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EXPLORING THE EFFECTIVENESS OF WORKPLACE BREASTFEEDING SUPPORT AND POLICIES FOR WORKING MOTHERS IN TWO INSTITUTIONS IN THE GREATER ACCRA REGION.

BY

RUTH ANTWI-BOASIAKO

(10942601)

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DECLARATION

With the exception of the appropriately referenced sources, I, **Ruth Antwi-Boasiako**, do hereby declare that this project was executed by me at the Department of Population, Family and Reproductive health, School of Public Health, University of Ghana, under the supervision of **Dr. Deda Ogum Alangea** and this research has not already been submitted for any other degree nor for any other academic or commercial purpose.

Ruth Antwi-Boasiako Signature: … Date:… 26/04/2023

(Student)

Dr. Deda Ogum Alangea Signature: Deda O.A. Date:…25/04/2023

(Supervisor)

DEDICATION

This project work is first and foremost dedicated to the Almighty God for making it possible for it to happen and for this dissertation to be presented. To my loving husband and kids, special thanks for their wonderful support and patience during the entire programme.

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I thank the Almighty God for His abundant grace and strength that has seen me through the successful completion of my dissertation. The journey was not easy but God saw me through. Special thanks go to my supervisor Dr. Deda Ogum Alangea for her guidance and support throughout the development of this dissertation.

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ABSTRACT

Background: Breastfeeding is a crucial child survival strategy that also benefits maternal health; however, breastfeeding rates decline globally after women resume work. National maternity leave period is just twelve weeks in Ghana, and this may have an impact on the practice of exclusive breastfeeding (EBF) among working mothers.

Aim: The purpose of the study was to explore workplace breastfeeding support among working mothers in the Greater Accra Region of Ghana to generate more understanding of the phenomenon for targeted actions towards optimal infant feeding.

Methods: A cross-sectional qualitative study design was adopted with an interview guide with face-to-face interviews. A convenient sampling technique was used in selecting twelve (12) mothers and (6) HR managers/supervisors to participate in the study. A word-for-word transcribing of responses was carried out with a thematic analysis. These themes and sub-themes have been exhaustively presented in the results and discussion sections of this paper.

Results: All the participants were married and had a tertiary level of education. The results of the data showed that both study sites had a breastfeeding policy which all the participants had some knowledge about although only the HR personnel had accessed the full policy document. The available breastfeeding support to female employees was the statutory three-month maternity leave in addition to being offered an earlier closing time for another twelve weeks. Both groups of participants agreed on the need to increase available breastfeeding support and the working mothers reported physical challenges with working and breastfeeding such as fatigue and loss of concentration at work. There was also a good acceptance of breastfeeding infants which was supported by everyone in the organisation despite the limited allocated resources to this.

Conclusion: The available breastfeeding support was failing in meeting women's need. Therefore, the following recommendations are provided; increased sensitization of employees on labour laws

affecting breastfeeding and providing education on available breastfeeding support by employers, policy to increase the statutory leave period to a six months period to accommodate the recommended period for exclusive breastfeeding, provision of facilities such as nurseries and spaces that provides privacy to express breast-milk at work with increased government spending to support organisation in these reforms, this will increase employers commitment to these changes.

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LIST OF ABBREVIATIONS

BFHI Baby Friendly Hospital initiative

EBF Exclusive Breastfeeding

FADUS Frequency, Adequacy, Density, Utilisation and Safety GHS Ghana Health Services

GMA Ghana Medical Association

GNA Ghana News Agency

HIV Human Immunodeficiency Virus

ILO International Labour Organization

IYCF Infant Young Child Feeding

PMTCT Prevention of Mother to Child Transmission UNICEF United Nations International Children's Emergency Fund WHO World Health Organization

DEFINITION OF CONCEPTS

Exclusive breastfeeding: This refers to the feeding of an infant with only breast milk for the first six months of life without the addition of any food, water, herbal preparations unless medically indicated. This will be the dependent/outcome variable for this study.

Workplace: The physical environment where an employee works, such as a bank, school or hospital (for the purpose of this study).

Support: Physical facilities such as refrigerator, breastfeeding room or nursery and non-physical support such as task adjustment, extension of leave or break time or reduce workload which is given to a lactating mother to ease her burden at work and encourage or sustain breastfeeding.

Breastfeeding guideline: Any document or pronouncement published by professionals in the fields of nutrition and health defining how breastfeeding should be practiced and protected in a state, country, or globally.

Working mother: A woman who combines a career with the additional burden of parenting a child.

CHAPTER ONE

1.1 Background

Adequate nutrition during the early years of a child's life is vital to their development (Appiah et al., 2021). The WHO also recommends breastfeeding exclusively for infants' first six months. (Pérez-Escamilla et al., 2023). However, the concurrent attempts to raise the status of women through their improved access to education and involvement in the labour market have become a recognizable barrier to both breastfeeding intentions and effective breastfeeding practices (Gbagbo & Nkrumah, 2022). Considering these realities, workplace support for breastfeeding has been promoted as an important tool in achieving the global target of a 90% breastfeeding rate in ensuring the survival of every child (UNICEF, 2019).

One of the most important factors that can help improve the health of a child's development is breastfeeding. This is according to the concept of exclusive breastfeeding, which means that mothers provide their infants with only breast milk until they are six months old, without giving other liquids or solids, not even water, except oral rehydration solution, or drops/syrups of vitamins, minerals or medicines (Oyelana et al., 2021). The global prevalence of EBF increased from 36% in 2000 to 43% in 2015, and the current prevalence of early initiation of breastfeeding and continued breastfeeding until 2 years of age is 45% and 46%, respectively (UNICEF, 2020). Comparatively, in Ghana, the prevalence of exclusive breastfeeding nationwide stands at 42% with local regional variations (Apanga & Kumbeni, 2021).

Every year, 166 million not breastfed infants under the age of two die from avoidable cases of diarrhoea and pneumonia globally (Walters et al., 2019). Sub-Saharan Africa accounts for 64% of the total global child mortality, and poor breastfeeding practices have been associated with 595, 379 child deaths in the region (Walters et al., 2019). Breastfeeding lessens the risk of numerous chronic illnesses in children as well as improves cognitive outcomes (Michele & Palmquist, 2019).

The numerous recognized benefits of breastfeeding have led to Ghana's commitment to lofty international programs and policies of the WHO and UNICEF such as the Baby Friendly Hospital Initiative (BFHI), Infant Young Child Feeding Policy (IYCF) and breastfeeding recommendation in preventing mothers to child transmission of HIV (PMTCT). Additionally, as a United Nations member, Ghana has ratified the ILO Maternity Protection Convention, 1952 (No. 103) and a national law that provides at least 12 weeks of paid maternity leave, which is funded by the employer. It also provides for another extension for the mother in the case of postpartum and intrapartum complications. However, most women are not able to take advantage of this because they are working in the informal economy (Manyeh et al., 2020). The law also provides that women are entitled to a daily one-hour break for breastfeeding (Manyeh et al., 2020). Breastfeeding Promotion Regulation Act of 2000 (LI 667) is another legislative attempt to regulate the marketing of breast milk substitutes. Nonetheless, despite these strides, Ghana still fails in meeting the global standards for current maternity protection policies (Appiah et al., 2021; Gbagbo & Nkrumah, 2022; Manyeh et al., 2020).

The term "support" when referring to breastfeeding, describes the help, inspiration, and direction given to a breastfeeding mother to ensure that she can effectively breastfeed her child. It can occasionally be difficult to breastfeed, especially for new mothers, but having the right support can greatly improve this experience (Beggs et al, 2021). Supporting breastfeeding mothers has been linked to several benefits, including better health for infants, improved maternal health, increased workplace productivity, and benefits for the family unit and future generations (Beggs et al, 2021). Despite the advantages of breastfeeding support, Rujumba et al (2020) claimed that barriers such as a lack of understanding and training, misconceptions and rumours, breastfeeding issues, time and availability, the workplace, and public places can have an impact on breastfeeding support for working mothers.

The workplace is an important setting for promoting healthy practices and the availability of breastfeeding support ultimately influences women's breastfeeding decisions. Family-friendly policies that support breastfeeding are critical to maternal health and well-being, infant health and development, and gender equity in the workplace which is also good for business through improved productivity of mothers (Amer & Kateeb, 2023). Evidence suggests that women who returned to work earlier than anticipated and returned to full-time jobs were less likely to continue breastfeeding (Lauer et al., 2019). In addition, women who breastfed less than 4 months after returning to work reported not having flexible time or a private space to express breast milk thus making the workplace a barrier to breastfeeding for most working mothers (Krauer et al., 2019).

Breastfeeding intentions have been inversely correlated with intentions to return to work. This is significant considering 47.1% of the global workforce is women (Krauer et al., 2019). Women frequently express concerns about not having enough time or a proper work environment for expressing and storing breast milk, as well as not having enough access to their infants to breastfeed. The success of exclusive breastfeeding in Ghana depends on the type of employment and occupation a woman does, in settings where women work long hours and perform industrial work away from home the success is compromised (Dun-Dery & Laar, 2018).

According to Dun-Dery et al., 2016, this is suggestive of poor workplace breastfeeding support in the country. Upon these realisations, there is a need to strengthen available public policies and increase private sector support for workplace breastfeeding initiatives among working mothers to effectively exercise their choice to optimally breastfeed (Vilar-Compte et al., 2021). Without adequate policies, women's right to combine motherhood and work while making choices for their baby's nutrition will be undermined (Vilar-Compte et al., 2021). It is against this background that this study will be conducted to explore workplace breastfeeding support among working mothers in

the Greater Accra Region of Ghana to generate more understanding of the phenomenon for targeted actions towards optimal infant feeding.

1.2 Problem Statement

Despite the numerous advantages of breastfeeding, the practice remains suboptimal in many countries. A global risk assessment conducted in 2018 revealed that most infant deaths are caused by inappropriate feeding during the first six months (Chhetri Rao, Gudattu, 2018). Non-breastfeeding also contributes to global income loss, which is around 0.7 per cent (Walters et al., 2019).

Early childhood nutrition problems, such as poor nutrition during the first six months, can lead to various health issues, such as premature death and mental and motor development delays (Nurhayati & Fikawati, 2020). Recent studies have also shown that non-breastfeeding can affect a child's work capacity and reproductive outcomes, as well as intellectual performance and overall health during their later years (Chipojola, Lee, Chiu, Chang, & Kuo, 2019). This suggests that breastfeeding is lifelong, and the effects of this deprivation can be overreaching.

Despite the significant role that maternal employment plays in modern society, there is still not enough evidence supporting the concept of exclusive breastfeeding in the workplace (Chhetri et al., 2018). This is because many organisations are not able to fully support breastfeeding due to their lack of resources.

Various factors contribute to the undermining of breastfeeding by working mothers. Some of these include the lack of adequate and flexible work arrangements, as well as the lack of support and resources for breastfeeding. Robust evidence in the literature has shown that many women working in the informal sector in low- and middle-income countries such as Ghana are not protected by maternity policies (Pérez-Escamilla et al., 2023) despite recent ratification of such labour laws in the country (Dun-Dery & Laar, 2018) therefore many infants and mothers continue to miss out on

the benefits of breastfeeding. Historically, Ghana's rate has been low (2.2% in 1988, 7.4% in 1993, and 31.5% in 1998) (Mohammed et al., 2022).

