

Understanding the components of comprehensive maternity protection available and accessible to non-standard workers in South Africa: domestic workers as a case study.

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Thesis submitted in fulfilment of the requirements for the degree PhD, in the School of Public Health, Community and Health Sciences Faculty, University of the Western Cape

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February 2023

KEYWORDS

Comprehensive maternity protection

Availability, accessibility

Knowledge, understanding and perceptions

Non-standard workers

Western Cape, South Africa

Domestic workers

Policy analysis

Scoping review

Stakeholder engagement

Breastfeeding practices

Women's rights, health rights, reproductive rights



ABSTRACT

Introduction

Maternity protection refers to a set of entitlements for working women around the time of pregnancy, childbirth and upon return to work, while breastfeeding. Comprehensive maternity protection incorporates health protection at the workplace; a period of maternity leave, cash, and medical benefits while on maternity leave; job security; non-discrimination; access to breastfeeding breaks and childcare support. Maternity protection in South Africa has not previously been comprehensively documented and investigated. Women working in permanent, full-time positions in the formal sector have greater access to maternity protection. Women working in positions of non-standard employment have not been allocated sufficient priority and investigation in the literature and previous research on maternity protection. Women employed informally make up a substantial portion of the workforce, especially in low-and-middle income countries (LMICs). Domestic workers are a particularly vulnerable group of non-standard workers. Appropriate maternity protection can lead to health and development benefits for women and their children that could result in improved infant and young child health and optimal infant and young child nutrition, through the protection, promotion, and support of breastfeeding. Breastfeeding rates in SA are low and return to work is a factor that negatively influences breastfeeding. The overall aim of this PhD research was to examine current maternity health and economic protection entitlements and their accessibility to non-standard employee domestic workers, in South Africa (SA), to improve understanding of potential implications for breastfeeding practices.

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Methodology

This research used a human-rights based approach to determine how women access basic labour rights including comprehensive maternity protection. A conceptual model of the components for an enabling environment for breastfeeding, the workplace and employment setting were the focus of this research together with ‘legislation and policy’ as interventions where breastfeeding support requires improvement. A scoping review of research conducted on maternity protection benefits available and accessible to non-standard workers in LMICs and in SA was conducted. This was followed by a policy analysis of maternity protection benefits available to all women in SA and then to non-standard domestic workers in particular. The ‘health policy triangle’ was used to evaluate the content of policy documents, the context within which policies were developed, and the processes and actors involved in the development of all policies related to maternity protection in SA. Key stakeholders in government, trade unions, non-governmental and other relevant organisations were interviewed to determine knowledge and understanding of the maternity protection benefits that should be available and accessible to female domestic workers in SA. An online survey was conducted with a sub-group

of domestic workers in SA to describe their knowledge about current maternity protection benefits. Finally, individual in-depth interviews with domestic workers in the Western Cape were undertaken to examine factors influencing accessibility to maternity protection and breastfeeding practices that domestic workers adopt upon return to work.

Results

There has been limited and piecemeal research conducted on maternity protection in LMICs with inadequate consideration to the potential implications on breastfeeding practices. A comprehensive mapping and analysis of the maternity protection available to all women in SA reveals a fragmented policy environment. Certain components of comprehensive maternity protection are available to non-standard domestic workers in SA, but this does not guarantee its access to all categories of non-standard workers, such as domestic workers. While all components of maternity protection are important, the limited access to cash payments while on maternity leave is particularly problematic for domestic workers and can lead to early return to work with implications for breastfeeding practices. Key stakeholders and domestic workers have limited knowledge and understanding of all aspects of comprehensive maternity protection. The awareness of breastfeeding breaks in particular is low among stakeholders and domestic workers. Limited access to maternity protection can influence the breastfeeding practices of domestic workers.

Conclusions

There are many challenges with maternity protection policy implementation in SA. Improving the availability of and access to comprehensive maternity protection for domestic workers could result in improved quality of care for women during pregnancy, around the time of childbirth and on return to work, and for their new-borns. Improving access to maternity protection including ensuring breastfeeding support in the workplace could improve breastfeeding practices. Ensuring universal comprehensive maternity protection for working women, in positions of non-standard employment, could encourage significant health, development, social and economic benefits for current and future generations.

DECLARATION

I declare that *Understanding the components of comprehensive maternity protection available and accessible to non-standard workers in South Africa: domestic workers as a case study* is my own work. I declare that this work has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by my complete references.

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Date: February 20223



ACKNOWLEDGEMENTS

A PhD is a test of persistence and perseverance, but I also believe that it is a great team effort, led by the PhD student but with inputs from many. There are many remarkable people, without whom I would not have finished this PhD, so please bear with me as I try to mention all of them, and I apologise to anyone that I may have unintentionally not acknowledged.

I was lucky to have three different, strong, wonderful women as my PhD supervisors to guide me through this journey. Prof Diane Cooper very quickly agreed to supervise me after I first met her in 2017 and got me started. Halfway through my PhD, there was an unexpected transition in main supervisor, but this was relatively seamless for such a big change. Prof Tanya Doherty took over the primary supervisor role, providing the support to guide me through the second part of this ultra-marathon. Tanya, I have learned a lot from you including how valuable quick feedback is to maintain momentum, and how to focus on the most important content. I am very proud of all the publications where we are co-authors and thank you for the opportunities that you have included me in outside of supervising my PhD. Prof Mieke Faber has stood beside me from the beginning to the end and kept me on track when I was not sure that I could carry on. Mieke, a celebrity and stalwart in nutrition in South Africa, I am very grateful to have benefitted from your wisdom and experience. Thank you for being so open and honest with me about your own journey too. To my supervisors, I am so very grateful for the guidance and direction you have generously and selflessly shared with me over the past five years. I would not have been able to complete this journey without you. You are all true female warriors in nutrition, women's and children's health and rights.

My husband, Tiaan Kotze, has been my emotional, moral, financial, and unconditional all-round supporter and has invested and sacrificed so much so that I could achieve my dream of completing this PhD. Tiaan, thank you for supporting us financially in the three years when I stopped working full-time to complete my PhD (which was originally meant to only be one year). I will always be grateful that you were willing to do this for me and for us.

Thank you to the many people who provided technical input at various stages of my PhD, from conceptualising my topic, which I distinctly remember happening at a Western Cape Government Health Mother-Baby Friendly Initiative (MBFI) meeting, to getting the proposal approved. Thank you to the Higher Degrees and Biomedical Research Ethics Committees for the feedback received and to the anonymous peer reviewers and editors of the journals where my papers are published and under consideration – all of these inputs contributed to my learning journey and greatly improved the quality of what has been produced. Thank you in advance to my thesis examiners for the inputs that you will provide.

To Dr Alison Feeley, who I first met as a colleague and then became a friend and who agreed to be the second reviewer for my scoping review but has given so much more than that in moral and personal support, thank you. To Prof Kitty Malherbe, thank you for the essential legal inputs and for agreeing to join the team as a co-author for my first published PhD paper.

To my most amazing friend, Dr Kim Buchholtz, my supporter, and defender, who guided me through, believed I could do this and showed me the way, all while going through your own journey. Thank

you also to your wonderful family, who treat me as one of their own, for their constant support and love.

To my PhD buddy, (soon-to-be-Dr) Tammy Frank, for what started out as weekly check-in calls and at times became daily WhatsApp messages, I am so grateful for our friendship and mutual support, and to have been able to travel alongside you on this journey. It has been an honour to watch you move and grow into a big name in global nutrition and expert in your field and to learn from you.

To Dr Ewa Pluciennicka and the PhD Success Forum, what a unique and important service that I was able to take advantage of during my PhD journey. Ewa, you offer a wonderful combination of professional guidance and personal care, and everybody knows you as ‘my PhD psychologist’ – I am very grateful to have had you by my side especially when things got quite difficult during the pandemic and lockdown. You offer such valuable support and I hope that many PhD students get to benefit from you now and in the future.

My sister, Hannah, it was amazing to be able to move and live in the same country as you, part way through my PhD and to have you and Stijn support me through this part of my PhD. There was a critical time mid-way through when I had a mental health wobble, and I am very grateful for the support that you both gave me then and beyond. It was also wonderful to have a bit of a break from PhD work and spend some time with Savannah, my energetic, bubbly and loving niece. To my Dad, thank you for giving me the childhood and education that enabled me to learn, develop and have an inquisitive mind. To my brother, who always believed that one day I would be called Doctor, and to my Gran, who thinks that I am a Professor – thank you for your unwavering support. Isabel, thank you for your support and understanding. To my most wonderful “Ma en Pa”, thank you for your support and understanding through this journey. My trip to Cape Town at the beginning of 2022 to complete my data collection was very special, thank you for looking after me so well.

To everyone who supported my previous degrees to enable me to get to the point of doing a PhD, thank you to those who supported my undergraduate studies and thank you to Maritha Marais (and the NOMA team) for enabling me to get my Masters degree and for allowing my insight into the field of nutrition and human rights.

To the University of the Western Cape (UWC) School of Public Health (SOPH), through whom I am very proud to have done my PhD and particularly, to the PhD in Public Health co-ordinators – Prof Helen Schneider and Dr Wolde Amde, thank you for all the work you have done to provide support to all the PhD in Public Health students. To the convenors of the winter school course on health policy analysis that I learned so much from, to the SOPH administrators, Corinne Cornelissen and Janine Kader for your patience with all administration and registration related issues, and all the friendly faces at the SOPH and also the Community and Health Sciences Faculty when I was based at UWC and in Cape Town and those who kept in contact when I moved, the virtual support from UWC has been incredible. To my SOPH PhD Nutrition cluster peers and other SOPH PhD peers, thank you for sharing tips and practical ideas. Thank you to Prof Anna Strebel and Dr Charlene Erasmus who assisted in the early stages of my proposal development, during a difficult time when I was still working full time.

To my other PhD peers and friends, Joelaine Chetty and Ninette du Plessis (my niggie), thank you for walking the road with me, for the regular check-ins and mutually beneficial venting sessions. To my mentors and colleagues, many of whom have become friends, thank you for the various forms of support you offered at different stages of my PhD journey, especially Prof Lisanne du Plessis (thank you for teaching to me to celebrate every milestone!), Prof Rina Swart and Prof Ernesta Kunneke.

Thank you to all of the mental health professionals (in South Africa, the UK and Europe) that supported me during a very difficult personal and professional time in my life.

Thank you to the students who have inspired me, both at undergraduate level while I was at UWC and the Master's students that I am supervising and have supervised, including those who are continuing the work on maternity protection.

