spelt out in terms of the breaks and schedules, the training and support to breastfeeding employees and the availability of facility nurses to address the health needs of the babies at the care centre.

In the study, workplace breastfeeding is found to have multiple benefits among them: the psychological satisfaction of employees with their babies being present around the workplace, minimized ill-health to the infants given the frequency of feeding on breast milk, lower absenteeism of employees from work, retention of experienced employees whom the Safaricom limited has extensively invested in their training as well as fulfilment of legal requirements of workplaces to create breastfeeding spaces for female lactating employees.

Whereas Safaricom Kenya Limited has put in place a number of facilities to integrate workplace breastfeeding, the study identified conflict between the supervisors and their breastfeeding supervisees on the use of feeding breaks and scheduling. At a distant level, there seems to be a perception among the supervisors that workplace breastfeeding is undermining the achievement of departmental targets especially where the lactating mothers tend to over-stay their breaks. Similarly, some employees expressed levels of discomfort with public space breastfeeding preferring to express milk in the private rooms rather than breastfeed their infants directly.

In general, the study has been able to achieve the set objectives. It has been reaffirmed through evidence that the provision of breastfeeding facilities at the workplace is an innovative way of ensuring that mothers bond with their babies and concentrate on their work with the knowledge that their children are safe. It is an innovative practice that encourages and motivates women to combine productive and reproductive work.

### **5.3 Conclusion**

The creation of lactating facilities at Safaricom Kenya Limited and its success largely indicates the role of workplace in fulfilling the principle of optimal exclusive breastfeeding. It also points out to a gender-sensitive response to employees' demands beyond being a fulfilment of international best practices in labour regimes as well as Kenya's vision on improving the duration of breastfeeding among infants born of fully-employed mothers as envisioned in the Health Act 2015. As such, a symbiotic relationship between the company and its female lactating employees has been nurtured.



Further, the study has confirmed the principles of the theory of planned behaviour on opportunities (in this study exemplified by workplace resources and amenities within the lactation facilities) as key motivating aspects for successful workplace breastfeeding for the lactating mothers. Similarly, the theoretical arguments around control beliefs have been exemplified in the supervisor-supervisee relations which have explained employees' negative experiences with workplace breastfeeding.

The study has brought out the importance of the provision of the work place breastfeeding facilities. Given the recent health act of 2015, it is envisaged that more companies will create lactating women friendly environments and this will have a long term effect of encouraging mothers to venture into the wage employment without worrying about the health of their children.

In the recent past, there have been very many sad tales of house helps mistreating children or kidnapping them for ransom seeking. The creation of work place facilities will go a long way in ensuring that mothers work without much worries regarding the safety of their children. The provision will also assist in empowering women and enhancing gender equality. The worries women always have of the safety of their children is completely minimised and the output increases given the psychological comfort that mothers experience. The knowledge that one's child is safe and in close proximity is not only satisfying but enhancing motherhood.

## 5.4 Recommendations

This study has revealed that the creation of workplace breastfeeding facilities is one of the best mechanisms of ensuring optimal breastfeeding among new-born babies. In spite of this well demonstrated workplace practice, certain improvements could still be undertaken to optimize the benefits of breastfeeding to full-time female employees. The study recommends the following:

- Beyond provision of lactation breaks and amenities including the health officer, Safaricom should provide employees with emotional support in the form of counseling to help them overcome feelings of embarrassment of breastfeeding in open rooms at the workplace as part of optimizing the benefits of established facilities;
- There is need to carry out workplace sensitization to mid-level managers and supervisors as part of changing the perception that workplace breastfeeding undercut the employees' performance;
- In terms of further studies, there is need to investigate the experiences of lactating mothers employed in the informal sector especially in the wake of Health Act (2015) mandating all employers to provide space for breastfeeding at the workplaces.

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### **Appendix 1: Consent form**

Good morning/afternoon, my name is Jercynter Kobala, an MA student in Gender and Development Studies at the University of Nairobi. I am carrying out a study on the importance of creating breastfeeding rooms for lactating mothers at the workplace within Safaricom Kenya Limited in Nairobi City County. You have been purposively selected as an informant in this study by virtue of being a female employee of this company and having benefitted from the lactation facilities so far created. I want to assure you that all of your answers will be kept strictly confidential and to this extent, I will not keep a record of your name or address. There is no right or wrong answer in this study.

Your participation is completely voluntary but your experiences could be very helpful to other breastfeeding mothers in this County and the county at large towards meeting the national goals on child nutrition. The interview takes approximately one hour to complete. Do you agree to be interviewed?

Please sign here as evidence of your informed consent.

Sign \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your cooperation.

Your participation is voluntary

## Appendix 2: In-Depth Interview Guide

The following section asks you about facilities (space, breaks, working environment and policies) put in place by your company to support breastfeeding.

1. Availability of Education for pregnant/ lactating employees on breastfeeding support

**Possible probes:** What kind of information? Who gives such information? Does the Company provide books? What was the take of informant on the same?

2. Please describe to me the physical environment in which you breastfeed at work

**Possible probes:** What kinds of facilities are provided for breastfeeding mothers within your workplace? Can one borrow or buy own facility and store here? Opinion on the adequacy of storage facilities and designated feeding places/rooms. Are there care providers for the babies?

3. Please describe to me your feeling about the management support on breastfeeding

**Possible probes:** Management supports combining breastfeeding with work. Do employees freely discuss breastfeeding with their managers/team leaders? Is the job covered when one proceeds to breastfeed?

4. How would you describe the attitude and support you get from your co-workers?

**Possible probes:** Comfortable discussing breastfeeding with colleagues. Co-workers offer to cover up the job while on break. Co-workers voluntarily adjust their breaks to give lactating mother adequate time.

5. Please tell us some of the policies at your workplace that touch on breastfeeding.

6. How would you describe the kind of time that you have at workplace for breastfeeding?

**Possible probes:** Do Employees enjoy frequent breaks to allow pumping of milk?.Are there are long breaks for breastfeeding?Are the breaks are flexible and adjustable?

7. Overall, what are some of the other support that the company provides to encourage breastfeeding?

**Possible probes:** Whether Company provides lactation consultants once in a while. Company hosts regular support group meetings. Company provides free bulletins on breastfeeding. Company provides onsite childcare.

8. Please describe to me the benefits you have realized from breastfeeding at work place.

9.What would you describe as some challenges with workplace breastfeeding programme?

### **Appendix 3: Key Informant Interview Guide**

1. What are some of the key drivers for establishing breastfeeding rooms at workplace?
2. How would you describe the practice of workplace breastfeeding in Kenya?
3. What are the major advantages and or disadvantages of workplace breastfeeding practices? Does the provision of facilities enhance employee output?
4. What would you say are the major challenges to workplace breastfeeding in Kenya?
5. Are there some initiatives that you think can spur the uptake of best practices in workplace breastfeeding?
6. Given your experience thus far, what do you see to be the future of workplace breastfeeding practices?
7. Is there any other issue regarding the work place breastfeeding practice that you would wish to talk about?