In 2008, a peak of 63% EBF prevalence rate was achieved but the figures have been down trending ever since and currently stand at 42% (Mohammed et al., 2022), setting the nation on course to miss the 2025 target of exclusively breastfeeding 50% of newborns during their first 6 months of life (UNICEF,2019), unless drastic remedial actions are instituted.

Additionally, the labour market may lose significant talent sources if employers do not support mothers who combine jobs with breastfeeding rather than forcing them to choose between the two. In Ghana, there are no stated public policies on workplace support for breastfeeding other than the maternity protection provision in the Labour Act (Act 651 of 2003). This act lacks specificity and leaves decision-making at the discretion of employers. Notably, there is also a dearth of literature on the available workplace breastfeeding support across various settings. Hence this study attempts to fill this gap in the literature and explore the availability and implementation of workplace breastfeeding support and policies and their impact on the breastfeeding practices of working mothers using two selected organisations in the Greater Accra region of Ghana.

1.3 Justification of the Study

Breastfeeding is widely acknowledged as an essential aspect of maternal and new-born health. It has been demonstrated that exclusively breastfeeding a baby for the first six months of life will give them vital nutrients, raise their immune system, and improve their general health. This study directly improves the health outcomes for women and infants in the Greater Accra Region by analysing workplace breastfeeding support

Also, a growing number of mothers are engaged in the formal labour market as the workforce landscape changes. This pattern highlights the need to address the particular difficulties working mothers have in juggling their personal and professional obligations. Understanding how firms may

establish conditions that are suitable for both work and nursing requires evaluating the support for breastfeeding at the workplace.

The assessment of breastfeeding support in the workplace can help in the creation and improvement of rules, regulations, and programmes designed to meet the unique requirements of the Greater Accra Region. The knowledge collected from this research can help stakeholders, governments, and employers create evidence-based initiatives that support breastfeeding-friendly workplaces.

Despite the significance of breastfeeding support for working mothers, there is little thorough research that concentrates exclusively on Ghana's Greater Accra Region. By offering localised insights into the difficulties, attitudes towards work, and experiences of working moms and their employers, this research will close this gap.

Lastly, the findings of this study will be used to improve the support and policies that are currently available to breastfeeding mothers in developing countries. It will also improve the knowledge of management of these support measures and policies available in these countries. Data from this study will inform policymakers and stakeholders of infant and young child nutrition such as the GHS, WHO, UNICEF and other local and international organisations who support and promote breastfeeding, on the implementation strategies that promote and enhance breastfeeding among working mothers, especially at the workplace.

1.4 Main Objective

The main objective of this study is to explore the effectiveness of workplace breastfeeding support and policies on working mothers at the Environmental Protection Agency and Guarantee Trust in the Greater Accra region of Ghana.

1.4.1 Specific Objectives

i. Exploring the workplace policies and support for breastfeeding available to working mothers in the Environmental Protection Agency head office and Guarantee Trust bank-head office in the Greater Accra region of Ghana.

ii. To explore how these workplace support and policies influenced exclusive breastfeeding behaviours among working mothers.

iii. To identify any challenges associated with these support measures and policies that have been implemented.

iv. To identify opportunities for these organisations to improve the support for breastfeeding

1.5 Research Questions

i. What are the available policies and support on breastfeeding for working mothers?

ii. How have these policies and support influenced breastfeeding behaviours among working mothers?

iii. What are the challenges associated with these support measures and policies that have been implemented?

iv. What are the opportunities available for these organisations to improve the support for breastfeeding among working mothers?

1.6 Expected outcome

It was envisaged that this study will advise policymakers and development partners on ways to encourage working women to exclusively breastfeed by providing data on the workplace support services already offered in the Greater Accra Region.

1.7 Conceptual framework

The study used the socio-ecological model, which states that individuals are influenced by various social and environmental factors.

According to Choi and colleagues, this model was established in 1977 by Bronfenbrenner, who explained that people are also affected by environmental and social interactions (Choi et al., 2017). The model was initially presented as a conceptual model during the 1970s. It was then formalised as a theory during the 1980s. Bronfenbrenner s initial hypothesis explained that to understand human development and the various factors that affect it, a holistic approach to improving the practice of breastfeeding is needed. His theory also shows how the health of individuals is affected by different micro and macro-environments.

The model considers four types of systems that can affect development, namely, the microsystem, the ecosystem, the ecosystem, and the microsystem. The microsystem refers to a proximal setting, where an individual can have interactions, such as at home, work, or childcare. A mother's breastfeeding micro-system is composed of various individuals who can influence her journey. While the factors that influence her choice to breastfeed, such as childcare providers, friends and family, and healthcare professionals have been analysed, more research is needed on the effects of policies and support on the choice to breastfeed in the workplace.

Description of framework elements

Constructs of the model affecting breastfeeding practices are described as 'layers' and each layer is influential to reach the next level; an individual's change of behaviour is also affected by every layer. The following five layers serve as the construct affecting the breastfeeding practice of working mothers.

- Individual
- Interpersonal
- Organisational
- Community

- Public policy

According to the model, each of these layers is not distinct but is rather interrelated and reinforcing, impacting one another to culminating in the breastfeeding intention of a working mother

Individual

This study focused on the individual level, which is composed of a working mother's various factors that can affect her journey. Some of these include her genetic, biological, and psychological backgrounds. Other factors such as race, sex, socioeconomic status, and the presence of a disability are also taken into account to determine the individual's unique characteristics. These differences determine the kind of support available to the woman in breastfeeding her child. A woman's age may determine her income and ability to access resources for breastfeeding while physical illness may impede the desire to breastfeed a child. Increased knowledge of mothers on EBF influences the practice of exclusive breastfeeding (Utoo, Ochejele, Obulu, & Utoo, 2012). According to a study conducted in Ethiopia, mothers who had higher levels of education and information were found to exclusively breastfeed their infants as compared to mothers who had lower levels of education (Asemahagn, 2016). The socioeconomic class of a working mother may influence her knowledge of the benefits of breastfeeding and understanding of current policies and laws to encourage the practice of EBF while women who are city dwellers and earn higher income have been found to sometime prefer formula feeding compared to their rural counterparts who may not have the funds for this and are often involved in informal work which may offer more time to breastfeed (Chipojola et al., 2019).

Interpersonal

Interpersonal layers include social norms, cultural expectations for each gender, gender roles, and social environment. The emphasis each society places on breastfeeding will be reflected in the support available to a woman during this period both at the workplace and in the community.

Historically, African communities such as Ghana are known to have promoted a preference for breast milk over artificial formulas, extended postpartum period and prolonged breastfeeding of infants after the first birthday (Appiah et al., 2021). These are positive values that are likely to influence acceptance of workplace breastfeeding policies support for women, on the other hand, societies where these values are not entrenched have been found lagging in enacting strong policy protection for breastfeeding for women in the workplace such as many European countries (Perez-Escamilla et al., 2023).

Cultural beliefs and practices of co-workers are another interpersonal dimension found to have a direct relationship with workplace breastfeeding practices. A study in Pakistan revealed that some co-workers found it absurd for working mothers to breastfeed openly at the workplace (Comoro et al., 2016), campaigns to rewrite such campaigns and foster a positive approach and embrace breastfeeding in the workplace will need to be driven by policies and workplace laws.

Organisational

A breastfeeding mother's job, career and workplace setting is conceptualised as the organisational layer in the study. Formal vs. informal work, type of employer, work sector, duration of work, availability of childcare services, breastfeeding breaks and physical structure supporting breastfeeding practices are some characteristics of the organisational layer affecting breastfeeding practices and these often stem from available laws and policies. For instance, there

is a current provision for twelve-week maternity leave and these have largely supported a high prevalence of EBF up until that point in the country (Dun-Dery & Laar, 2018). Early return to work, limited flexibility of work hours, lack of privacy and a sense of being watched and judged, a lack of support, including networks, exhaustion, and emotional support at work were cited as challenges facing working mothers by Dun-Dery & Lana (2018) among city-dwelling breastfeeding

professional working mothers. Mothers working in places of employment like hospitals may learn more about the practice of exclusive breastfeeding as a result of having access to this information.

Community

The community impacts the health of the individual in many ways, the location and safety of the community may be protective or impact health negatively. The availability of strong community support for breastfeeding reinforces the decision to breastfeed. Similarly, policies that support breastfeeding in the community encourage the provision of facilities to support lactation in schools, parks, places of worship etc. Barriers to ensuring EBF in the community are often reflective of weak breastfeeding policy intention. Availability of health services , trained maternity health providers and breastfeeding support programs also foster EBF practice in the community.

Public policy

Political environment refers to rules, regulations and orders of the Government and other authorities. These rules are binding on the citizenry; therefore, strong breastfeeding policy intention and legislation engender greater breastfeeding support and enforce actions from employers. The national policies of nations that are signatories to these international organisations are influenced by international policies and guidelines such as the Baby Friendly Hospital Initiative (BFHI) and the International Labour Organization's (ILO) policies on maternity leave (Llorente-Pulido et al., 2022). These national regulations have an impact on employment conditions as well, such as maternity leave policies and facilities, as well as breastfeeding breaks (International Labour Organisation, 2012). Other government policies on trade and economy and health policies also culminate to affect women and their breastfeeding choices.

International policies can affect the way management makes decisions regarding work-related issues. This can result in better conditions for mothers and the practice of breastfeeding in the workplace. Duration of maternity and paternity leave, provision of child support centres, paid time

off for childcare and structures for breastfeeding are key issues that must be delineated in public policy to drive engagement from employers of labours