Thank you to Sikhumbule Joni and Zintle Phekana for assistance with translating the Participant Information Sheets and Informed Consent Forms from English to isiXhosa. Thank you very much to Mari Milstein for the excellent quality transcription of most of the in-depth interviews that I did and thank you to Tanya for facilitating this.

Thank you to the DSI/NRF Centre of Excellence in Food Security for the funding that I received for 3 years of my PhD (UID 91490). This was extremely helpful during the time when I had stopped working to complete my PhD. Thank you to Prof Rina Swart for facilitating this.

Thank you to those who have paved the way in working to protect, promote and support breastfeeding, maternity protection and domestic worker rights. Thank you to all those whose research I could cite and whose work inspired me.

Finally, and very importantly, to the individuals who participated in my primary data collection – thank you to the stakeholders that answered questions during in-depth interviews and were generous with sharing such valuable insights. Thank you to Luke Kannemeyer at SweepSouth for facilitating the inclusion of questions on maternity protection to the 2021 annual survey and my access to that survey data. Thank you to the domestic workers who shared their stories with me, some difficult, some positive, but very personal, who were vulnerable, honest and made the time and effort to come and speak to me. I truly hope that your working conditions are one day improved.

ABBREVIATIONS

BCEA	Basic Conditions of Employment Act
BMREC	Biomedical Research Ethics Committee
COSATU	Congress of South African Trade Unions
IDI	In-depth Interview
ILO	International Labour Organisation
IYCF	Infant and Young Child Feeding
LMICs	Low-and-middle-income countries
NDEL	National Department of Employment and Labour
NDoH	National Department of Health
NDoL	National Department of Labour
NGOs	Non-Governmental Organisations
SA	South Africa
SMEs	Small and Medium Enterprises
SOPH	School of Public Health
UIF	Unemployment Insurance Fund
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
WC	Western Cape
WCG	Western Cape Government
WHO	World Health Organisation
WIEGO	Women in Informal Employment: Globalizing and Organizing

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CHAPTER 1: LITERATURE REVIEW

This chapter begins by describing global standards for maternity protection followed by a description of existing maternity protection in South Africa. Next, the context of informal employment and non-standard work, both globally and in SA is described. The limited research on maternity protection for non-standard workers, globally and in SA is described. The link between maternity protection and improved breastfeeding practices is described. Finally, this chapter concludes by locating the five papers developed from this research within the broader thesis.

Global guidance on maternity protection

Global guidance on maternity protection is provided by the International Labour Organization (ILO). The ILO describes maternity protection as “*a human right and an essential prerequisite for the achievement of women’s rights and gender equality*” (pg xi) (ILO, 2015b). The ILO’s Maternity Protection Convention 183 of 2000 describes the entitlements that should be available to women who are pregnant, around the time of childbirth and during breastfeeding (ILO, 2000) (Figure 1 and Box 1). In Box 1, the words in italics represent how the components of comprehensive maternity protection have been labelled and are therefore referred to throughout this thesis.

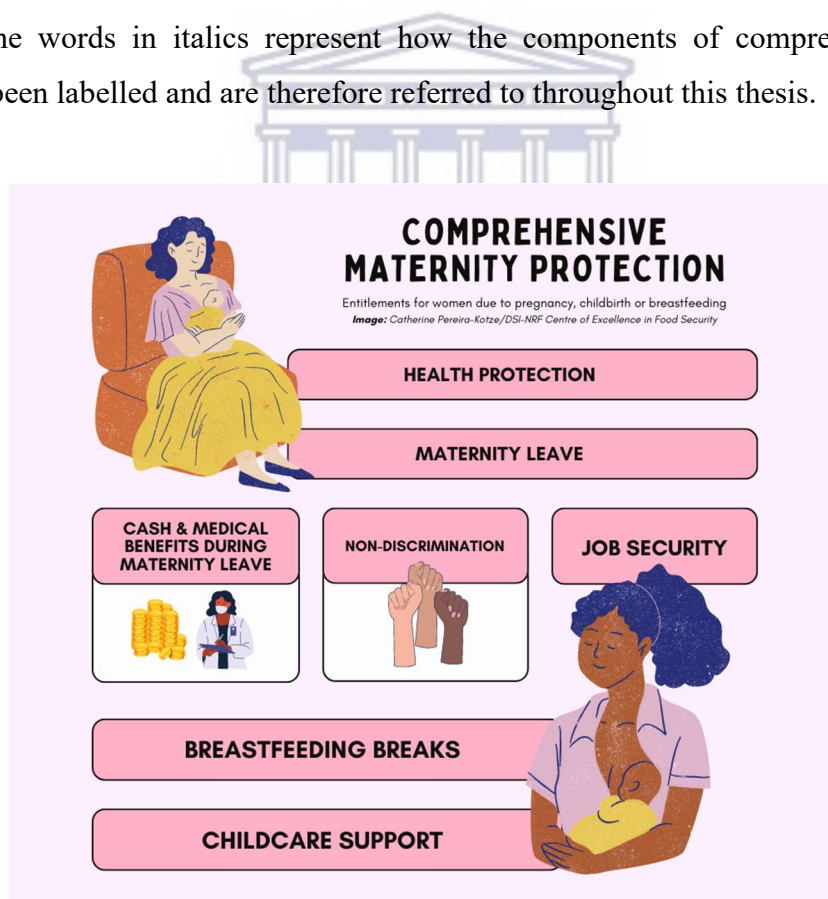


Figure 1: Illustration representing the components of comprehensive maternity protection.

(Source: developed by Catherine Pereira-Kotze and Carla Bernardo from the DSI-NRF Centre of Excellence in Food Security)

Box 1: Components of comprehensive maternity protection

- A pregnant or breastfeeding woman should not be placed in a situation that could place herself at physical risk (*health protection* at the workplace);
- A pregnant and/or breastfeeding woman should be entitled to a period of *maternity leave*;
- Women should receive some *cash and medical benefits* while on maternity leave;
- The same job should be available to a woman when she returns from maternity leave (*job security or income protection*);
- A pregnant or breastfeeding woman *should not be discriminated against*;
- Arrangements should be made so that breastfeeding women are provided with the right to at least one *daily breastfeeding break* (to breastfeed or express milk).

Source: ILO, 2000 and ILO, 2012a.

The ILO's Maternity Protection Resource Package goes beyond the period of maternity to include access to childcare support on return to work as part of comprehensive maternity protection (ILO, 2012a). Maternity protection aims to protect mothers' and infants' health as well as to reduce potential job and income-related disadvantages experienced by pregnancy, return to work after childbirth, and breastfeeding (ILO, 2012a).

The ILO is the only tripartite United Nations (UN) agency and aims to bring together representatives from governments, employers and workers of its 187 member States to "set labour standards, develop policies and devise programmes promoting decent work for all women and men" (ILO, 2023). The main work of the ILO is conducted through three bodies: the International Labour Conference sets international labour standards and the broad policy of the ILO; the Governing body includes the executive council and makes decisions around policy, programming and budgets, and the International Labour Office is the secretariat for the ILO (ILO, 2023a). The ILO uses a supervisory system to ensure implementation of the Conventions and Recommendations that countries have ratified and provides technical cooperation to countries. The ILO has an Administrative Tribunal which has jurisdiction over a number of international organisations and officials from those organisations (mainly international civil servants) can file complaints to the Tribunal (ILO, 2023b). As of February 2023, the ILO's Maternity Protection Convention of 2000 (No. 183) has been ratified by 43 countries (ILO, 2023d).

Maternity protection policy and legislation in South Africa

Although South Africa (SA) has not yet formally ratified the ILO Maternity Protection Convention 183 of 2000 (ILO, 2020), there are laws and policies that provide a certain level of maternity

protection. The Basic Conditions of Employment Act (BCEA) legislates that female employees are entitled to four months of maternity leave, yet payment during this period is not mandatory (Basic Conditions of Employment Act, 1997). Women who do not receive paid maternity leave can claim cash payment from the national social insurance scheme, the Unemployment Insurance Fund (UIF), provided they have contributed to the fund, as determined by the Unemployment Insurance Act and Unemployment Insurance Contributions Act (NDoL, 2002b; Unemployment Insurance Act 63, 2001). The Acts legislating social insurance apply to all employers and workers, except for those working less than 24 hours a month for an employer; learners; public servants; foreigners working on contract; workers who get a monthly State (old age) pension; or workers who only earn commission. The BCEA has a Code of Good Practice on the Protection of Employees during Pregnancy and after the Birth of a Child which recommends that pregnant and breastfeeding women be provided time off to attend clinics for check-ups as required during pregnancy and after birth, and that mothers are provided with two 30-minute breaks during the work day to either breastfeed their child or express breast milk, for the first six months of life (NDoL, 1998).

Aside from legislation specific to components of maternity protection, at a national level, the Constitution of South Africa is comprehensive and provides a number of rights that all people are entitled to, including the right to access to health care services, including reproductive health (section 27(1)(a)) and the right to access to social security, including, if they are unable to support themselves and their dependants, appropriate social assistance (section 27(1)(c)) (*Constitution of the Republic of South Africa*, 1996). At a sub-national level, the Western Cape province has a Breastfeeding Policy, that allows all permanent and fixed-term contract (temporary) employees working for any government department to have time available for the provision of two 30-minute breastfeeding breaks, until the child is 12 months old (WCG: Health, 2012).

The relationship between maternity protection and social protection

Certain aspects of maternity protection overlap with social protection, especially for vulnerable groups of workers such as those engaged in informal employment and those that can be described as non-standard workers. The ILO has a mandate to provide global guidance on social protection and the right to social security, which they describe as a human right, that includes policies and programmes aiming to reduce and prevent poverty and vulnerability throughout the life cycle (ILO, 2017). Social protection includes benefits made available to children and families and due to maternity, unemployment, employment injury, sickness, old age, disability, and health protection. Social protection schemes usually include a mix of social insurance (contributory schemes whereby employers and employees contribute a percentage of monthly wages to a government-managed fund,

from which eligible beneficiaries can apply) and social assistance (non-contributory, tax-funded benefits) (ILO, 2017; SAHRC, 2001).

Effective social protection during maternity would assist with income security for women during pregnancy, around the time of childbirth and on return to work and while breastfeeding. Adequate maternity protection would contribute to appropriate access to maternal health care and promote employment equality. This PhD research focuses on non-standard workers as a vulnerable group, and specifically domestic workers as a case study and it is therefore important to define what is meant by the different terms related to informal types of employment.