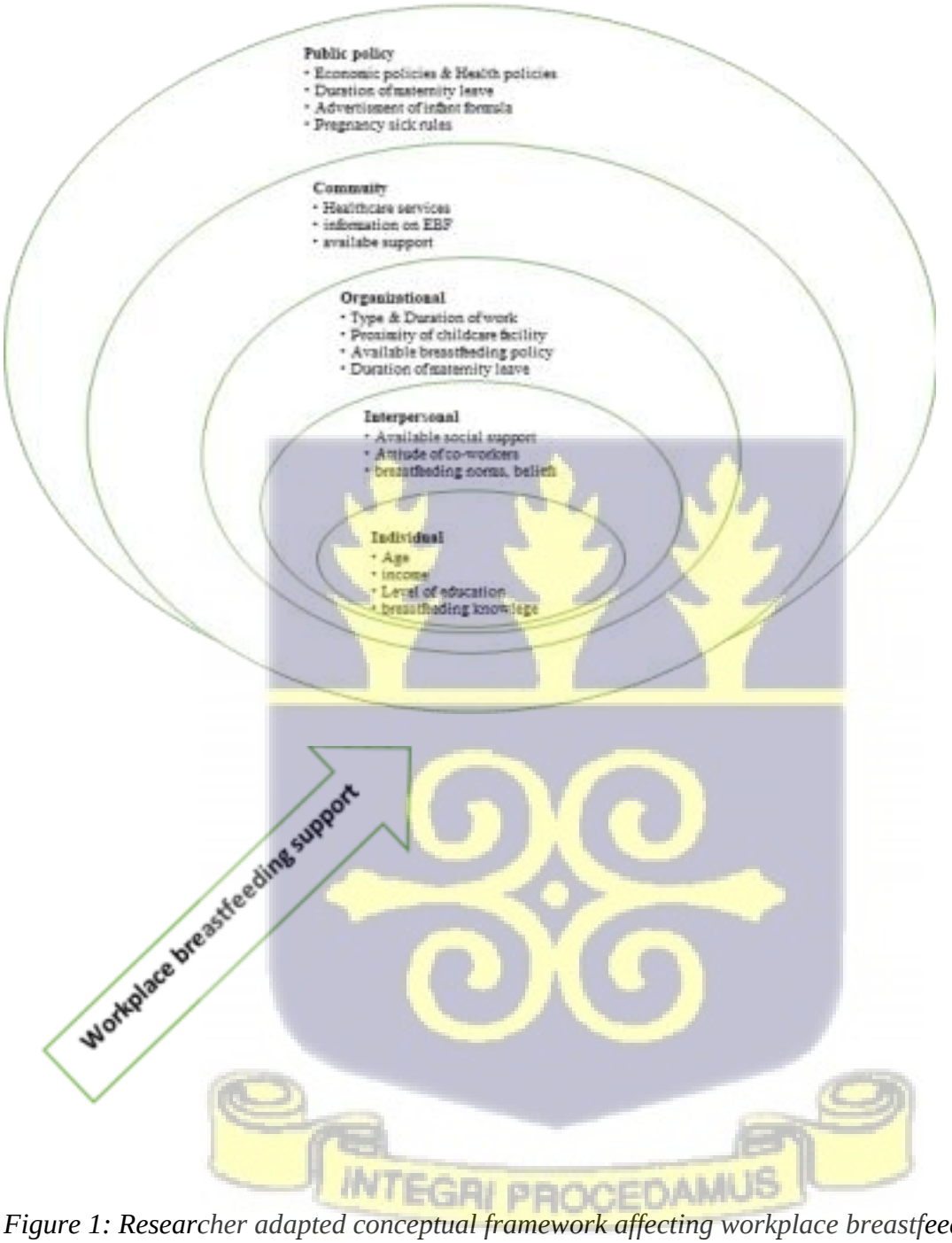

Figure 1: Researcher adapted conceptual framework affecting workplace breastfeeding practices

CHAPTER TWO

LITERATURE REVIEW

2.1Overview of breastfeeding

Breast Milk is the best food for infants. Human milk is suitable for human infants in terms of nutritional composition and non-nutritive bioactive substances that support the survival and healthy development of the child (Ahonen, Rankinen, Holmberg, Syri, & Forsius, 2018). Unlike infant milk substitutes which are designed in a narrower composition range, breast milk is flexible and varies during feeding, over lactation and between mother and society (Ahonen et al., 2018).

The first fluid produced by mothers after delivery is colostrum, which is distinct in volume, appearance and composition. Colostrum is produced in low quantities in the first few days of post-partum and is rich in immunologic components such as secretory IgA, lactoferrin, and leukocytes, as well as developmental factors such as epidermal growth factor (Tahiru Agbozo, Garti & Abubakari., 2020). The lactose content is low, which indicates that its main role is immunologic and trophic rather than nutritional. Colostrum contains more sodium, chloride and magnesium than late milk, but lower potassium and calcium than late milk (Ahonen et al., 2018).

Transitional milk shares some of the characteristics of colostrum but represents a period of "ramped up" milk production to support the nutritional and developmental needs of the rapidly growing infant, and usually occurs 5 days to two weeks after birth, after which the milk is then considered as matured (Ahonen et al., 2018). Four to six weeks after birth, milk is considered to be fully matured. In contrast to the dramatic changes in composition observed during the first months of life, the composition of milk remains similar although it changes slightly during lactation (León-Cava et al., 2002). The nutritional value of milk comes from three sources: some of the nutrients in milk are produced by the synthesis of lactocyte, some from food, and some from maternal stores. In general, the nutritional quality of milk is conservative, but it is important to pay attention to a

maternal diet which influences the vitamins and fatty acid composition of milk (Ahonen et al., 2018).

More than 50% of Ghanaian infants are given complementary foods prematurely (Appiah et al., 2021) and their nutritional status is often poor mainly due to deficiencies of energy, protein and micronutrients such as iron, zinc, iodine and vitamin A. Breastfeeding is often irregular and the amount is less than required for the age of the child (Apanga and Kumbeni, 2021), therefore breastfeeding is a child survival strategy to prevent under-nutrition and malnutrition among infant

2.1 Infant feeding practices

Exclusive breastfeeding

With Exclusive breastfeeding, there is no need to add any other liquids or products other than drops or syrups containing added vitamins, minerals or drugs, nothing more and infants are exclusively taking breast milk. (Ukegbu, 2017). Mixed feeding is breastfeeding exclusively, i.e. Breast milk plus other liquids and solids or water. The best breastfeeding method currently recommended by the World Health Organization is as follows: Infants should be breastfed immediately after birth or one hour after birth (WHO, 2019). In addition, children should be exclusively breastfed for the first six months of life and continue until 2 years of age and beyond (WHO, 2019). From 6 months of age, breastfeeding should be combined with safe, age-appropriate, semi-solid and soft foods (WHO, 2019). For mothers to establish and maintain breastfeeding for six months, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend:

(1) Initiation of breastfeeding within the first hour of life

(2) Exclusive breastfeeding

(3) Breastfeeding on demand that is - It is considered a strategy to ensure that only breast milk is always fed as much as the baby needs.

(4) No use of bottles, teats or pacifiers

Exclusive breastfeeding for up to six months would need the mother and her infant to be together during this period and expressed milk used on occasions of short time separation is recognised as a strategy to always ensure exclusive breastfeeding.

Formula/artificial milk

Use of alternate milk for the infant is recognised in special situations for those categories of children such as;

- Infants and young children of HIV-positive mothers (With low CD4 count/High viral load)
- Sick infants and young children, particularly; those with persistent diarrhoea
- living with HIV/AIDS
- Low birth weight infants
- Motherless/adopted infants and young children
- Infants and young children in emergencies
- Infants of adolescent mothers
- Infants with cleft palate

Use of artificial milk besides these situations is not encouraged but it is common practice that many women with healthy infants feed their children only artificial milk or mix feeding.

Complementary Feeding

Complementary foods should be introduced when infants are 6 months old.

Infants are particularly vulnerable during this transition when new foods are introduced. The guiding principle shall be that of frequency, adequacy, density, utilisation and safety (FADUS) of the complementary food (Nutrition Division of Federal Ministry of Health, 2015). Therefore, it is important to meet the nutritional needs of the child by ensuring that complementary foods are:

- Frequent: The child is given more frequent meals as needed
- Adequate: Provide adequate energy, protein, fat and trace elements from a variety of foods.
- Dense: The consistency of the food gradually increases.
- Utilised: Available in a form that is easy to digest and absorb, for example, Foods rich in vitamin A are combined with foods rich in fat and iron to increase absorption.
- Safe: stored, prepared and fed using hygienic means.

For children under 2 years of age, mothers/caregivers should be encouraged to provide nutritious food. Good nutrition should be promoted for children under 5 years old (Department of Nutrition, Federal Ministry of Health, 2015). However, it has been reported that many women initiate complementary feeds before the infant is six months old.

2.3 Categorization of breastfeeding practices

1. Exclusive breastfeeding (EBF)

2. Breast milk plus other liquids (BM + OL)

3. Breast milk plus non-human milk (BM+NHM)

4. Breast milk plus non-human milk plus (semi)-solid foods (BM+NHM+SF) 5. Breast milk plus (semi)-solid foods (BM+SF)

Category (1) is the same as the WHO definition of exclusive breastfeeding; category (2) is equivalent to the WHO definition of initial breastfeeding; and categories (3), (4) and (5) are the same as the WHO definition of partial breastfeeding. Grades 2 to 5 are intermittent breastfeeding.

2.4 Benefits of EBF

Breastfeeding offers benefits to the baby, mother, family, society, employers and the government as discussed below;

Benefit to infants

Breastfeeding is important to a child's lifelong health. Breast milk is easy to digest and absorb and contains all the nutrients and antioxidants an infant needs to thrive. Breast milk supports emotional and cognitive development and protects infants from infections and chronic diseases (Masaba, Mmusi-Phetoe, & Mokula, 2021). Breast milk composition varies from colostrum to mature milk to meet the nutritional needs of different stages from infants to adults, so it is sensitive to the needs of infants. Colostrum, the first milk produced in the first few days after birth, is the baby's first immune system, as it contains anti-inflammatory drugs, vitamin A and other protective nutrients. In addition to the antimicrobial factors, many other substances play an important role in protecting infants from diarrhoea and respiratory diseases. It is the strongest immune system booster known to science (Masaba et al., 2021).

In addition, after six months, breastfeeding and the introduction of other meals are especially important in the nutrition of children under the age of two. Children who were breastfed longer had lower rates of infection, morbidity, and mortality, less malocclusion, and higher intelligence than children who were breastfed for a shorter period or not fully breastfed (DeMaria, Ramos-Ortiz, & Basile, 2020). Breastfed infants have a lower risk of many health problems such as atop, Crohn's disease, type 1 diabetes and necrotizing enterocolitis (Nurhayati and Fikawati, 2020).

Many studies have shown that between the ages of 6 months and 2 years, EBF is associated with a reduction in the number of allergic diseases, meningitis, bacteraemia, diarrhoea and respiratory diseases, necrotizing enterocolitis, otitis media and urinary tract infections, Late-onset sepsis in premature infants, lymphoma, leukaemia, Hodgkin's disease, hypercholesterolemia, asthma and postpartum death (Thomas, 2016). Skin-to-skin contact and physical warmth between mother and baby further strengthen their bond, and the overall reduction in the number of new-born morbidity

and hospitalizations has also been reported to be a significant benefit (Ayawine & Ae-Ngibise, 2015).

Benefit to mothers

Breastfeeding is economical; breast milk is easily accessible, clean, and at a temperature that requires minimal effort from the mother to feed her baby. Having breastfed significantly lowers the likelihood of postpartum weight gain and helps mothers return to their pre-baby weight in a shorter period (Thomas, 2016). It also reduces the risk of various chronic illnesses, such as diabetes and cancer (Manyeh et al., 2020). EBF also works well as a contraception during the six

Month period following a baby's birth. This is particularly important in developing nations with low awareness of family planning methods (Ontiri et al., 2021). Approximately 20,000 maternal deaths that are related to breast cancer can be eliminated by breastfeeding each year (Masaba et. 2021).

Benefits to employers

The benefits of breastfeeding apply not only to mothers and children but also to management and the country as a whole. Breastfeeding can reduce maternal absenteeism, as the sickness of the child resulting from infections and malnutrition is also reduced (Crossan *et al.*, 2017).

Skipping breastfeeding or the session for pumping can have some disadvantages for employees: It can sometimes be embarrassing for the mother and doesn't help get the job done. In addition, the remaining milk that has not been pumped from the breast due to the mother's inability to breastfeed or express milk can cause inflammation and pain (mastitis) in the breast (WHO, 2009). This puts mothers at risk for breast infections that require frequent hospital visits, medication, and permission to take time off to recover. A breast abscess is caused by a breast infection that does not heal and requires surgery. Most importantly for all women, retention of milk due to the mother's inability to breastfeed or express milk results in reduced milk production.

If a mother's milk production drops, she will most likely be forced to give her baby infant formula to meet their nutritional needs, which could put them at higher risk for various health conditions. This can also cause her to be absent from work, which is very costly for the organisation (Radzyminski, & Callister, 2016). Having breastfeeding support can help boost an organisation's profitability. According to studies, lactation support can help reduce the number of employees who are absent from work and decrease the number of sick child health claims (Horwood et al, 2020)).