Evolution of the term “non-standard employee” to “non-standard worker”

At the start of this PhD, the term “non-standard employee” was used throughout the research protocol. However, in the protocol version of the aim, there was discord in the placement of the word “employee” almost next to “worker” to create the concept of “non-standard employee domestic workers” because “employee” and “worker” have different legal meanings. During the research process and through consultation with a legal expert and a social protection specialist it became clear that the term “non-standard employee” was inaccurate, and we therefore transitioned to using the term “non-standard worker” to refer to those working in positions of non-standard employment.

Non-standard employment refers to work that cannot be considered as a ‘standard employment relationship’. The ILO describes four broad categories of non-standard employment (ILO, 2016): temporary employment (fixed-term contracts including project-based contracts, seasonal work, casual work and daily work); part-time and on-call work (normal working hours but fewer than full-time equivalents; marginal part-time employment; on-call work, including zero-hours contracts); multi-party employment (also known as ‘dispatch’, ‘brokerage’ and ‘labour hire’ or temporary agency work or subcontracted labour) and disguised employment or dependent self-employment. Common examples of non-standard workers include domestic workers, farm workers, people in contract positions and any workers employed by agencies. For the purposes of this research, scholars or students (attending secondary school or tertiary training) were excluded from the definition of non-standard workers since their primary purpose is not to earn an income. It is however acknowledged that women who have a baby and need to return to school or other training experience similar challenges to non-standard workers. Research conducted in Liberia showed that access to childcare for mothers who needed to return to school or vocational training was challenging resulting in physical separation of mothers and infants (Kumeh et al., 2020).

Global perspectives of informal employment and non-standard work

Globally, two billion people are in informal employment and in the Global South, most people depend on the informal economy either directly or indirectly (OECD/ILO, 2019). The ILO Recommendation on the Transition from the Informal to the Formal Economy R204 defines the informal economy as broadly referring to economic activities by workers that are not sufficiently covered (in law or practice) by informal arrangements, excluding illicit activities (ILO, 2015a). Informal employment is a much broader concept than employment in the informal sector, which simply refers to the characteristics of the place of the worker. Typically, organisations in the informal sector have a low level of organisation, operate on a small scale and elude government regulatory requirements (OECD/ILO 2019). The ILO considers employees to have informal jobs if the employment relationship does not comply with national labour legislation, income taxation, social protection or entitlement to certain employment benefits (e.g., paid leave, advanced notice of dismissal, etc.) (ILO, 2016b; OECD/ILO, 2019). Informal employment refers to a large and heterogeneous group of working arrangement that covers enterprises and employment relationships that are not legally regulated or socially protected (Chen, 2012). The ILO explains that employees can have informal jobs in formal or informal sectors and acknowledges that in LMIC, ‘non-standard employment’ can often overlap with ‘informal employment’ (ILO, 2016).

A person can be in informal employment and working for someone else (i.e., a ‘hired worker’ or a ‘wage worker’) or may be an ‘own-account’ worker. Informal wage employment refers to employees being without social protection contributions (by formal or informal enterprises). Certain types of wage work are more likely to be informal, such as employees of informal enterprises, casual or day labourers, temporary or part-time workers, paid domestic workers, contract workers, unregistered or undeclared workers or industrial outworkers (also called homeworkers) (Chen, 2012). Informal self-employment includes own account workers in informal enterprises, contributing family workers (in informal and formal enterprises) or members of informal producers’ cooperatives (Chen, 2012). Another type of informal working relationship is ‘platform work’ (also referred to as ‘the gig economy’) where an online platform is used to connect workers to work opportunities (e.g., Uber). Platform work allows flexibility and access to new income generation opportunities but can also be characterised by non-compliance with labour standards and potentially low wages (De Stefano et al., 2021).

Informal employment is sometimes precarious, a term used to describe work that is unprotected, insecure and usually poorly paid. Workers in precarious positions usually do not have a contract or basic social benefits, such as paid leave and work breaks (ILO, 2016; Work Rights Centre website,

2020). These workers might not be paid the legal basic minimum wage and this type of work is often associated with dangerous working conditions and lack of union membership. It has also been suggested that women, minority groups and migrant workers are more likely to occupy precarious work positions. There appears to be an increase in precarious employment, which sometimes manifests as ‘outsourcing’, the use of employment agencies and appointment of ‘short-term’ or ‘independent contractors’ (International Labor Rights Forum website, 2020).

Informal employment and non-standard work in SA

It is important to understand how the terms ‘employee’, ‘worker’ and ‘independent contractor’ are defined in South African law. The BCEA (section 1) describes an employee as “...(a) any person, excluding an independent contractor, who works for another person or the State and who receives, or is entitled to receive, any remuneration; and (b) any other person who in any manner assists in carrying on or conducting the business of an employer” (Basic Conditions of Employment Act, 1997). Worker is defined in the National Minimum Wage Act No. 9 of 2018 as a person who works for someone else and either receives or is entitled to receive payment for that work, whether through money or payment in kind (NDoL, 2018). An independent contractor refers to someone who determines their own hours, runs the business in their own name, is free to work for more than one employer at a time, invoices the employer for each project, is registered as a provisional taxpayer but is not subject to deductions from Pay As You Earn (PAYE) or UIF contributions, does not receive allowances, medical aid or bonuses and is not eligible for paid leave (SALRC, 2021).

In SA, the informal economy includes 10 industries, sectors or subsectors: Agriculture, hunting, forestry and fishing; mining and quarrying; manufacturing; electricity, gas and water; construction; wholesale and retail trade; transport, storage and communications; financial intermediation, insurance, real estate and business services; community, social and personal services including creative arts and private households (SALRC, 2021). The term ‘informal economy’ also extends the focus from enterprises not legally regulated to employment relationships not legally regulated or protected, as well as wage workers in insecure and/or unprotected employment (SALRC, 2021).

In SA, the ‘informal sector’ (more narrow than informal employment or the informal economy) refers to organisations (or enterprises) that employ less than five people and do not deduct income tax from wages (Stats SA, 2017). The informal sector includes organisations that are not registered in any way, are not constituted as separate legal entities independently of their owners and are often managed from informal arrangements (homes, street pavements, etc.). Therefore, informal sector employment refers to those working in establishments employing less than five employees, who do not deduct

income tax from their salaries/wages and employers, own-account workers, and assisting in an unpaid manner in their household business, not registered for either income tax or value-added tax (Rogan & Skinner, 2017). In contrast, formal sector employment includes employment in a business that is formally registered (Stats SA, 2017), can include part-time or full-time employment and is usually associated with a minimum set of employee benefits. This is, however, not the focus of this PhD research. In 2022, in SA, 68.1% of the labour force were working in the formal sector and 24.6% in the informal sector, including agriculture and 7.2% in private households (Stats SA, 2022a). In SA, domestic work is not included in the definition of the informal sector, since domestic work has been relatively formalised, through the Sectoral Determination 7 for the Domestic Worker Sector (NDoL, 2002a). Despite this, however, many domestic workers still find themselves in precarious employment positions and/or informal employment relationships.

Global perspectives on domestic work

Globally, there are over 76 million domestic workers, representing between 1-2% of the global workforce and around 80% of domestic workers work informally (WIEGO & ILO, 2022). The ILO Domestic Worker's Convention C189 describes that domestic work may include household tasks (such as cleaning, cooking, washing, ironing clothes, care of children, elderly or sick family members, care of pets), gardening, guarding the house and even driving (ILO, 2011). The ILO C189 further describes that domestic workers can work in various ways: full time or part-time; employed in one household or multiple employers; living on employers' property or in their own residence, and working in a country where they are or are not a national (ILO, 2011).

The ILO has a Domestic Worker Convention No. 189 and Recommendation No. 201 that specifically make mention of certain aspects of maternity protection (ILO, 2011; ILO, 2011b). These are presented in Box 2.

Box 2: Provisions from ILO documents relevant to maternity protection for domestic workers

Domestic Worker Convention No. 189, Article 14:

- “1. Each Member shall take appropriate measures, in accordance with national laws and regulation and with due regard for the specific characteristics of domestic work, to ensure that domestic workers enjoy conditions that are not less favourable than those applicable to workers generally in respect of social security protection, including with respect to maternity.
- 2. The measures referred to in the preceding paragraph may be applied progressively, in consultation with the most representative organizations of employers and workers and, where they exist, with organizations representative of domestic workers and those representative of employers of domestic workers.”

Recommendation No. 201, Paragraph 25:

- “25. (1) Members should, in consultation with the most representative organizations of employers and workers and, where they exist, with organizations representative of domestic workers and those representative of employers of domestic workers, establish policies and programmes, so as to:
[...] (b) address the work–life balance needs of domestic workers; and (c) ensure that the concerns and rights of domestic workers are taken into account in the context of more general efforts to reconcile work and family responsibilities.”

Source: ILO, 2011 and ILO, 2011b.

Domestic work in SA

The SA Unemployment Insurance Act (UIA) describes a domestic worker as any employee whose work location is at the household of his/her employer, excluding farm workers (Unemployment Insurance Act 63, 2001). The Sectoral Determination 7 for the Domestic Worker Sector (Pg 30, provision 31) defines a domestic worker as any “any domestic worker or independent contractor who performs domestic work in a private household and who receives, or is entitled to receive, pay and includes (a) a gardener; (b) a person employed by a household as a driver of a motor vehicle; and (c) a person who takes care of children, the aged, the sick, the frail or the disabled; (d) domestic workers employed or supplied by employment services” (NDoL, 2002a). The Sectoral Determination (Pg 30, provision 31) goes on to define an employment service as “any person who recruits, procures or provides domestic workers for clients in return for payment, regardless of which party pays the domestic worker” (NDoL, 2002a) which may include platform workers.

In 2022, 11.9% of all female workers in SA were domestic workers (Stats SA, 2022a). Recent research reveals human and labour-related rights violations of live-in domestic workers in SA (IZWI Domestic Workers Alliance & Solidarity Center, 2021). There is research to show that domestic workers in SA often do not receive adequate employment benefits, but limited research has been done on the specific benefit of maternity protection, for this group of workers (Du Toit, 2013).