A breastfeeding program can provide a 3:1 return on investment (Cardenas et al., 2017). A day without an employee caring for a sick child is more common in mothers with formula-fed infants. The cost of absenteeism is estimated at 15 per cent of workers' compensation or about $775 per worker. Employers may plan for lactation breaks; however, they cannot arrange and negotiate an employee's absence to take care of their sick child.

Organisations that receive breastfeeding support experience improvements in growth, employee satisfaction, morale, and employee loyalty to the company. Companies that use breastfeeding services enjoy retention rates of around 80-90% for women of childbearing age. A breastfeeding support program is an additional recruitment incentive for female staff and improves the establishment's image in society (States, 2010).

A supportive breastfeeding policy can also help organisations make a significant contribution to the advancement of child and maternal health (Crossan et al., 2017). Unfortunately, exclusive breastfeeding can have a protective effect on an infant's health only during the period when most women are most likely to stop. This is why organisations must provide adequate leave and a safe working environment for mothers (Abekah-Nkrumah et al, 2020).

Benefit to society

Besides being beneficial for mothers and infants, breastfeeding can also help society by reducing the cost of healthcare and absenteeism among parents (Chipojola, Lee, Chiu, Chang & Kuo, 2019).

Breast milk benefits both mothers and infants, and it reduces the cost of various household and business activities, such as the purchase of infant formula. It also decreases the demand for medical care for sick infants and reduces parental absenteeism. (Duration of hospitalisation, health service use). The projected healthcare saving on future nutrition-related adulthood diseases such as diabetes is perhaps unquantifiable, breast milk's contribution to cognition also produces healthy individuals who can attain their full potential.

2.5 Workplace Facilities for Breastfeeding Support

To promote and facilitate breastfeeding practices among working mothers, there is a need for a workplace support system and facilities for breastfeeding mothers. This is important because research has shown that a lack of space and time to express is associated with disruption of breastfeeding (Kubuga, & Tindana, 2023)

Another concern is the provision of physical facilities for women in the workplace. Some of the physical spaces suggested in the literature include nurseries, pumps, storage areas, privacy and most importantly time to breastfeed or pump breast milk (Kubuga, & Tindana, 2023). Another finding supports the fact that long-term breastfeeding can be encouraged among working mothers by providing working mothers with private, clean pumping locations, and extending their breaks (Van et al, 2023).

A New Jersey study also showed that 22 of 38 working mothers who participated in a workplace breastfeeding program continued to breastfeed for longer periods while being supported by the presence of physical facilities at the workplace (mean duration 11.7 months, range 4-24 months) as compared to mothers who did not receive workplace support (16) (mean duration 6 months, range 1-18 months) (Katcher & Lanese, 1985).

As part of breastfeeding promotion and workplace support, some participating organisations have developed breastfeeding management programs for working mothers. Amin et al (2011) stated that

97.5% of mothers who started breastfeeding were encouraged to continue breastfeeding after receiving corporate-sponsored lactation support. In addition, another quasi-experimental study conducted between two companies in the United States showed that the provision of physical facilities and equipment such as pumps, milk storage facilities, toilets and privacy helped 59 mothers working in the breastfeeding group to continue breastfeeding. This resulted in a three-fold reduction in their infants getting ill ($p = 0.005$) compared to those whose infants were formula fed. The above findings acknowledge the fact that logistic arrangements may promote breastfeeding as a primary outcome, which will reduce the incidence of breastfed infants' illnesses as a secondary outcome (Seijts, 2017).

A related study has defined workplace breastfeeding facilities as providing working mothers with private rooms, pumps, refrigerators, sinks and tables to breastfeed or pump milk while working (Seijts, 2017). Results of another study also reported that preparing a room for breastfeeding is a cheaper and easier aspect of the support system (Seijts, 2017). Also, a mixed study in Thailand showed the importance of private space, flexible timetables, breastfeeding breaks and childcare facilities in improving breastfeeding practices among working mothers (Ickes et al, 2023).

In another study, approximately 462 women took part in the company's breastfeeding support program, which provides services such as antenatal services, counselling, privacy, and breastfeeding breaks under a company-sponsored lactation program, where 97.5% of the mothers were able to start and continue breastfeeding (Amin, et al 2011). To highlight the link between breastfeeding and workplace support, particularly in terms of facilities, the study found that mothers who do not have access to certain facilities and support at work, such as refrigerators, are more likely to stop breastfeeding (Amin et al., 2011). Another study found that working mothers face many difficulties in breastfeeding, especially when there is low or no support at work (Akbar et al.,

2016). Onken (2020) reported that only a handful of employers (8.8%) provided onsite childcare or nursery facilities for working mothers who are breastfeeding.

2.6 Breastfeeding Support for Working Mothers in Ghana

Childbirth has been identified as a limiting factor to the career progress of women in Ghana. When a woman gives birth, she needs to rest and exclusively breastfeed for six months. However, the current quarterly leave does not allow mothers to do so. In November 2013, the Ghana Medical Association called for a review of labour laws and the establishment of nurseries in all public and private areas to allow mothers to take six months of maternity leave instead of the current twelve weeks. The organisation added that only working mothers should be encouraged to exclusively breastfeed and that the health facilities of the country should be baby-friendly (GNA, 2013).

Supporting the GMA's call, research has also shown that adequate maternity leave policies can lead to a breastfeeding culture, enough to protect 1 to 2 neonatal deaths for every 2,000 newborns (Rohm, 2000). The data revealed that parental leave is an important factor in breastfeeding for working mothers. In her study, Sika-bright (2011) found that mothers with short maternity leave had difficulty in continuing to breastfeed.

2.7 International Breastfeeding and Child Feeding Policies

According to the WHO/UNICEF Global Strategy for Infant and Young Child Nutrition, it is recommended that all children are breastfed within the first 1 hour of life and are to be exclusively breastfed for the first six months of life, continued with timely and recommended complementary foods for two years or more (WHO/UNICEF, 2012). The ILO's maternity leave and other leave policies encourage all organisations in member states to guarantee working mothers at least 12 weeks of leave to help them recover and care for their children (ILO, 2012). The World Health Organization and UNICEF have developed breastfeeding strategies to improve the health and well-being of children around the world. One of the main initiatives is the Universal Marketing Act of

Breast Milk Substitutes, the Infant Hospital Initiative and the Global Breastfeeding Act. In 1981 the World Health Assembly adopted the International Code on the Marketing of breast milk substitutes as a mechanism for its members to promote breastfeeding (WHO, 2018). As a matter of public health policy, the Act has legal protection in countries that have agreed to ban the sale of breast milk substitutes that may resemble breastfeeding. Alternative milk includes infant formula; mixed vegetables; baby cereal; baby teas and juices; and other dairy products. It also outlines ethics and regulations regarding the marketing of feeding bottles and artificial teats (Funduluka et al, 2022). This strategy was developed to promote maternal and child health care as it is the cornerstone of health care in all areas of society (National Institute for Health and Care Excellence, n.d). Since the code was adopted, 84 countries have enacted legislation to implement the resolutions contained herein. Some 14 countries have passed legislation to ensure the effective implementation of the Guidelines (International Baby Food Action Network - IBFAN, 2017).

Countries such as Iran, India and Papua New Guinea, are part of the nations that have major strategies to ensure families, healthcare facilities and related companies comply with the Law (UNICEF, 2019). In addition, hospitals and childcare centres provide a better environment for new mothers to learn and use breastfeeding practices more effectively and efficiently. The Baby-Friendly Hospital Initiative (BFHI) is one such initiative. Launched in 1991, BFHI is an initiative by UNICEF and the World Health Organization to ensure that all maternity hospitals, whether independent or inpatient, become a breastfeeding ground. A baby-friendly maternity centre can be regarded when it provides free or low-cost breast milk substitutes, bottles and treats and implements the ten steps to promote good breastfeeding (WHO 2021).

UNICEF (2019) has previously recommended that all prenatal services and treatment facilities for newborns should:

(1) Have a recorded and frequently communicated maternal care policy for all health workers. (2) Train all health workers with the skills to implement this policy. Other BFHI measures include breastfeeding education and promotion of breastfeeding support even when the mother is separated from the child; feeding newborns without food or drink other than breast milk; rooming in, which means keeping the mother and baby in the same room for 24 hours a day. Adopted in 2002, the GDPR sets international standards of action to promote good breastfeeding, complementary feeding and other maternal nutrition and health. Specifically, the plan includes six months of breastfeeding; continuous breastfeeding for two years or more; on-time, safe and effective complementary feeding which starts after six months; and related maternal reproductive health such as birth spacing (WHO/UNICEF, 2003). Moreover, as stated by WHO and UNICEF (2003), the objectives of the GSIF are to: identify key issues in child nutrition, identify ways to address them, and lay the groundwork for important interventions; encouraging stakeholders to commit to good practices for children. Aiming to protect, promote and promote breastfeeding, the Innocent Declaration shows that strong laws can make a difference in promoting exclusive breastfeeding in developing countries, increasing the rate of exclusive breastfeeding from 34% in 1990 to 41% in 2004 (Achievements et al., 2005).

Article 24 of the Convention on the Rights of the Child aims to ensure that all members of society, especially parents and children, are informed, have access to livelihood, assisted in the use of basic knowledge about the treatment and care of children, breastfeeding, water, sanitation and hygiene (Convention on the rights of the child, 2023). Policy planning efforts to promote breastfeeding practices led to the Innocent Declaration of 1990, which stated that "all governments should create an environment that enables women to achieve EBF in the first 6 months of life" (Uchendu et al. 2009).

WHO and UNICEF have initiated the Global Strategy for Infant and young child feeding which places priority on the main functions, roles and responsibilities of organisations and calls on the government to review the law protecting the right of working women to breastfeed and improve the process of implementing these policies according to international standards (Abdulwadu, & Snow, 2007). WHO/UNICEF encourages BFHIs to take ten steps to achieve success in breastfeeding, these are:

- Inform all pregnant women about the benefits and management of breastfeeding
- develop a written breastfeeding policy and communicate it regularly to all healthcare providers.
- Train all healthcare staff in skills necessary to implement this policy
- Help mothers initiate breastfeeding within a half-hour of birth,
- Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants
- Give new-born infants no food or drink other than breast milk,
- Practice rooming-in-allow mothers and infants to remain together 24 hours,
- Encourage breastfeeding on demand,
- Give no artificial teats or pacifiers to breastfeeding infants,
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Many industrialised countries have workplace laws or regulations, or both, that encourage female workers to continue breastfeeding after returning to work. Some developing countries have also taken steps to promote EBF. For example, (Ogbo et al., 2015) reported that the Nigerian government supports the Baby Health Center (BFHI), which aims to provide breastfeeding support to mothers

and their infants. BFHI helps reduce infant morbidity and mortality by promoting appropriate practices. Some clinics in Ghana, for example, the Mamprobi Polyclinic in Accra, provide breastfeeding rooms for breastfeeding mothers to encourage children under the age of 2 to breastfeed. The purpose of BFHI is to protect, promote and promote breastfeeding by training health care workers in maternal and neonatal services and recognizes as BFHI those who meet WHO/UNICEF standards (World Health Organisation, 2023).

2.8 Breastfeeding Legislation and Policies in Ghana

In 1991, Ghana implemented the Baby-Friendly Hospital Initiative (BFHI) and established organisations to monitor its implementation. According to the plan, hospitals with maternity units were to be selected as nurseries after training and evaluation of ten steps to ensure breastfeeding. The strategy also provides training to groups of mothers to promote breastfeeding practices among breastfeeding mothers (Agbozo et al, 2020). Another step to further improve breastfeeding is the enactment of the Ghana Breastfeeding Promotion Act 2000 (LI 1667). The main objective of this policy is to prevent the commercialization of breast milk substitutes and thereby promote breastfeeding in Ghana (IBFAN, 2020)

Breastfeeding Recommendations/ Policies Adopted in Ghana

• Start breastfeeding as soon as possible within one hour of birth.

• Exclusive breastfeeding without water, food or medication for six months and continued breastfeeding for two years or more unless medically necessary

• Introduction of appropriate complementary feeding at six months

• Baby-friendly hospital initiative (implement ten steps)

• Breastfeeding Promotion Regulation 2000 (LI.1667, 20I00)

The Child Health policy of Ghana states that children under 180 days old should be exclusively breastfed from birth to 6 months (Ghana Child Health Policy, 2015). This will help the mother

breastfeed and take care of her baby in the best possible way. Ghana has laws regarding breastfeeding and working mothers.

Mothers' breastfeeding choices are influenced by strong breastfeeding laws and policies and the Baby-Friendly Hospital Initiative (BFHI). LI 1667 regulates the advertising of infant formula by companies in the media and health facilities. Section 3 of PNDCL 305B on consumer fraud says: Whoever manufactures, labels, packages, sells or advertises food falsely, or misleading as regards to its nature additives, product quality, and composition or safety violations

Commits an offence. PNDC 305B and LI 1667 were used to limit the ability of manufacturers to deceive the public about the benefits of infant formula and especially breastfeeding mothers. Ghana's labour laws are designed to protect working mothers, some of which are:

• ACT 55(1), Employers may not employ a pregnant woman as a night worker between the hours of 10 pm and 7 am or engage for overtime a pregnant worker or a mother of a child less than 8 months old.

• Maternity, Annual and Sick Leave Act Article 57(1) “A working woman is entitled to maternity leave for at least 12 weeks after presenting a medical report from the doctor or midwife indicating the expected date of delivery and is entitled to the stated maternity leave in addition to any period of annual leave she is entitled to after her period of confinement

• Act 57(2) allows a working woman on maternity leave to receive the full salary and other benefits she deserves.

• Act 57(3) Maternity leave may be extended for up to 2 weeks where the confinement is abnormal or where in the course of the same confinement, 2 or more babies are born.

• Act 57(6, 7) a nursing mother is entitled to a 1-hour break during her working hours to nurse her baby and this shall be treated as working hours

In general, cultural and economic support, health and early childhood policies are important to ensure breastfeeding and women's employment (Cardel et al, 2020).).

2.9 Measures for workplace breastfeeding support

Support for exclusive breastfeeding usually varies, from providing space or logistics to developing and implementing a comprehensive lactation program. In establishments which support breastfeeding partially, mothers are allowed to bring their equipment for the expression of breast milk in a room that is also used for other purposes. While this first phase will reduce the problems of finding a place to breastfeed, the benefits of this move are limited due to conflicts arising from the lack of privacy and adequate space for milking. Ideally, private rooms are designed for breastfeeding and expressing, and places that offer breastfeeding services often have chairs and comfortable chairs, pumps, water, refrigerators, lighting, and chairs (Cardenas, Major, & Major, 2017). A relaxed and stress-free environment that helps women breastfeed or express milk faster and with less conflict in less time. Managers who want to help mothers breastfeed while they work, working out equipment such as the pump, tubing, bottles, ice packs, and tubs needed to use the pump (Cardenas & Major, 2017) Although breastfeeding is a personal decision for many women, it is also a decision that requires support from the workplace. This can involve considering the various factors that affect women's health, as well as the involvement of men (Galtry, 2015). One of the most important factors that employers can consider when it comes to supporting breastfeeding is ensuring that their employees are protected from the substitutes that can undermine regulations related to the practice.

One of the most effective ways that employers can support breastfeeding is by establishing relationships with baby formula manufacturers. These companies can then help promote their products by providing their employees with access to various health facilities. These aggressive

marketing strategies undermine the international code of marketing breast milk substitutes (Ching et al., 2017)

2.10 Challenges of Maternity Policies

Globally, existing maternity policies have been inadequate, including in developed countries (Llorente-pulido et al., 2022). A myriad of factors has been responsible for this with each country having its unique set of challenges to enacting strong breastfeeding and maternity support policies and laws, however, the universal consequence of this is the inability to achieve their set breastfeeding targets thus calling for stronger commitments from political leaders to deliver a world where women 's right to breastfeeding are guarded.

Despite the broad scope of existing maternity policies, a major hurdle remains the implementation of these same, first by countries and in turn across workplaces. It is also desirable that women are made aware of these policies and their rights so that they are empowered to demand such conditions from employers during the breastfeeding period. In many advanced countries, maternity policies have significant loopholes making them suspect to multiple translations and essentially giving companies the leeway from meeting agreed breastfeeding policies and other maternity protection for women (UNICEF, 2017), on the other hand, developing countries have not also shown initiative to make these policies wide-reaching across various sectors of their economies (Bhattacharjee et al., 2019). Also worth noting is the competition breast milk faces from manufacturers of formula milk through aggressive misleading media campaigns (Id et al., 2019).

Locally, there is a consensus that the three-month national maternity leave policy is inadequate, but even more worrisome is the reality that this policy fails to recognize that the majority of Ghanaian women are employed in the informal sector of the economy and therefore are often not covered by this legislation and some women are being forced to return to work sooner in light of their economic realities (Nkrumah, 2017), given this, there is an urgent need for a policy intention and policies that

is reflective of the realities of the population and at least encourages six months of paid leave. New resources that can help promote breastfeeding should also be invested in implementing policies and programs that are designed to support breastfeeding. These include establishing paid family leave policies and training programs for new mothers (WHO, 2017).

2.11 Summary of literature review

The literature showed very strong evidence of the multilateral advantages of breastfeeding infants exclusively for the first six months of life and further extending this with complementary feeds until the second year of life, yet breastfeeding rates have either plateaued or dwindled across the world with Ghana also falling short of set targets. A critical barrier which served as a background for the study is the rising number of women seeking or in paid employment during their fertile reproductive years. The global response to this has been a recognition to create enabling workplace environments that simultaneously promoted the status of women and prevent them from discrimination to work as well as being able to nourish their children with breast milk, however, the literature revealed a gross under-performance of most countries in providing these for their citizens and the result was a noticeable trend of cessation of breastfeeding intention after return to work for women. Ghana was also not exempted from this phenomenon- the peak adherence to EBF was within the first twelve weeks of an infant's life which coincides with the national maternity leave periods.

The reviewed body of work further revealed that Ghana has committed to most international policies and recommendations to improve breastfeeding practices, but it is failing at enforcing these policies, especially in its informal sector and notable is a general lack of provision of physical structures to support breastfeeding. Furthermore, there is also a dearth of literature on available breastfeeding support and organisational policies for breastfeeding from various key sectors of the economy, therefore, the effectiveness of the country's policy cannot be adequately tested which

would also expose the needs for improvements or consolidation of efforts hence a justification for the study.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter discusses the methodology that was adopted for the study. It includes a description of the study design, study site, study population, inclusion criteria, exclusion criteria, sample size and procedure, data collection procedure, data collection instrument, data handling, data analysis procedure and ethical consideration.

3.2 Study Approach

The study adopted a qualitative research approach to answer the research questions. A qualitative research approach focuses on understanding and analysing people's viewpoints, behaviour, and experiences in their actual environments (Cantelmi et al., 2021). A qualitative research methodology has the advantage of revealing underlying motivations, attitudes, and cultural influences that quantitative methods could miss (Cantelmi et al., 2021). A qualitative research design was adopted because the study sought an in-depth understanding of the availability and implementation of workplace breastfeeding support and policies and their impact on the breastfeeding practices of working mothers.

3.3 Study Site

The Accra metropolis is in the Greater Accra region in Ghana. It is the most populated region in Ghana. Two different organisations were purposely chosen for this study. The organisations selected were the government ministries and the bank. Both organisations are in the Korle Klottey Municipal District, which is one of the twenty-nine districts in the Greater Accra Region, Ghana. Originally it was formerly part of the then-larger Accra Metropolitan District in 1988 until a small portion of the district was split off to create Korle-Klottey Municipal District on 19 February 2019. The municipality is in the central part of Greater Accra and has OSU as its capital town. Individual

participants will be contacted and a date and convenient location within their institution set up for the interviews.

3.4 Study Population

The study population comprised all nursing mothers, human resource managers and supervisors employed at the Environmental Protection Agency and Guaranteed Trust Bank head offices. This population was chosen because it has been noted by earlier research that mothers who resumed work and their HR managers, as well as supervisors, were able to provide information on workplace policies and support for breastfeeding.

3.4.1 Inclusion criteria

The criteria for inclusion into this study were breastfeeding mothers with infants aged 12 months and below who have been working in EPA and GT bank full time for the past 2 or more years and were willing to participate in the study. The Human resource managers and immediate branch supervisors who consented were included in the study.

3.4.2 Exclusion Criteria

Breastfeeding mothers, Human resource managers and branch supervisors who work in EPA and GT bank head offices but are not willing to participate, mothers who worked on a part-time basis and those who stopped breastfeeding their infants before 12 months were also excluded from the study. The Human resource managers and immediate branch supervisors who did not consent to be interviewed were excluded from the study.

3.5 Sampling Size and Procedure

The term "sampling size" describes the number of individuals, items, or both selected from a wider population to be included in a research study (Hennink, & Kaiser, 2022). It symbolises the segment of the population that was picked to take part in the study (Lakens, 2022). The generalizability of the study's conclusions is significantly impacted by the sample size (Lakens, 2022). The entire

sample size for this study consists of 14 participants, divided into two groups: 6 HR managers/supervisors and 8 mothers. Although the sample size is modest, it permitted a thorough examination and analysis of the participants' viewpoints and experiences. According to Kang (2021), rich data can be collected from each participant when they have a limited sample size.

Regarding sampling technique, the study deployed a convenient sampling technique to select the participants in the selected organisation. Using the convenient sampling technique, HR managers or supervisors were chosen based on their role in work-related issues or experiences with maternity leave.

3.6 Data collection procedure

Mothers who had come to work after maternity leave were approached to participate in the study and it was also confirmed that they met the study's inclusion criteria. Once this was established, the researcher went on to provide a brief overview of the research and asked if they were interested in being part of it. After consent for participation has been provided, a participant information sheet was handed to the participants who provided concise information on the nature of the research. Additionally, the researcher also ensured to answer any question the participants had after which the consent form is handed to the research subject to append their signature. Following this stage of recruitment to participate in the study, each mother was then sent to initially designated interview rooms at each research site. As participants shared their responses, follow-up questions were asked to delve deeper into specific aspects, seek clarification, and encourage participants to elaborate further on the topic understudy. Participants were also encouraged to share their stories and personal experiences related to the effectiveness of breastfeeding support at their respective workplaces. The average response time to complete each interview was twenty-five (25) minutes. At the end of the interview, participants were also allowed to ask questions, and provide additional insights, or share their final thoughts. The above procedure was also repeated for the HR managers/supervisors. The

researcher was with all participants in the private room to ask these participants questions while recording. All interviews were conducted in the English language and were recorded to make it easier for the researcher to transcribe responses.