Global inclusion of informal employment and non-standard work in maternity protection

The ILO was established in 1919 and currently has 187 member States. The ILO is the only tripartite United Nations (UN) agency, tripartite meaning that it brings together governments, employers and workers to set labour standards, develop policies and programmes promoting decent work for all women and men (ILO, n.d.). The ILO's Maternity Protection Convention (Revised) of 1952 (No. 103) explicitly stated that the protection required during pregnancy, maternity and breastfeeding applied to all including those engaged in "domestic work for wages in private households" (Art 1.3(h)) (ILO, 1952). However, the more recent Maternity Protection Convention, 2000 (No. 183) more broadly describes that the convention refers to "all employed women, including those in atypical forms of dependent work" (Art 2.1) (ILO, 2000). The ILO Maternity Protection Resource Package describes atypical forms of dependent work to include a broad variety of working arrangements, including "part-time, casual or seasonal work, job-sharing, fixed-term contracts, temporary agency work, work from home and remote working; pieceworkers; informal employees in all sectors as well as women in disguised employment relationships (disguised self-employment)" (Pg 2) (ILO, 2012b). This type of work differs from what is traditionally referred to as "typical" or "standard" work, usually regarded as full-time, with legal protections, at a single employer with a regular and guaranteed income (ILO, 2012b).

The ILO conducted an international review on maternity protection in Small and Medium Enterprises (SMEs), relatively formalised organisations that might include some categories of non-standard workers (ILO, 2014b). Research on maternity protection in SMEs is limited and mostly from high-income countries (ILO, 2014b). The review identified positive outcomes that SMEs and broader society could derive from improved implementation of maternity protection. These positive outcomes included improved staff productivity, improved profitability and other indirect benefits for SMEs and broader benefits to society (ILO, 2014b). In Ghana, a LMIC, interviews with employers and employees showed that larger, more formal organisations were likely to comply with more components of comprehensive maternity protection regulations while informal organisations usually offered informal, non-standard maternity protection (Stumbitz et al., 2018). However neither forms of maternity protection support were adequately comprehensive (Stumbitz et al., 2018). A 2003 ILO analysis of how women working in the informal economy access maternity protection identified community-based health-financing as a strategy used in some LMICs to provide social security benefits, some of which included elements of maternity protection (Bonilla Garcia & Gruat, 2003). However, it should not be the responsibility of community-based health financing to provide maternity protection to women who cannot access maternity benefits through statutory bodies, due to their non-standard employment. In 2016, the ILO recommended that social protection, such as social

insurance schemes (usually funded through employer and employee contributions, and sometimes supplemented with government funds) and tax-funded cash transfer schemes should be implemented as a more sustainable means for women working in the informal economy to access maternity protection benefits (ILO, 2016).

Maternity protection for non-standard workers in SA

The Sectoral Determination 7 for the Domestic Work Sector, established in 2002, provides for domestic workers to be eligible for inclusion in the national social insurance scheme, the UIF. However, in 2019, only 20% of domestic workers reported being registered for the UIF (Skinner et al., 2021). In SA, there is currently work being done to extend maternity benefits to a group of non-standard workers. The South African Law Reform Commission (SALRC) through Project 143's Discussion Paper 153 is proposing draft legislation, via the recommendation of a Draft Bill: Social Assistance, Employment and Labour Laws General Amendment Bill which aims to extend maternity and parental benefits to self-employed workers in the informal economy (SALRC, 2021).

Limited research on maternity protection for non-standard workers in SA is available. Research was commissioned to Ernst and Young by the National Department of Labour in 2018-19 (Ernst & Young, 2019). This research aimed to evaluate employees' knowledge of and experience in accessing certain maternity protection benefits, as well as the processes and practices of employers regarding the provision of certain maternity protection benefits. While this research focused on women working in the formal sector (and in positions of permanent, full-time employment), various insights were gained regarding maternity protection in SA: it is difficult for employees to claim maternity benefits; both employers and employees lack adequate knowledge of maternity protection benefits that women should be legally entitled to; discrimination on the grounds of pregnancy or parenthood does occur, most commonly among vulnerable workers (e.g. women working in domestic, agricultural or male-dominated sectors) and that the maternity protection currently available is insufficient (Ernst & Young, 2019). A review of living and working conditions of farmworkers in SA showed that in 2014, only 5.6% of farmworkers were entitled to maternity leave (Visser & Ferrer, 2015).

The rate of income protection (such as payment during maternity leave) in SA has been found to be too low (Dupper, 2002) and information on the implementation, monitoring and enforcement of maternity protection legislation in SA is lacking. Therefore, the research conducted for this thesis examined this. The Tshwane Declaration of 2011, signed by the Minister of Health, committed that *“Legislation regarding maternity benefits among working mothers is reviewed in order to protect and extend maternity leave, and for measures to be implemented to ensure that all workers, including*

domestic and farm workers, benefit from maternity protection, and to include an enabling workplace” (NDoH, 2011: 2). This has not been done and hardly any primary research could be found on the maternity protection of NSEs or workers in the informal sector.

The role of comprehensive maternity protection in contributing to improved maternal infant and young child health and optimal infant and young child feeding

The ILO views maternity protection as a fundamental human right, and the ILO Maternity Protection Convention 183 and Recommendation 191 are based on principles in the Universal Declaration of Human Rights (UDHR) (United Nations, 1948), the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1976) and the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW, 1981). Maternity protection can also contribute to a number of the Sustainable Development Goals (SDGs) (United Nations, 2016). Maternity protection promotes the health and well-being of pregnant mothers, their infants and young children, thereby contributing to decreased maternal and child mortality and morbidity (SDG3: Good health and well-being) and through the support of breastfeeding, contributes to improved food and nutrition security (SDG2: Zero Hunger). Furthermore, maternity protection prevents discrimination in recruitment, promotion, dismissal, and other aspects of employment (SDG8: Decent work and economic growth; SDG1: No Poverty). Maternity protection also promotes gender equality (both at home and in the workplace) by protecting women’s employment and income security (SDG5: Gender equality; SDG10: Reducing inequality) (Heymann et al., 2017).

Chai, et al (2018) reviewed paid maternity leave policy and breastfeeding rates in 38 LMIC and found an increase in all breastfeeding practices (early initiation of breastfeeding, exclusive breastfeeding to six months and continued breastfeeding) with extended legislated paid maternity leave.. Breastfeeding often reduces or stops upon return to work (Hirani & Premji, 2009) and delaying women’s return to work following childbirth could increase duration of breastfeeding (Ogbuanu et al., 2011). Providing comprehensive maternity protection has an important role in supporting breastfeeding for all women. In 2019, UNICEF released a call to action which stated the benefits of investment in family friendly policies for families, businesses and economies (UNICEF, 2019). It is acknowledged that most parents are not able to access paid parental leave, but there should be breastfeeding breaks and childcare support (UNICEF, 2019). Paid maternity leave and breastfeeding support in the workplace have direct benefits to the child, mother, employers and businesses (UNICEF, 2019), including improved productivity in the workplace and decreased absenteeism (Cohen et al., 1995). However, most legislation is insufficient (UNICEF, 2019), not comprehensively available and not adequately implemented (ILO, 2014).

Breastfeeding for optimal infant and young child feeding practices and child health

Optimal infant and young child feeding is defined by the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) as the early initiation of breastfeeding (within one hour of birth); exclusive breastfeeding for the first six months and the introduction of adequate, safe and appropriate complementary foods at six months together with continued breastfeeding up to two years and beyond (WHO, 2020). Malnutrition is associated with child morbidity and approximately 45% of global under-five child deaths (Black et al., 2013). Improving nutritional status of infants and young children can contribute to increased child survival. In particular, the first 1000 days of life has been identified as an important "window of opportunity". Optimal health and nutrition during this time can have multiple benefits across the lifecycle (UNICEF, 2017). Better-quality infant feeding contributes to improved dietary intake and nutritional status of, and ultimately healthier, infants and young children. A core element of optimal infant and young child feeding (IYCF) is breastfeeding and the Lancet Breastfeeding Series of 2016 concluded that, globally: "*The scaling up of breastfeeding to a near universal level could prevent 823 000 annual deaths in children younger than 5 years and 20 000 annual deaths from breast cancer.*" (Victora et al., 2016: 475). Near universal levels of breastfeeding is interpreted to mean the early initiation of breastfeeding (within one hour of birth); exclusive breastfeeding for the first six months and continued breastfeeding up to two years and beyond. Improved breastfeeding practices play a role in contributing to the achievement of the Sustainable Development Goals (UNICEF, 2016; WABA, 2016). Despite evidence and guidance, breastfeeding rates remain low and do not meet established targets in most countries (WHO-UNICEF, 2019).

Breastfeeding in SA

In SA, 32% of infants under six months are exclusively breastfed (NDoH et al., 2019), which reflects an improvement in recent years but is still short of the global target of 50% by 2025 (WHO, 2014). Figure 2 provides a graphic illustration of breastfeeding practices in SA, by age. Continued breastfeeding in SA is 51% at one year and 13% at two years (NDoH, et al., 2019). The mean duration of any breastfeeding, predominant breastfeeding and exclusive breastfeeding is 12.2 months, 3.8 months, and 2.9 months respectively. One-quarter (24%) of children under six months are not breastfeeding at all, early introduction of solids is common in SA as is mixed feeding, and any breastfeeding for most children has stopped by two years (NDoH et al., 2019). Despite data and indicator inconsistencies on IYCF practices in SA, there is consensus that while the 'early initiation of breastfeeding with an hour' rate is closer to the global target (currently at 67% in SA with a global target of 70%), exclusive breastfeeding at six months and continued breastfeeding until two years and beyond require substantial improvements (NDoH et al., 2019; Nieuwoudt et al., 2019).

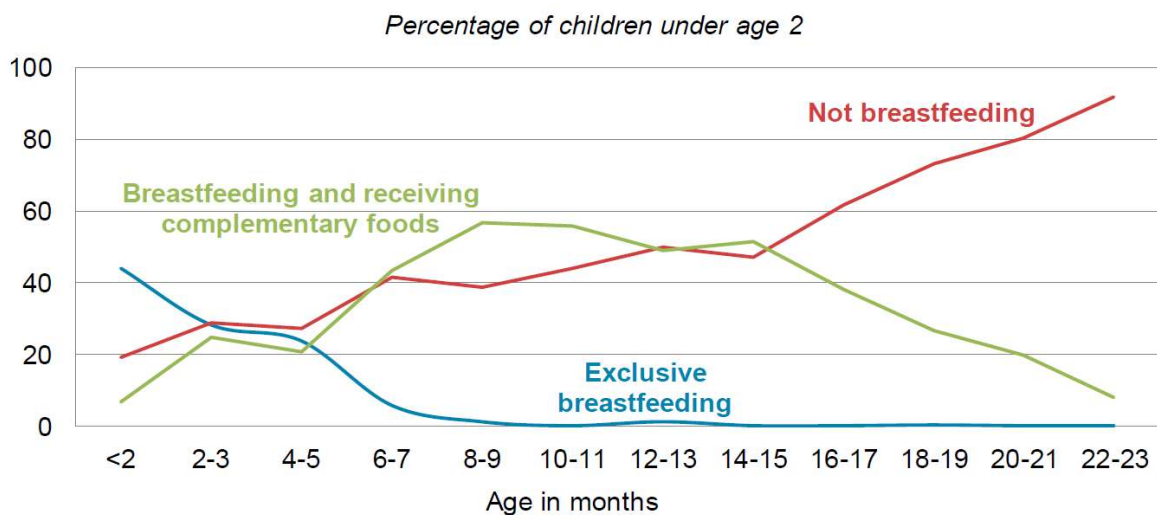


Figure 2: Breastfeeding practices by age in South Africa from the SADHS, 2016

(Source: NDoH, et al., 2019)

The national Infant and Young Child Feeding Policy was updated in 2013 (NDoH, 2013) and legislation implementing the *International Code of Marketing of Breast-milk Substitutes*, the *Regulations R991 relating to foodstuffs for infants and young children* was established in 2012 (NDoH, 2012). However, despite this, marketing of formula milk is still pervasive in SA (WHO & UNICEF, 2022). This is despite work that has been done by government, civil society, and various stakeholders to improve breastfeeding rates across the country. Two examples of campaigns to promote optimal infant and young child feeding are: nationally, the ‘Side-by-Side’ campaign (launched in 2018) to accompany the introduction of an updated Road-to-Health booklet (NDoH, 2020) and provincially, the Western Cape Government First 1000 Days campaign in 2016 (WCG: Health, 2020).

Factors influencing breastfeeding upon return to work in SA

The workplace – and therefore employment – are determinants of breastfeeding practices (Rollins et al., 2016). Limited research has been conducted in SA specifically on breastfeeding and the workplace. In research conducted in four provinces in SA, return to work was the most common reason for breastfeeding cessation (Siziba et al., 2015). In a small study conducted in the North-West province, while mothers reported wanting to continue breastfeeding on return to work, many described workplace environments that were unsupportive of continued breastfeeding while working (Maponya et al., 2021). Research conducted with employed mothers and managers in Cape Town, the Western Cape revealed limited knowledge of comprehensive maternity protection. Participants had poor knowledge about breastfeeding breaks and held the perception that breastfeeding is a private and personal matter not commonly discussed at the workplace, resulting in many mothers stopping

breastfeeding before returning to work (Mabaso et al., 2020). Research conducted at workplaces in the Breede Valley sub-district of the Western Cape found breastfeeding support to be limited and inadequate, including unavailability of workplace breastfeeding policies, lack of support for expressing breastmilk upon return to work and limited knowledge of breastfeeding rights (Daniels et al., 2020).

Comprehensive maternity protection would support working women to continue breastfeeding. There have been some suggestions for how this could be achieved, including the development of a practice model that designated workplaces could implement to enable continued breastfeeding while working (Daniels et al., 2020). Awareness and advocacy about existing maternity support legislation, strengthening of maternity protection legislation and implementation of workplace breastfeeding policies have also been recommended (Mabaso et al., 2020; Siziba et al., 2015).

Problem Statement

Many working women are unable to fully access comprehensive maternity protection, and maternity support available is usually targeted to permanent, formal sector, full-time women employees. Non-standard employment is on the increase, globally (ILO, 2016a). Many part-time, temporary and contract workers, receive no or limited general labour benefits. Women working in positions of non-standard employment are vulnerable to receiving insufficient maternity protection. This may negatively impact breastfeeding practices, since breastfeeding rates reduce when women return to work. Improving access to maternity protection for all women, especially those who are vulnerable (such as non-standard workers), could create a more enabling environment that supports breastfeeding upon return to work.

This research aimed to examine current maternity protection available and accessible to non-standard workers in SA, focusing on domestic workers as a sub-group, since they represent a notable proportion of the female workforce. This research also aimed to describe the maternity protection available in law and policies in SA. The level of knowledge or awareness about maternity protection benefits that women are entitled to is unknown. Hence, this research also explored key stakeholders' and domestic workers' knowledge of maternity protection benefits. Barriers to and facilitators of availability and access to the maternity protection benefits and specifically how these influence infant feeding practices for domestic workers was investigated. As very little research has been conducted on this topic in SA and internationally, this PhD research is contributing new knowledge to the field. The overall, long-term goal of this research is to establish how reasonable improvements can be made to contribute to improved realisation of comprehensive maternity protection, and potentially support

improved and longer duration breastfeeding practices. This research also explored possible opportunities to improve the maternity protection available and accessible to domestic workers and determine whether any lessons learned can be applied to other categories of non-standard workers.

Aim

The overall aim of this PhD research was to examine current maternity health and economic protection entitlements and accessible to non-standard employee domestic workers, in South Africa, to improve understanding of potential implications for breastfeeding practices.

Objectives

The following specific objectives were developed to address the overall aim:

1. To conduct a literature and document review of current knowledge available on maternity protection benefits available and accessible to non-standard workers in LMIC and in SA.
2. To conduct a policy analysis of maternity protection benefits available in SA to non-standard domestic workers.
3. To explore key stakeholders in government, trade unions, NGOs and other relevant organisations' knowledge and understanding of the maternity protection benefits that should be available and accessible to female domestic workers in SA.
4. To describe the knowledge, availability, and access to current maternity protection benefits in a sub-group of domestic workers in SA.
5. To examine facilitating factors and barriers influencing accessibility to these benefits, and breastfeeding practices that domestic workers in the Western Cape adopt upon return to work

Organisation of the thesis

This is a thesis by publication and is presented in four chapters. Chapter 1 provides an overview of literature, problem statement, presents the research aim and objectives and an overview of the thesis, including the location of the papers in the results chapter. Chapter 2 provides an overview of the Methods, summarising the steps followed, which are then described in detail in each paper. Chapter 3 presents the five papers that form the body of work for this PhD by publication.

Papers embedded in the thesis

The objectives of this PhD thesis are addressed in the following five papers:

Paper 1 addresses the first objective by presenting the results of the scoping review to describe available research on maternity protection for non-standard workers in LMIC.

Paper 1: Pereira-Kotze CJ, Feeley A, Doherty T & Faber M. 2023. Maternity protection entitlements for non-standard workers in low-and-middle-income countries and potential implications for breastfeeding practices: a scoping review of research since 2000. *International Breastfeeding Journal*. 18;9. <https://doi.org/10.1186/s13006-023-00542-8>

Papers 2 and 3 address the second objective, a policy analysis of maternity protection available to non-standard workers, focusing on domestic workers in SA. Paper 2 presents a broad overview of maternity protection policy for all women in South Africa and paper 3 focuses more specifically on maternity protection for female non-standard workers in South Africa.

Paper 2: Pereira-Kotze CJ, Malherbe K, Faber M, Doherty T & Cooper D. 2022. Legislation and Policies for the Right to Maternity Protection in South Africa: A Fragmented State of Affairs. *Journal of Human Lactation*. 38(4):686-699. <https://doi.org/10.1177/08903344221108090>

Paper 3: Pereira-Kotze CJ, Doherty T & Faber M. 2022. Maternity protection for female non-standard workers in South Africa: the case of domestic workers. *BMC Pregnancy & Childbirth*. 22: 657. <https://doi.org/10.1186/s12884-022-04944-0>

Paper 4 addresses the third objective which explored key stakeholders' knowledge, understanding and perceptions of maternity protection for female domestic workers in SA.

Paper 4: Pereira-Kotze C, Faber M & Doherty T. Knowledge, understanding and perceptions of key stakeholders on the maternity protection available and accessible to female domestic workers in South Africa. *PLOS Global Public Health* (submitted 8 September 2022 and under review).

Paper 5 addresses the fourth and fifth objectives, and is a mixed-methods paper, documenting domestic worker perceptions on availability of and accessibility to maternity protection as well as breastfeeding practices of domestic workers in the Western Cape province.

Paper 5: Pereira-Kotze C, Faber M, Kannemeyer L & Doherty T. 2023. Access to maternity protection and potential implications for breastfeeding practices of domestic workers in the Western Cape of South Africa. *International Journal of Environmental Research and Public Health*. 20; 2796. <https://doi.org/10.3390/ijerph20042796>

Chapter 4 brings the five papers together, and presents the discussion, recommendations, and conclusions of the whole PhD research project.



CHAPTER 2: METHODS

The second chapter of this PhD thesis provides an overview of the methods used in this research. Each of the five papers (presented in the Results section) provide specific details of the methods relevant to each paper. This chapter therefore begins by stating the positionality of the researcher, followed by an overview of the conceptual and theoretical framework used for the research, an explanation of the study setting, study design and ends with describing ethical considerations of the research.

Positionality, reflexivity, and rigour

Many factors can influence a researcher's positionality and reflexivity. In this section, I would like to share how some of my own personal background and work experience may have influenced my choice of research topic and the manner in which the research was conducted, analysed and written up. I am a dietitian by profession, I trained and worked in South Africa, in various positions, from 2005 until 2019. A common theme throughout all my work in different sectors and organisations has been the protection, promotion, and support of optimal infant and young child feeding and nutrition, and therefore issues related to breastfeeding. I have been drawn to the "protect" obligation within the framework of the protection, promotion, and support of breastfeeding. Much of my recent work has focused on the protection of breastfeeding against harmful marketing practices of breast-milk substitutes by companies that manufacture commercial milk formula, as well as maternity protection for working women through my PhD research.

With issues related to maternity protection, I probably have more of a bias towards interest in how this influences breastfeeding, due to the nutrition implications. Additionally, much previous work (especially when working at the department of health, but also at the University of the Western Cape (UWC)) has involved advocacy around the support of breastfeeding in the workplace. In 2019, I was involved in launching a breastfeeding room at the UWC School of Public Health for use by staff and students and as part of an overarching campaign to encourage a breastfeeding-friendly workplace at the university (Kruger, 2019).

From 2011-2014, I completed a master's in nutrition with human rights and governance modules (Marais et al., 2016). I believe that this particular degree allowed in-depth investigation and exposure to research, policy and programme implementation using a human rights-based approach. This has influenced my interest particularly in the investigation of vulnerable groups, such as the study population for this PhD research, female domestic workers. I strongly believe that a human rights-based approach, which applies legal frameworks (in the form of international human rights law and

national legislation) and accountability to duty-bearers together with empowerment of rights holders (SDC, 2019) should be applied to research, policy and programme implementation to ensure the respect and protection of human rights for all and fulfilment of responsibilities by relevant duty-bearers.