3.7 Data collection instruments

The data was gathered using a semi-structured interview guide. When conducting qualitative research interviews, researchers often employ a flexible and systematic collection of open-ended questions and prompts (Adeoye-Olatunde et al, 2021). The interview guide was broken up into five sections: the first segment concentrated on the participant's demographic profile; the second section concentrated on questions relating to policies and support on breastfeeding for working mothers, and the influence of policies and support on breastfeeding behaviours among working mothers. The third section focused on the challenges associated with the implementation of support measures and policies on breastfeeding among working mothers; the fourth section also dealt with questions on opportunities available for organisations to improve the support for breastfeeding among working mothers. Supervisors and the ethics board reviewed and evaluated the produced interview guide. This procedure was used to guarantee that the questions were precise, pertinent, and in line with the study's goals. The interview guide was finalised in light of the comments, modifications, and improvements from the review process and pilot testing. The way it was set up made it possible for the discussion to flow smoothly and to explore the themes that had been identified. In addition, a jotter and an audio recorder were utilised to gather information from the participants.

3.8 Data Handling

The collected data was stored on a computer and was transcribed into various themes. It was protected by a password and was only accessible by the researchers and the study's research supervisors. All hard copies were kept under lock and key, and the participants' consent forms and response sheets included unique identification codes.

3.9 Data analysis procedure

The audio recordings of the interviews were played multiple times to help the researchers understand the information that was collected. The transcribed information was checked for accuracy, any mistakes were fixed, and any unnecessary information was removed if found. Initial thoughts, emerging ideas, and intriguing patterns were noted. The descriptive labels or codes that correspond to the text segments that describe the research objectives were applied using a Microsoft Excel Spreadsheet. To establish consistency and make necessary coding scheme adjustments, the new codes were compared to the current codes. The primary conclusions and supporting data from the previous chapter 2 were summarised together with the prospective themes derived from the codes. The findings of the study were then presented in the form of quotes, which were used to support the emerging themes. These themes were thoroughly analysed and discussed in detail about the available literature on the subject. The data generation processes employed were individual in-depth interviews. The themes for the interviews covered broad areas such as; policy availability, support and challenges faced in utilising these support measures. The reliance on multiple sources of data allowed for a broader, in-depth understanding of the critical issues surrounding the workplace policies and support available and the extent to which they impact working mothers and employers.

3.10 Ethical consideration

Ethical approval was sought from the Ethical Review Board of the College of Humanities, University of Ghana-Accra which assigned approval number (ECH 081/22-23) for the study to be conducted after submission of a written research proposal to the ECH board. Additionally, permission was also received from the HR managers at the Headquarters at both study sites before approaching subjects for participation in the study. Finally, informed consent was sought from all

participants in writing after the purpose and nature of the study were explained to them. Participants who gave their consent were enrolled in the study.

3.11 Overview of the Environmental Protection Agency

The Environmental Protection Agency is a government organisation that was set up on December 30th, 1994, and oversees overseeing and protecting the nation's environment. As part of Ghana's attempts to address environmental challenges and guarantee sustainable development, it was founded by the Environmental Protection Agency Act, 1994 (Act 490). Regulation and enforcement of environmental standards, rules, and regulations fall under the purview of the EPA. It keeps an eye on a variety of fields, businesses, and undertakings that may influence the environment, including waste management, mining, manufacturing, and agriculture. Again, the EPA oversees bringing up environmental issues, stressing the value of conservation, and educating the public about sustainable practices (Environmental Protection Agency, 2023). This organisation holds in high esteem employee's wellbeing and puts in place measures to protect the environment and every living creature including babies (Environmental Protection Agency, 2023). As a result, they ensure mothers go for their breaks, close early, reduce tasks and workload on working mothers so that they can preserve nature by breastfeeding and not investing in other baby foods when they resume work (Environmental Protection Agency, 2023). Also, EPA's primary focus is on environmental protection, which include health concerns. Breastfeeding support policies directly affect the health and well-being of both mothers and infants. The EPA's expertise in health-related matters could contribute to a holistic evaluation of how workplace policies affect the health of working mothers and their children.

3.12 Overview of Guarantee Trust Bank

Guaranty Trust Bank is a Nigerian international financial company that conducts business in

several nations throughout Africa especially in Ghana (GT Bank, 2023). One of Nigeria's biggest and most well-known banks, it has become well-known for its cutting-edge banking techniques and customer-focused philosophy. The bank provides several different banking services, such as retail banking, corporate banking, investment banking, and more (GT Bank, 2023). Technology and digital banking platforms and services are prioritised by GTBank to improve client convenience and experience. The bank has received recognition for its customer-centric strategy (CSR) and focuses a high priority on offering exceptional customer service (GT Bank, 2023). GTBank is known for its emphasis on technology and digital banking platforms and services to enhance customer experience and convenience (GT Bank, 2023). The bank places a strong emphasis on providing excellent customer service and has won awards for its customer-centric approach.

GT Bank was chosen for this study because of its strong CSR programmes, which are aligned with the goals of workplace breastfeeding support and concentrates on the wellbeing of employees, women's empowerment, and community development (GT Bank, 2023). They currently have in place rehabilitation programs to provide nurseries in the organisations where working mothers can leave their babies and pick them up when they close from work, flexible work hours for breastfeeding breaks, and overall employee satisfaction. (GT Bank, 2023). Once more, GT Bank offers a wide variety of employment opportunities, including both front- and back-office positions. This variety may also shed light on how different employment kinds are supported with regards to breastfeeding. Most notably, a sizable portion of GT Bank's female workers may be working mothers. Therefore, it is necessary to assess how well these policies are working for the working mothers.

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter presents the findings from the analysis of the data collected from the field. There are six sections in this chapter. The first section presents the socio-demographic characteristics of the participants. The second section presents the analysis of the first objective i.e., policies and support on breastfeeding for working mothers. The third section presents the analysis of objective two i.e., the influence of policies and support on breastfeeding behaviours among working mothers. The fourth section analyses the third objective i.e., the challenges associated with the implementation of support measures and policies on breastfeeding among working mothers.

4.1 Socio-Demographic Characteristics of Participants

The socio-demographic factors considered in this study included age, marital status, level of education, duration (in years) participants have worked for their respective companies and job titles. A total of 12 participants were recruited to participate in the study. The majority (n=10) were 31-40 years while the remaining two were of the 25-30 years age group. All the participants interviewed were married with at least one child. Similarly, all the respondents had a tertiary level of education; half had a first degree while the other half had an additional master's qualification. As it relates to years of experience, six of the participants had worked for five years or more in their respective organisations, whereas 3 of them began work in the last 1-5 years while the last 3 had 10 years or more experience. Lastly, 2 of the participants held positions as human resource officers, 2 were line supervisors, 1 worked as a secretary, 3 were office workers and the remainder (n=4) were cashiers.

Table 4.1: Socio-demographic characteristics of participants n=12

	Category	**Frequency**
Age (Years)	25-30	2
	31-40	10
Marital Status	Single	0
	Married	12
Level of Education	First degree	6
	Masters	6
Duration (in years) of Work	1-5	3
	5-10	6
	10 years and above	3
Job Position	HR	2
	Supervisor	2
	Secretary	1
	Office worker	3
	40 Cashier	4

4.3 Thematic analysis

This section presents the results obtained from thematic analysis. The themes identified are grouped as minor themes. The themes are explained and presented under each objective.

4.3.1 The workplace policies and support for breastfeeding available to working mothers

From the responses received, the participants were aware that the organisation had policies and breastfeeding support for working mothers. Many of the participants cited that maternity leave, and

flexible working arrangement were the common workplace policies and support for breastfeeding available to working mothers.

Minor Theme 1: Awareness of Breastfeeding Policies

One of the themes identified under this objective was awareness of breastfeeding policies. Responses of the participants in the study generally indicated that there are workplace policies and support available for breastfeeding working mothers in their organisations. All the participants knew about the policy's existence in their organisations.

"As a nursing mother, I am aware of the breastfeeding policies in GTBank. So are my other colleagues who are nursing mothers. The maternity leave in a private organisation such as this bank is 3 months. Then you add your annual leave to it making it roughly 5 months"

Minor theme 2: Maternity Leaves

Many participants also identified maternity leaves as workplace policies and support for breastfeeding available to working mothers within the organisations. They believed this policy or leave helps them breastfeed their infants exclusively.

"The policy has 3 months maternity leave and 3 months half-day working in addition to the nursing mother's annual leave. This helps to provide enough time for breastfeeding."

"At the Environmental Protection Agency, which is a public organisation, policies on breastfeeding for working nursing mothers were different from GT Bank which is a private organisation. The duration of the leave provided support for breastfeeding working mothers. It was their opinion that the policy accommodated nearly a year for breastfeeding which assists with exclusive breastfeeding."

"In our outfit, apart from the 3 months maternity leave and annual leave, nursing mothers work for half a day for nine months to enable them to breastfeed their infants well.

Minor theme 3: Flexible working arrangement

The flexible working arrangement was identified as one of the workplace policies and support for breastfeeding available to working mothers. Most of the participants stated that the flexible working arrangements had empowered them to weave together the intricate threads of professional and maternal role into a tapestry of success and fulfilment.

Some of the participants stated that; "*The labour law provides that nursing mothers are supposed to be given maternity leave and be given flexible working time. All these policies are to ensure that nursing mothers can breastfeed their infants very well*."

"The policies on maternity leave are clear and flexible for our working nursing mothers. As an HR in a private organisation, we are mindful of every labour law and for this reason, we ensure that the maternity leave of 3 months is given in addition to 3 months half day working for nursing mothers."

"As a line supervisor, I ensure that all breastfeeding mothers in my unit take their maternity leave and similar working policies that enable them to practise exclusive breastfeeding of their infants.

"At EPA, apart from the 3 months maternity leave, nursing mothers after resuming their maternity leave work for half day for 9 months. This policy is made available to all nursing mothers who are breastfeeding. The support from this policy helps the mothers to get enough time for the infants as well as themselves. The mothers will also get time to rest because nursing and breastfeeding is very hard work to do".

"HRs must always know the labour laws even if all other employees do not know anything about it. The reason is that in every organisation, all labour policies need to be implemented by HR. Therefore, knowledge of policies relating to maternity is important. That is why we have access to these policy documents." [HR Participant 4]

"I know that maternity policy exists. All line supervisors work on this with their bosses. But I do not possess a copy of the policy document... not having a copy does not mean that I do not know what it entails. I do know because it is something that the bank has been doing every time."

"As a nursing mother, what I know is I am given maternity leave. I know when to start and when to end. I do not worry about any maternity policy book. Getting what I want is what matters most to me. If the organisation is going by the law, I am good." [HR Participant 6]

Minor Theme 4: Longstanding existence of maternity policies

Participants were of the view that maternity policies existed long in their respective organisations before they were employed. As such, what they as employees are supposed to do, especially the HRs, is to ensure that the policies are implemented to benefit nursing mothers in the various organisations. Most of the participants indicated that if the policies are not implemented, it will make it extremely difficult for breastfeeding nursing mothers to be effective in caring for their infants.

"It is a legal and constitutional provision everywhere that policies on maternity leave should be implemented. Disregarding this labour law constitutes a violation of the law. So, it is the duty of human resources officers in every organisation - whether public or private - to implement this labour law to benefit all employees who are breastfeeding mothers." [HR Participant 5]

"Mothers play significant roles at the workplace and in the house. Combining a baby care job in addition to office work and house chores is very difficult. When we are given ample time to care for the infants during maternity, it eases the burden of being a mother and a career woman." [Nursing mother 5]

Minor Theme 5: Desire for policy revision and improvement

Participants expressed the view that even though there existed maternity policies in their organisations, the need to revise such policies periodically is very important as such revision will

improve breastfeeding among working mothers. Most of the breastfeeding mothers argued that any meaningful revision of policies on maternity leave should see to the extension of the leave period provided because having more time improves the rate of exclusive breastfeeding.

"Yes. You know nursing a baby is very difficult. It takes a lot of time to breastfeed. So, the existence of these policies helps us a lot. At times I feel so weak after breastfeeding my baby. I can't work if I am in the office. This is something good I like about maternity policy. I can rest. I know of other colleagues who also experience what I go through. No mother will deny the importance of maternity leave to them."

Another participant added:

"For instance, in my organisation, review of maternity leave policies is based on how it will suit us. It has been reviewed on only two occasions since I came here. The first revision was that at first breastfeeding mothers after exhausting their 3 months' maternity leave will come to work as any other worker – from 8:00 am to 4:00 pm. However, this has been changed to 8:00 am to 2:00 pm. Secondly, during Covid-19, breastfeeding mothers were made to come to work from 9:00 am to 1:00 pm. This was a temporary review."

Minor theme 6: Covid-19 Impact and Prioritisation

Many of the participants identified covid-19 and prioritisation under the workplace policies and support for breastfeeding available to working mothers. The HR from EPA indicated that even though no major review has taken place in their organisation, during the Covid-19 pandemic, breastfeeding mothers were most often prioritised to stay home. This was due to their vulnerability and susceptibility to infection.

"During Covid-19, breastfeeding mothers were the group of workers who enjoyed staying home when the government directed that a shifting policy should take place in most organisations to avoid the spread of the virus or catching the virus. I believe that this directive automatically

reviewed the maternity leave policy as all breastfeeding nursing mothers at the time became the focus of this. They had enough time at home, and this boosted their time breastfeeding."

4.3.2 Influence of policies and support on breastfeeding behaviours among working mothers

From the responses received from the participants, the study found that the policies and support on breastfeeding had a strong influence on the behaviour of working mothers. The study found that the policies and support encouraged continuous and exclusive breastfeeding practices, provided the right quantity of breast milk to their infants, facilitated exclusive breastfeeding behaviour, and chose the preferred method of feeding their infants.

Minor Theme 1: Encouraged continuous and exclusive breastfeeding practices.

Participants indicated that policies and support on breastfeeding influenced the breastfeeding behaviours of working mothers. Breastfeeding working mothers indicated that policies and support on breastfeeding have led to continuous breastfeeding of their infants.

"I like everything about the maternity policy in my workplace. It affords me the time to be able to feed my child very well. In all, I can say the 3 months plus my annual leave is enough for me to breastfeed. This is a positive effect because the baby will get what she wants, and I will continuously give breast milk to the baby."

Other participants added that maternity leave provides a good opportunity for breastfeeding and helps mother give enough attention to the baby.

"Continuous breastfeeding at the right time is good for the health of the baby. Taking fresh breast milk on time is good. I like expressing milk. But sucking right from me is good. Again, I know of exclusive breastfeeding. Maternity provides this opportunity for exclusive breastfeeding. With the mother having enough time, the baby should get the needed attention in terms of the breast milk provided by the mother".

Minor Theme 2: Facilitates exclusive breastfeeding behaviour.

The HRs also indicated that maternity leave enabled breastfeeding working mothers to demonstrate good breastfeeding behaviour and exclusively breastfeed their infants. They added that being at home gives the mother time and focus to practise exclusive breastfeeding.

"Maternity leave is very helpful to breastfeeding working mothers. It makes them adopt positive breastfeeding. This is because when they are at home, they need time to breastfeed. Exclusively breastfeeding the baby is considered a good breastfeeding behaviour because that is what healthcare professional's advice breastfeeding mothers to do "

"It is always good to have the time to breastfeed. The maternity policies are set to just provide this. Exclusive breastfeeding is assured if there is enough time for mothers to breastfeed."

Minor Theme 3: Provided the right quantity of breast milk to their infants.

Most of the participants cited that the policies and support helped working mothers provide the right quantity of breast milk to their infants. The human resource officers believed that the time given to breastfeeding mothers is enough to enable them to breastfeed their children. This they indicated promotes the health of the children and that of their mothers:

"The time is enough. To get 3 months maternity days off, plus your annual leave, and in our case 9 months short working days. The baby should breastfeed exclusively. This promotes their health.

''Again, the stress of work becomes less during maternity leave. This promotes good health for the breastfeeding mother."

Another participant stated that if the time is used well, it will benefit the baby.

"I have said in my earlier submission that breastfeeding mothers have a half day to work. This is meant to provide the time needed for breastfeeding. If this is done well, the baby should not have a problem with their health. Exclusive breastfeeding as we understand involves time and we give them the time."

Minor Theme 4: Alignment with healthcare recommendations

Some breastfeeding mothers appreciated that the time given to them to breastfeed helps to maintain their infants' health.

"The health of the baby is a priority. Therefore, not having the time to breastfeed has consequences on his health. We know that the maternity policy aims at helping mothers to have the needed time to breastfeed. This encourages good growth and health of infants.

Another was of the view that because of the time she has for her baby, the baby hardly falls sick.

"As for me, my baby never falls sick because there is enough breast milk every day. Being in the house allows the baby to feed well and on time. This should prevent any form of sicknesses."

4.3.3 Challenges associated with the implementation of policies and support measures on breastfeeding among working mothers.

Most of the participants accepted the fact there are challenges with the implementation of policies and support for maternity leave in their organisations. Some of these challenges identified include workload adjustment and task redistribution, balancing work and baby care challenges, and financial implications and workforce substitution.

Minor Theme1: Workload adjustment and task redistribution

For instance, the human resource officers from the two organisations indicated that there is the challenge of constant readjustment when an employee goes on maternity leave. This is done by rescheduling tasks or finding a replacement. Sometimes colleagues volunteer to assist especially female employees who have gone through the maternity process.

"Since the organisation loses employees temporarily during maternity leave, there is the need to constantly adjust. For example, we need to find replacements where necessary. This may come at a cost to the organisation. However, in most cases, these working mothers are replaced with service personnel. Those working with breastfeeding mothers in the office are very considerate. Their

assistance in helping complete the assigned tasks of these mothers is a testimony of how they positively influence the breastfeeding behaviour of working mothers."

"We need to reschedule tasks when there is maternity leave. We normally do not hire new hands. It is just that other workers bear the burden of these mothers. Sometimes it is difficult for them. But some of them, especially the women, have gone through the same experience before, so they must bear with the situation. We have never faced any opposition from colleagues regarding maternity policy implementation. Not from the men here or the women. Everyone is helping to care for the infants through the little assistance given to working mothers in this place."

Minor Theme 2: Balancing Work and Baby Care Challenges

Most of the breastfeeding working mothers also indicated that even though implementing maternity policies benefits them, they sometimes get worried because after resuming the maternity leave, they still need more time to care for the baby. Yet, one must still be in the office. The only way out, they indicated, was to adjust and endure the situation.

"Sometimes you must stay back to complete your work before leaving the house. If your line supervisor is not good enough, there is no leniency. When this happens, sometimes your breast pains you because it becomes full''.

''Maternity policy is good. But upon resumption, the whole concept becomes a different thing. Why? At times you do not get home on time because of the traffic. You will get home and the baby will be sleeping. You cannot breastfeed him. You experience a painful breast and a whole lot of things."

Some stated that returning to work felt like the had to restart everything but they had supportive colleagues.

"As for me, when I returned from maternity it looked like I had to restart everything again in my working life. You will be competing with colleagues because you will see them ahead of you''.

Some of our colleagues sympathise with us and are very supportive. Even though they cannot do our work for us, they help in any little way possible. I do appreciate those I work with in my department''.

''Of course, some of my colleagues are concerned about us as working mothers and our infants. Whatever they can do to assist me I accept it every time. To be in the office and be thinking about what is happening back home to your baby you will need to work with speed. It is here that the majority of colleagues help us if they have the time."

Minor Theme 3: Financial Implications and Workforce Substitutions

The human resource officers again indicated that in implementing policies on maternity leave, organisations face financial challenges. They expressed the concern that sometimes the replacement of a breastfeeding working mother costs some money if they would need to hire a new employee for the replacement.

"The challenge of finance is there. Sometimes but not always, certain technical units occupied by a working mother need to be filled if we have no one. That comes with a financial cost.''

'' Let us imagine 3 working mothers leaving one unit in my organisation. We need an extra hand to continue their work. That is very difficult because we need money for that if we do not have service personnel."

4.3.4 Opportunities available for organisations to improve the support for breastfeeding among working mothers.

Many of the participants identified an extension of maternity leave for exclusive breastfeeding, improvement in breastfeeding time and work output, and advocacy for workplace nurseries as opportunities available for organisations to improve the support of breastfeeding among working mothers.

Minor Theme1: Extension of maternity leave for exclusive breastfeeding

Participants, especially breastfeeding working mothers, indicated that their organisations could extend the maternity leave to six months. This will give them the needed time to do exclusive breastfeeding before resuming work. Again, they indicated that this extension of maternity leave from 3 months to 4-6 months will make their office work flexible since they will not be in a rush to get home from work to breastfeed their infants.

"Why not give six months' maternity leave to exclusively breastfeed? This will save us from all the daily hustle after the resumption of work.

Some of us believe that an extension is necessary. We need more time to help us breastfeed well. Even though after the 3 months maternity leave there is flexibility in working that is not enough."

Minor Theme 2: Advocacy for Workplace Nurseries

Participants who were breastfeeding mothers advocated for the provision of a nursery at their various workplaces. This they believe is very important as it will reduce the stress level of working mothers rushing home every day. Additionally, they indicated that the provision of a nursery will improve their work output since they will stay in the office and close at the official time without needing provision for an earlier closing time.

"Come to think of providing a nursery for us at the workplace as done in advanced countries. Our stress level will be down because we will breastfeed our infants close to us since we'll be given a break. It will also increase our output because it will increase our working time in the office."

Minor Theme 3: Improvement in Breastfeeding Time and Work Output:

The human resource officers also expressed the need for the creation of a nursery at the workplace. Their main concern with this is that it will improve breastfeeding working mothers' breastfeeding time as well as their work output. However, they were concerned about the cost involved in creating these nurseries.

"We can create a nursery to help our working mothers to bring their infants to the workplace to breastfeed them. I think that if management can assist in creating a space for working mothers to bring their infants to work and breastfeed them, it will increase their productivity. Why? Because the infants are close to them, and they will not need to rush back home. There will be enough time to work. Even providing caretakers will be of help to them while in the office. However, I am concerned about the cost to the organisation even though this is a good thing to do" [The HR participant 8]

CHAPTER FIVE

DISCUSSION

5.0 Introduction

This chapter presents a discussion of the findings in the previous chapter. The discussion is based on the outlined objectives of the study which include, Workplace policies and support for breastfeeding available to working mothers, the influence of policies and support on breastfeeding behaviours among working mothers, challenges associated with the implementation of policies. And support measures on breastfeeding among working mothers, opportunities available for organisations to improve the support for breastfeeding among working mothers' study.