My previous research work has predominantly used qualitative approaches. During my master's degree, I undertook an additional elective course in qualitative research methods to improve my qualitative research data collection and analysis skills. Therefore, while I am more comfortable with qualitative methodologies, I also acknowledge the value of quantitative approaches and in this PhD research, made use of predominantly qualitative approaches complimented with quantitative methods where relevant.

From 2016-2019, I worked as a lecturer at the UWC Department of Nutrition and Dietetics, and during the time working for the Department of Health (in Kwazulu-Natal and the Western Cape, from 2005 – 2013), much work focused on training health care professionals and community health workers. I enjoy providing education and training, and although I have tried to follow best practices with qualitative interviewing, this passion for education and training may have influenced my interview and data collection style.

While working for the Department of Health (2005-2013), I started to get involved in nutrition-related promotion and advocacy, including media engagement. My media experience also includes two years as the Public Relations portfolio holder on the National Executive Committee for the Association of Dietetics in South Africa. During this time, I received media training, including social media skills development and mentoring. This experience has assisted in my translation of some of the research knowledge generated from this PhD into media pieces as a way of contributing to advocacy on the topic of maternity protection. This media experience has also assisted in strengthening my written and verbal communication skills. This, combined with the length of time I have engaging in higher education and training means that my personal language skills are advanced. This is important to acknowledge since language has a central role to play in articulating and constructing meaning in communication, and part of the data collection for this research relied on interpersonal communication.

Other key personal characteristics that may have influenced aspects of the research process are that I acknowledge that I identify as a White (Caucasian) South African, which is a different race to most of the participants from whom primary data in this research was collected. While the concept of race

as a societal category may be considered differently in other countries or regions, in South Africa the consideration of race is important due to the historical institutionalised racial segregation implemented during apartheid. Because of this, race is usually considered in research, with data sometimes being disaggregated according to five main population groups, as used in, for example, the national demographic and health survey (NDoH et al., 2019), namely Black African, White, Coloured, Indian/Asian and Other. I acknowledge that being White places me in a position of privilege. I am female, which is the same gender as most participants and am currently 40 years old, and therefore of similar age to many participants in this research. Where some of my personal characteristics start to differ substantially from the study population in this research is that my household income is substantially more than that of a domestic worker. I have previously employed domestic workers but never contributed to the national social insurance scheme but rather chose to pay those working for me more money in lieu of contributing, something which I would do differently in the future as my own understanding of the importance of social protection has grown. These characteristics could place me as a clear outsider in relation to the key participants in this research (domestic workers). I also relocated from South Africa to the UK during the course of this PhD research, for personal reasons. This resulted in some of the primary data collection taking place virtually (using online platforms). However, since this coincided with the COVID-19 pandemic and subsequent lockdowns and need for much work to take place virtually, it is hoped that my relocation had limited impact on the research process. I was also able to travel back to South Africa to complete in-depth interviews with domestic workers in person.

I do not have children of my own, a conscious choice I have made, as I do not believe that I would be able to adequately combine work and bringing up children. I have therefore chosen to focus some of my work priority on finding ways in which other women can be supported to combine their productive and reproductive roles.

Throughout this PhD research I have made every effort to be reflexive and to be aware of personal biases that may have influenced the research process. During the qualitative data analysis conducted throughout the research, my PhD supervisors and/or co-authors of the papers read samples of the interview transcripts to confirm themes. I discussed relevant aspects of the data analysis with my PhD supervisors to ensure rigour and trustworthiness.

Conceptual and theoretical framework for the research

Three main theoretical frameworks, used in parallel, guided this research during the phases of data collection, analysis and the write-up of the results, discussion, and recommendations. A human rights-

based approach was used to determine the ability for women to access basic labour rights, including comprehensive maternity protection (see Figure 3). Applying a human rights-based approach includes the use of international human rights frameworks as a benchmark, together with the integration of human rights principles into policies and programmes (SDC, 2019). A human rights-based approach also identifies entitlements of and empowers rights-holders and identifies obligations of and strengthens duty-bearers (Office of the United Nations High Commissioner for Human Rights, 2006) and is especially useful for research involving vulnerable groups, as was done in this research with the focus on non-standard workers and specifically domestic workers as a sub-group. Secondly, the conceptual model of the components for an enabling environment for breastfeeding proposed by Rollins, et al. (2016) in the 2016 Lancet Breastfeeding Series was used (see Figure 4). This model identifies the three main settings for breastfeeding protection, promotion, and support as health systems and services, the family and community, and the workplace and employment. From this model, the ‘workplace and employment’ setting was the focus of this research together with ‘legislation and policy’ as interventions where breastfeeding support requires improvement. Lastly, health policy analysis techniques such as the ‘health policy triangle’ as represented in Figure 5 (Walt & Gilson, 1994; WHO et al., 2018) were used to evaluate the content of various policy documents, the context within which policies were developed, the processes and actors involved in the development of all policies related to maternity protection in SA. This assisted in identifying factors influencing policy implementation and the status of an enabling environment to protect, promote and support breastfeeding.



Figure 3: The core dimensions of the human rights-based approach (Source: SDC, 2019).

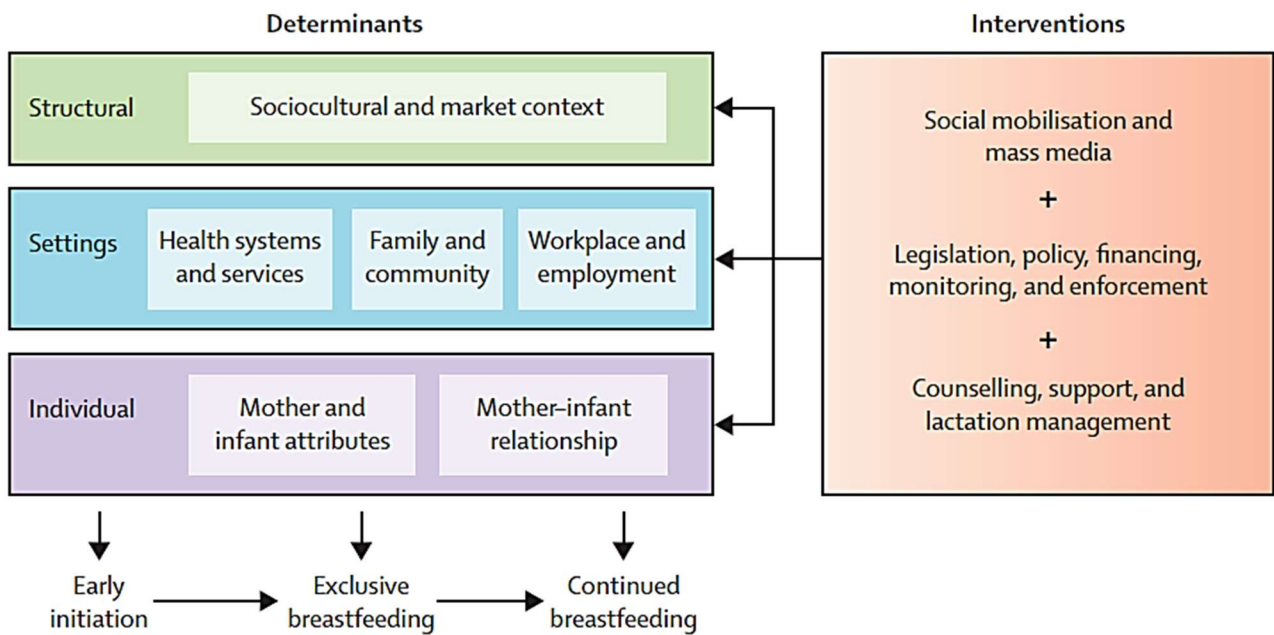


Figure 4: Components of an enabling environment for breastfeeding – a conceptual model (Source: Rollins, et al., 2016).

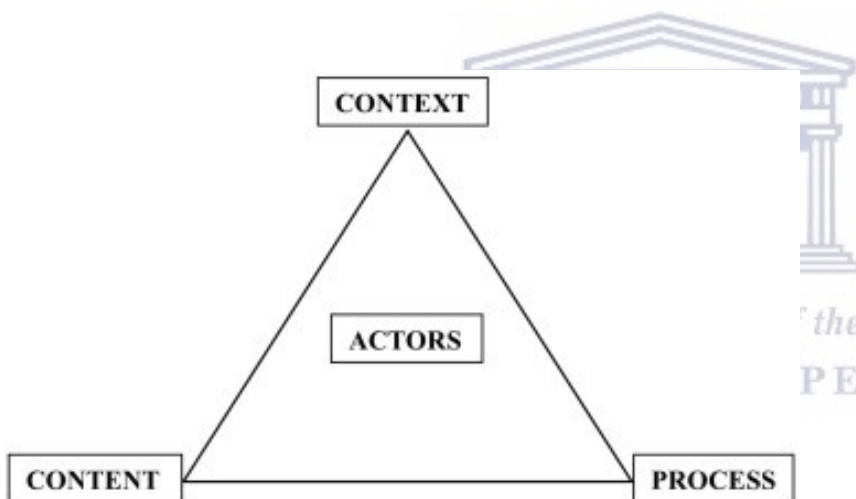


Figure 5: Health policy analysis triangle framework (Source: Walt & Gilson, 1994)

Study setting

The first objective of this PhD (scoping review of existing research on maternity protection for non-standard workers, paper 1) considered research from all LMICs, since there had not been a previous review of such evidence. The study setting for the remaining objectives was South Africa (for certain issues with national relevance) (papers 2, 3 and 4) and the Western Cape province (for objectives that required more in-depth investigation (paper 5)). For the second objective of the PhD, the national maternity protection policy environment for South Africa was analysed since maternity policy is mostly set at a national level (paper 2). Maternity protection for all women was first described as

there was no recent depiction of this, and this was followed by a focus on maternity protection for non-standard workers (paper 3). For the third objective, stakeholders predominantly in positions of national influence were interviewed, as the sampling approach revealed these stakeholders to be most appropriate. There were some stakeholders interviewed that worked at the sub-national level (Western Cape) (paper 4). For the fourth objective, a national sample of domestic workers was used, since access to a national survey was made available (paper 5). For the fifth and final objective, domestic workers were sampled from the Western Cape province specifically to enable a more focused investigation into factors influencing access to maternity protection and breastfeeding practices that domestic workers adopt on return to work (paper 5). The decisions made around which data to gather at a national or sub-national level were influenced by what would be most appropriate for the objective, together with available data sources.