5.1 Work policies and support for breastfeeding available to working mothers.

This study found that participants were knowledgeable about the existence of policies and support measures for breastfeeding working mothers in their respective organisations, which agrees with reports by Mensah (2011). Nonetheless, despite the good knowledge of this, most of the participants did not have access to such policy documents. These institutions may therefore be encouraged to increase employees' sensitization of this through open access to the policy documents so that they are familiarised and able to enforce implementation and influence revisions. Additionally, knowing the existence of policies is helpful as knowing in detail the contents accord employees a basis for assertiveness.

In comparison to the present findings, Kosmas-Anderson & Wallace (2006) reported that the majority of the respondents in their study had little knowledge of their workplace breastfeeding policy, however, their study also showed that many employees did not receive their workplace breastfeeding knowledge directly from their employers and it was often not discussed when employees are first offered employment but rather workers often had to rely on asking other people in the organisation about this (Kosmala-Anderson & Wallace, 2006). The implication of not

disclosing such information to workers not only blind-sides them in making critical decisions on breastfeeding but may limit opportunities for employees' input in such policymaking and any other subsequent review. Nankunda et al. (2006) went on to suggest in their work focused on breastfeeding policies to increase awareness of all employees on labour laws and related policies that affect their right to breastfeed as this information is often extensively held by human resource managers despite such knowledge affecting all employees equally, ideally raising this knowledge should promote the assertiveness of workers in demanding better work culture and policies that support breastfeeding.

The present study further found that organisations do not frequently review maternity policies unless an extenuating circumstance such as the COVID-19 arose thus exposing opportunities for improvement at the study sites since employees' needs and the realities of work are ever-evolving, it should therefore become a necessity that policy document affecting them be subject to periodic reviews to best serve the interests of both employees and the organisation. Furthermore, since most establishments desire commitments from their workers, it is only fair that they are subject to terms of work that yield to their needs as it emerges, and this can only be truly guaranteed if existing policies have clearly defined periods of reviews and upgrades. It is noteworthy, however, that these two organisations demonstrated some malleability by reviewing their maternity leave policy document in some situations such as the Covid-19 pandemic which was reported by breastfeeding mothers that it helped ensure that they continued to their infants with minimal risk

5.2 Influence of Policies and Support on breastfeeding behaviours among working mothers

Findings of the present study indicated that the availability of policies encouraged women to breastfeed infants, promoted good growth of infants and mothers, helped improve the output of working mothers after they resumed work and supports documented benefits of breastfeeding in the

literature (Crossan et al.,2017) therefore continued promotion of workplace breastfeeding programs through research and media campaigns will increase intention to breastfeed among mothers and practice of exclusive breastfeeding.

Furthermore, contrary to reports from elsewhere by Kosmola-Anderson & Wallace (2006) in the USA and Soomro et al (2016) in Pakistan where breastfeeding mothers reported facing criticism and lacking support from colleagues in accommodating breastfeeding at the workplace or similar flexible scheduling, all the participants in this study suggested that their colleagues were quite helpful in ensuring that had the time off or privacy to breastfeed. This should ensure that incorporating better-structured policies and physical structures to support breastfeeding and similar devices will be well received by other employees.

Additionally, the role of co-workers and their cooperation in influencing breastfeeding decisions and practices deserves more recognition since many breastfeeding women relied on a community of support from their colleagues and co-workers to ensure that they can combine work with exclusive breastfeeding. For instance, it was a common theme in the study that organisations did not make ample provisions through remuneration or additional staffing when a worker took a maternity leave and this happened after they resume and had to close earlier than usual, other staff members had to step in do some of their tasks, thus indicating good support for maternity leave and related policy which is consistent with related works among the Ghanaian population (Diji et al., 2017; Dun-Dery & Laar, 2018; Nkrumah, 2017).

5.3 Challenges associated with the implementation of policies and support measures on breastfeeding among working mothers

Despite the availability of policies supporting breastfeeding in the two organisations, many women in the study verbalised that this was not still enough as they had to resume work before six months

which is the recommended duration for EBF practice, and it was equally challenging to sustain this practice after six months since there were no provisions to keep their infants close to them at work. Secondly, the lack of a predetermined review period for the policy undermines opportunities for women to offer insights into their breastfeeding needs and demand the level of support they might desire from their employer. Beyond this, the duration of full maternity leave of twelve weeks is not enough as identified by working mothers, despite many women who are taking the initiative to combine this period with accumulated annual leave, that is: extending their maternity leave time off to about five months.

The breastfeeding mothers in this study reported still being faced with bouts of 'tiredness', and 'fatigue' and a respondent admitted that combining work and breastfeeding and EBF left them divided between the thought of their infant and their work which often means that they struggle with meeting deadline, hence stronger calls to extend the leave period to the minimum of six months when infants are expected to feed exclusively on breast-milk would be protective of a breastfeeding employee's health and ensure their concentration at work.

Whilst employers must be applauded for taking initiatives for having a maternity leave policy in line with national recommendations, however, the present research suggests that perhaps co-workers should receive a greater commendation, since they are expected to accommodate the cost of having an employee on maternity leave or the concession to grant those earlier closer times.

Most employers have not taken steps to provide a short-term replacement or offer monetary compensation for the colleagues of breastfeeding women and it was suggested by respondents that employers sometimes pressure a lactating woman to resume maternity leave earlier or discourage avenues to extend the three-month leave period if the circumstance subjected other employees to significant pressures which need to be alleviated.

Employers are therefore implored to further advance their commitment to such policies through investments in temporary staffing. They can also ensure that staff taking on more responsibility at such times are appropriately remunerated as they truly show their support for a strong breastfeeding climate in their workplace. These findings agreed with reports by Vilar-Compte et al. (2020 as they found that colleagues of breastfeeding mothers tend to work best when they are motivated and offered remunerations as they take up additional tasks in supporting these women who enjoy the benefits of maternity leave and its associated policies

Another major challenge identified in the study is a total lack of mention of physical structures to support breastfeeding. Many of the mothers and HR staff showed the desirability of having a nursery or similar arrangements that are proximal to the workplace as another measure of support for breastfeeding women (which also confers advantages to employers). This is because most women will be able to do more work and not have their time divided between works and taking extensive breaks to breastfeed. Unfortunately, such provisions are not mentioned in the available policy document at both study sites yet there is documented evidence of this increasing productivity and breastfeeding commitments as well as supporting an earlier return to work among women thus culminating in higher revenues for companies (Chang et al., 2021; Kosmala Anderson & Wallace, 2006).

Finally, there are also opportunities to recognize the needs of women with obstetric concerns in the available policy statements such as women with multiple gestation or ailments that necessitate longer duration of leave, as it would be unfair subjecting such women to the same policy.

This is important because such categories of women might be unable to devise the reported measure of using prior unused leave periods to elongate maternity leave to five months as they could have exhausted theirs due to the extra pressures and complications of pregnancy.

5.4 Opportunities available for organisations to improve the support for breastfeeding among working mothers.

It was found that to improve support for breastfeeding working mothers, there is a need to extend the maternity leave period from twelve weeks to fourteen weeks. The creation of nursery centres in organisations was also seen to improve support for working mothers. These findings agreed with the GMA (2013) campaign aimed at calling for a review of labour law to grant six months of maternity leave to breastfeeding working mothers.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter focuses on the presentation of the conclusion and recommendations of the study. It also presents the strengths and limitations of the study.

6.1 Conclusion

The study concludes that maternity leave, and flexible working arrangements are some workplace policies and support for breastfeeding that are available to working mothers. The availability of work policies and support for breastfeeding working mothers in the organisation is not only useful for working mothers, but also for the growth and sustainability of the society. As much as both men and women are contributing to economic growth through work, offering women maternity leave enables them to properly execute their reproductive role of giving birth and taking care of their infants.

Again, the study concludes that the policies and support on breastfeeding encourages continuous exclusive breastfeeding practices, facilitates good breastfeeding behaviour among breastfeeding working mothers, help mothers provide the right quantity of breast milk to their infants, and ensure that breastfeeding was aligned with healthcare recommendations. Though the quality of the first six months of a baby's life is determined by the breastfeeding behaviour among women, breastfeeding working mothers can only demonstrate this behaviour when there are available policies at the workplace to support them.

Furthermore, the study concludes that there are challenges associated with the development and implementation of every policy within organisations. The challenges identified include workload adjustment and task redistribution, balancing work with baby care challenges, and financial implications and workforce substitutions. However, when it comes to organisational policies

relating to time offered, space provided and support given to women to breastfeed their infants, special attention needs to be given to these challenges.

Finally, when it comes to the opportunities available for organisations to improve the support for breastfeeding among working mothers, the study concludes that extension of maternity leave, and advocacy for workplace nurses/ healthcare workers can help organisations to improve the support for breastfeeding among working mothers. It is also worth noting that breastfeeding working mothers need six months to do exclusive breastfeeding. However, it takes two years to properly wean a baby. Policies that extend the time working mothers need to breastfeed their infants are very important and must be considered.

6.2 Recommendations

Based on the findings of the study, the following recommendations are suggested.

1. The study results reveal that maternity leave and flexible working arrangements are some workplace policies and support for breastfeeding available to working mothers. The study recommends businesses to develop adaptable return-to-work policies that let moms gradually return to their regular work schedules. This can involve a temporary reduction in hours or part-time schedules to help mothers reconcile their job and breastfeeding obligations.

2. The study reveals that the policies and support on breastfeeding encourage continuous exclusive breastfeeding practices, facilitates good breastfeeding behaviour among breastfeeding working mothers, help mothers provide the right quantity of breast milk to their infants, spend enough time to bond with their babies, and ensure that breastfeeding was aligned with healthcare recommendations. Therefore, the study urges organisations to provide flexible work hours or remote employment opportunities as needed to enable working moms to manage both their work and breastfeeding obligations.

3. The study result reveals that there are challenges associated with the development and implementation of every policy within organisations. The challenges identified include workload adjustment and task redistribution, balancing work and infant care challenges, and financial implications and workforce substitutions. As a result, the study urges organisations to spend money on lactation spaces or rooms that are well-equipped and offer a cosy, quiet setting for breastfeeding or milk expression. Mothers can handle nursing while at work by using adequate lactation facilities, without always worrying about privacy and disturbance of others in the workplace.

4. Finally, the study reveals that extension of maternity leave, and advocacy for workplace nurses /healthcare workers to educate, support can help organisations to improve the support for breastfeeding among working mothers. The study recommends the need for organisations to push for the hiring of lactation consultants or workplace nurses who can counsel and support workers who are nursing. These experts may provide individualised guidance, aid in managing breastfeeding difficulties, provide knowledge on optimal breastfeeding techniques, and establish a relaxing and encouraging environment for nursing babies or pumping breastmilk.

6.3 Strength of the study

The study adopted a qualitative research approach. This allowed the researcher to explore the in-depth experiences and views of the participants regarding workplace policies and support measures for breastfeeding working mothers.

6.4 Limitations of the Study

One of the main factors that prevented the study from being able to collect data on the experiences of breastfeeding mothers in different cultures was the small sample size. This means that the findings might not represent the experiences of every working mother.

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