South Africa

South Africa is an upper-middle-income country with a population of just over 60 million people (Stats SA, 2022c). In SA, rates of poverty, inequality and unemployment are high. In 2022, the unemployment rate in SA was 33.9%. Of men and women employed in SA, 68.1% work in the formal sector, 19.1% in the informal sector (non-agricultural), 7.2% in private households and 5.6% in agriculture (Stats SA, 2022b). A total of 11.9% of all working women in SA are domestic workers. In 2019, approximately 18 million people in SA (almost one-third of the population) were receiving social assistance from government (Statista, 2021).

Western Cape province

The Western Cape (WC) province is the third most populous province in SA, with 11.9% of the total population. Approximately 113 000 people work in private households in the WC. The Cape Town Metropolitan area within the WC was selected as the study setting for the qualitative studies, both for practical reasons and because it is home to approximately 64% of the people in the province (WCG, 2017). The WC population has a diverse range of socio-demographic profiles. While many dwellings in the Cape Metropole are formal, in 2011, one in six (17%) were categorised as a ‘backyard shack’ or in an ‘informal settlement’ (WCG, 2016). The Cape Metropole is racially diverse, with 42.6% of the population described as Black African, 39.9% Coloured/Mixed Race, 16.5% White/Caucasian and 1.1% Asian (WCG, 2017). There is an almost equal sex distribution and approximately 68% of the population are between 15 and 64 years (WCG, 2017). The three official languages spoken in the WC are English, Afrikaans, and isiXhosa (Western Cape Language Committee, 2004).

Study design

A descriptive, exploratory, and cross-sectional study design was used for this PhD research. Since there is little available research on maternity protection for non-standard workers in LMICs including SA, a scoping review of relevant research was conducted. This was followed by an analysis of existing policy documents on maternity protection in SA, followed by an investigation into how this applies to non-standard workers and specifically domestic workers as a case study. For the primary data collection, a mixed-methods approach was used, whereby qualitative research was used to explore knowledge, understanding and perceptions of maternity protection by key stakeholders in SA. This was followed by a quantitative component, whereby data from an online survey was gathered to document the perceptions of domestic worker in SA of the maternity protection available and accessible to them. The final objective was qualitative, whereby individual in-depth interviews were conducted with domestic workers in the WC to examine factors influencing access to maternity protection and breastfeeding practices on return to work. Figure 3 summarises the overall study design and research process, illustrating the research objectives and accompanying methodological approaches.

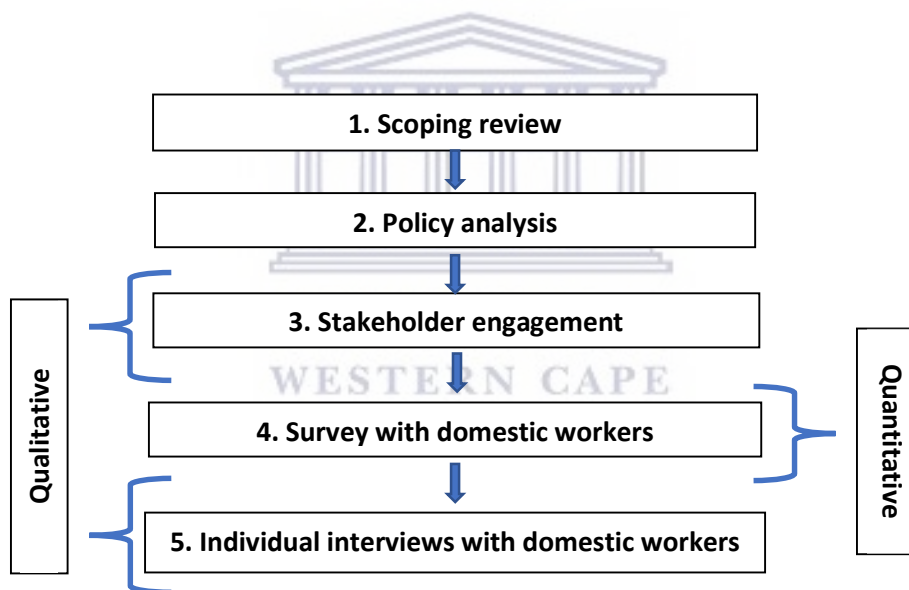


Figure 6: Representation of overall research process and order of data collection steps

Table 1: Summary of study designs used across the five papers

	Paper 1	Paper 2	Paper 3	Paper 4	Paper 5
Title	Maternity protection entitlements for non-standard workers in low-and-middle-income countries (LMICs) and potential implications for breastfeeding practices: a scoping review of research since 2000	Legislation and Policies for the Right to Maternity Protection in South Africa: A Fragmented State of Affairs	Maternity protection for female non-standard workers in South Africa: the case of domestic workers	Knowledge, understanding and perceptions of key stakeholders on the maternity protection available and accessible to female domestic workers in South Africa	Access to maternity protection and potential implications for breastfeeding practices of domestic workers in the Western Cape of South Africa
Objectives	To determine the current research conducted on maternity protection benefits available and accessible to non-standard workers in LMICs and any potential implications for breastfeeding practices.	To describe South Africa's maternity protection legal and policy landscape and compare it to global recommendations.	To describe the maternity protection benefits available to women in positions of non-standard employment in South Africa, using domestic workers as a case study.	To explore the knowledge, understanding and perceptions of key stakeholders in government, trade unions, non-governmental organisations and other relevant organisations of the maternity protection entitlements that should be available and accessible to female domestic workers in South Africa	To explore accessibility to maternity protection among domestic workers in the Western Cape and the implications of maternity protection access for breastfeeding practices
Type of study	Scoping review	Qualitative	Qualitative	Qualitative	Mixed methods: quantitative and qualitative
Study design	Scoping review	Prospective cross-sectional comparative policy analysis; mixed methods approach using	A descriptive combination of document analysis and key informant interviews together with synthesis from published literature.	Qualitative cross-sectional study	A mixed-method cross-sectional study that included data from a quantitative online survey with a national sample of

	Paper 1	Paper 2	Paper 3	Paper 4	Paper 5
		document review and key informant interviews			domestic workers and individual in-depth interviews (IDIs) with domestic workers in one province.
Population / sample	Types of studies: Primary research, studies published in English, from January 2000 to May 2021, that included maternity protection, non-standard employment, feeding practices and conducted in a LMICs.	National policy documents Three key informants from relevant national government departments	National policy documents Three key informants from relevant national government departments	15 key stakeholders working in different sectors in South Africa and mainly at a national level involved in maternity protection availability and access (13 national stakeholders and 2 sub-national/provincial stakeholders).	2625 domestic workers in South Africa who participated in the online survey and 13 domestic workers in the Western Cape who participated in in depth interviews.
Data collection	Conducted the review in accordance with the Joanna Briggs Institute (JBI) recommendations based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) extension for scoping reviews	25 documents were identified from 1994-2021, categorised, and data extracted. 3 key informant interviews were conducted with employees from National Departments of Employment and Labour, Health, and Social Development.	29 documents were identified from 1994-2021, categorised, and data extracted. 3 key informant interviews were conducted with employees from National Departments of Employment and Labour, Health, and Social Development. 2 official media releases, referred to in interviews and other relevant published literature was used to describe maternity	Individual IDIs were conducted using a semi-structured interview guide, mostly online.	An online survey was distributed to domestic workers in South Africa during 2021. Individual IDIs were conducted using a semi-structured interview guide.

	Paper 1	Paper 2	Paper 3	Paper 4	Paper 5
			protection for non-standard workers		
Analysis	Studies were summarised and synthesised and then inductive content analysis used to code and categorise information to present themes across the studies.	The “READ approach” was used to analyse the documents - “(1) ready your materials, (2) extract data, (3) analyze data and (4) distil your findings”. Components of maternity protection included in various documents were summarised and documented in tables. Thematic analysis was used to analyse the in-depth interviews and themes developed according to the health policy triangle. Data from the document analysis and interviews was triangulated.	The “READ approach” was used to analyse the documents - “(1) ready your materials, (2) extract data, (3) analyze data and (4) distil your findings”. Components of maternity protection included in various documents was summarised and documented in tables. Thematic analysis was used to analyse the in-depth interviews and themes developed according to the health policy triangle. Data from the document analysis and interviews was triangulated.	A thematic analysis approach was used to analyse the qualitative interviews.	Basic descriptive frequencies were used to analyse the quantitative data. A thematic analysis approach was used to analyse the qualitative interviews.
Data limitations	Since no software was used for the screening (source selection) process, there is the possibility of human error in the exact reporting in the PRISMA diagram. This review was limited by the inclusion of	Despite efforts to address researcher bias and reflexivity in this study, it is possible that some bias has remained. There is a possibility that there are some documents that were not included in the	Despite efforts to address researcher bias and reflexivity, it is possible that some bias remains. While the document search was extensive, it is possible that some documents were not	While care was taken to identify and select a diverse group of stakeholders, there may have been some key stakeholders that were not included in the sample. The researcher’s	Since participants were recruited from a survey distributed from an online platform employing domestic workers, most participants were employed through the platform and certain

	Paper 1	Paper 2	Paper 3	Paper 4	Paper 5
	articles published only in English.	document review. A key limitation is the small number of key informants interviewed and the use of purposive sampling, which could have led to selection bias.	included. Although purposively selected as key opinion leaders on the topic, the small number of key informants interviewed and that they are only representatives from national government departments is a limitation. The use of purposive sampling may have led to selection bias. There are many migrant workers often from neighbouring countries that take up positions of non-standard employment (including domestic work) in SA and this category of non-standard worker has not been considered in this paper.	attempted to reduce bias by ensuring reflexivity, but qualitative analysis still has the risk of subjectivity in the interpretation of the results.	responses reflect this employment arrangement. Neither live-in domestic workers nor foreign or migrant domestic workers were included in the sample, and these are both vulnerable groups. Only domestic workers in Cape Town were included in the individual IDIs and therefore only one urban province and no rural domestic workers were included. Despite efforts to address researcher bias and reflexivity, it is possible that some bias remains in the interpretation of the data.

Ethical considerations

This study was approved by the Biomedical Science Research Ethics Committee of the University of the Western Cape [ethics reference number BM20/5/7] (Appendix 1a). Ethics approval was first granted on 12 June 2020 for three years. Due to challenges related to the COVID-19 pandemic (lockdown restrictions on travel and face-to-face contact) and other unforeseen circumstances, adaptations to the data collection methods were made and an ethics amendment was applied for and granted on 20 August 2021 for three years (Appendices 1b).

Information sheets were available in all three official languages of the WC province and were distributed to all participants (Appendix 2). All interviews and the survey proceeded with signed informed consent and forms were also available in all three official languages of the WC province (Appendix 3). In all reports, presentations and published papers, data have been presented anonymously. Ethical issues are addressed in the papers included in this thesis.



CHAPTER 3: RESULTS

This chapter presents the five papers that have been developed from this PhD research. Each section begins with a summary of the paper together with a description of the contribution of the paper to the overall thesis. The full text of the paper is then presented. Papers 2 and 3 are published, papers 1 and 4 have been submitted to journals for publication and paper 5 is in an appropriate format to be submitted.

Paper 1: Pereira-Kotze CJ, Feeley A, Doherty T & Faber M. 2023. Maternity protection entitlements for non-standard workers in low-and-middle-income countries and potential implications for breastfeeding practices: a scoping review of research since 2000. *International Breastfeeding Journal* 18;9. <https://doi.org/10.1186/s13006-023-00542-8>
Submitted in April 2022 and published on 30 January 2023.

Paper overview

This paper presents a scoping review of all research conducted in LMIC (from January 2000 until May 2021) on maternity protection for non-standard workers and potential implications for breastfeeding practices, since such a review of evidence was not available. The purpose of this review was to contextualise the situation in SA compared to other LMICs.

Contribution to the thesis

The results of the scoping review reveal that piecemeal research has been conducted in LMIC mostly on individual components of maternity protection, with limited consideration to comprehensive maternity protection and potential implications for breastfeeding practices. The results from this scoping review therefore assist to provide motivation of the need for primary research on availability of and accessibility to comprehensive maternity protection and potential implications for breastfeeding practices in a LMIC such as SA.

Contribution of the candidate

CPK conducted the database search, CPK & AF screened documents, CPK charted the data (which was reviewed by AF), CPK analysed the results and drafted the manuscript. MF & TD provided supervisory guidance at all stages of the review process. All authors (CPK, AF, TD & MF) edited, reviewed, and approved the final manuscript.

The supplemental material for the first paper (the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist) is available as Appendix 4. The reviewer comments and author responses are available in Appendix 8.



REVIEW

Open Access



Maternity protection entitlements for non-standard workers in low-and-middle-income countries and potential implications for breastfeeding practices: a scoping review of research since 2000

Catherine Pereira-Kotze^{1*} , Alison Feeley² , Tanya Doherty^{1,3}  and Mieke Faber^{4,5} 

Abstract

Background Recommended breastfeeding practices contribute to improved health of infants, young children, and mothers. Access to comprehensive maternity protection would enable working women to breastfeed for longer. Women working in positions of non-standard employment are particularly vulnerable to not accessing maternity protection entitlements. The objective of this scoping review was to determine the current research conducted on maternity protection available and accessible to non-standard workers in low-and-middle-income countries and any potential implications for breastfeeding practices.

Methods Nine databases were searched using search terms related to maternity protection, non-standard employment, and breastfeeding. Documents in English published between January 2000 and May 2021 were included. The approach recommended by the Joanna Briggs Institute was used to select sources, extract, and present data. The types of participants included in the research were female non-standard workers of child-bearing age. The core concept examined by the scoping review was the availability and access to comprehensive maternity protection entitlements of pregnant and breastfeeding women. Research from low-and-middle-income countries was included. The types of evidence sources were limited to primary research.

Results Seventeen articles were included for data extraction mainly from research conducted in Africa and Asia. Research on maternity protection for non-standard workers mostly focused on childcare. Components of maternity protection are inconsistently available and often inaccessible to women working in non-standard employment. Inaccessibility of maternity protection was described to disrupt breastfeeding both directly and indirectly, but certain characteristics of non-standard work were found to be supportive of breastfeeding.

Conclusions Published information on maternity protection for non-standard workers is limited. However, the available information indicates that non-standard workers have inadequate and inconsistent access to maternity protection

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rights. The expansion of comprehensive maternity protection to all women working in positions of non-standard employment could encourage significant social and economic benefits.

Keywords Maternity protection, Non-standard work, Breastfeeding, Low-and-middle-income countries

Background

Maternity protection refers to labour rights that can contribute to promoting health and well-being of children and their mothers. The International Labour Organisation (ILO) describes comprehensive maternity protection as a set of entitlements that should be made available to working women when they are pregnant or following childbirth, including: a period of maternity leave; cash and medical benefits while on maternity leave; health protection at the workplace; employment protection (job security) and non-discrimination; at least one daily breastfeeding break and, where possible, childcare facilities [1]. If working women who had recently had a baby were to receive comprehensive maternity protection, this would contribute to creating an environment that protects, promotes and supports more women to breastfeed for longer [2].

Near universal breastfeeding in children under five could prevent 823 000 child deaths and up to 98 243 deaths among women from breast cancer, ovarian cancer and diabetes annually [3, 4]. A Cost of Not Breastfeeding Tool has estimated global economic losses due to not breastfeeding to be USD 341.3 billion or 0.70% of global gross income [4]. Achieving recommended breastfeeding rates has a role in contributing to the achievement of the Sustainable Development Goals [4, 5] and confers many health, economic and development benefits to infants, young children, mothers and society in general [6]. Optimal infant and young child feeding practices result in short- and long-term improvements to infant and child health and development that continue throughout the lifecycle including reduced health care costs; health, economic and emotional benefits for the mother; and environmental sustainability [3, 7, 8]. Despite evidence and guidance, rates of exclusive breastfeeding (EBF) for the first six months remain low globally and do not meet established targets in most countries [8, 9]. Many women struggle to continue breastfeeding upon return to work due to lack of support [8, 10].

Current maternity protection legislation and guidance in most countries focuses on women employed in permanent, full-time positions. Furthermore, research on maternity protection mainly focuses on maternity leave and cash payments during maternity leave while excluding other components of comprehensive maternity protection (health protection, job security, non-discrimination, breastfeeding breaks, and childcare). Chai,

et al. (2018) reviewed the maternity leave and cash payment components of maternity protection in 38 low-and-middle-income countries (LMIC), and found an increase in early initiation of breastfeeding, EBF and continued breastfeeding with extended legislated paid maternity leave [11]. Maternity leave is also associated with longer breastfeeding duration together with other health benefits including lower infant mortality, improved immunisation rates, decreased morbidity and reduced maternal postpartum depression [12, 13–15].

Globally, informal employment is growing but informal work is not adequately acknowledged in research and policy [16]. Informal employment refers to a large and heterogeneous group of working arrangements covering enterprises and employment relationships that are not legally regulated or socially protected [17]. Workers can have informal jobs in formal or informal sectors. We have chosen to use the term non-standard employment as a broad term encompassing various categories of employment relationships, including temporary employment, part-time and on-call work, multi-party employment, disguised or dependent self-employment as well as informal work arrangements in the formal sector [18]. However, the various words used to refer to non-standard employment were included in the search strategy as described in the methods. Common examples of non-standard workers include domestic workers, farm workers, people in contract positions and any workers employed by agencies. Child caring priorities such as breastfeeding compete with activities to generate income. Women working in positions of non-standard employment are particularly vulnerable to not accessing maternity protection. Globally, over 60% of employed people work informally, and in LMIC this proportion is higher; in Africa as much as 86% of employment is informal [19]. However, the various terms used in the literature mean that it is challenging to accurately measure the workers represented in each of these categories.

Most parents are not able to access paid parental leave, breastfeeding breaks, and childcare support [18]. Paid maternity leave and breastfeeding support in the workplace have direct benefits to infants and young children, mothers, employers, and businesses [20], including improved productivity in the workplace and decreased absenteeism [21]. Proximity of the mother and infant enables breastfeeding. There is currently a gap in policy alignment between health recommendations to exclusively

breastfeed until six months and the International Labour Organisation Maternity Protection Convention guidance for 14 weeks of maternity leave. Furthermore, most country legislation on maternity protection is insufficient, not comprehensively available and not adequately implemented [20]. There is acknowledgement and there are recommendations, both globally and nationally, that research on the implementation of comprehensive maternity protection is urgently needed, especially for women working in the ‘informal’ sector [8, 22].

The objective of this scoping review was to determine the current research conducted on maternity protection available and accessible to non-standard workers in LMIC and any potential implications for breastfeeding practices.

Methods

We undertook a scoping review of the literature. A scoping review was used since there is limited literature available on maternity protection for non-standard workers and scoping reviews are appropriate to describe a topic still being defined and researched, and that may be complex and heterogeneous in nature [23]. A preliminary search for existing scoping and systematic reviews conducted on 9 July 2020 revealed no existing reviews on this topic. A protocol developed and reviewed by all authors guided the process followed and was not registered but is available on request. The methods for this scoping review follow the Joanna Briggs Institute (JBI) recommendations [24], based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) extension for scoping reviews [24]. The scoping review used the following stages: determining the research question; identifying relevant studies; selecting studies (screening); data extraction (charting the data); and data summary and synthesis of the results. The scoping review questions were: What components of maternity protection (such as health and economic benefits) are available and accessible to non-standard workers in low-and-middle-income countries? What are the potential implications of accessing maternity protection on breastfeeding practices of non-standard workers in low-and-middle-income countries?

Eligibility criteria

Research was included if it related to the availability of and accessibility to comprehensive maternity protection of pregnant and breastfeeding women working in positions of non-standard employment in LMIC. Evidence sources were limited to primary research. Only documents in English were included, due to the time and resources that would have been required for translations from other languages to English. Any literature published

in the last 20 years (since the ILO’s Maternity Protection Convention was finalised in 2000) was included. It is acknowledged that males have a role to play in supporting women to access components of maternity protection and that they have a role in supporting (or sometimes hindering) women to breastfeed [25]. This scoping review focused on research involving women, since they are the rights holders with regard to maternity protection and there is still much improvement required for women directly, before investigating the complexity of gender norms and addressing the supportive role of partners, fathers, husbands, and males.

Information sources and search strategy (study selection)

A three-step search strategy was used:

1. During August 2020, a preliminary search of the following nine databases was conducted using various combinations of search terms: JBI Database of Systematic Reviews and Implementation Reports, Cochrane Database of Systematic Reviews, EBSCOhost, JSTOR, PubMed, SA ePublications (Sabinet), SAGE Journals Online, ScienceDirect and Springer-Link. The words contained in the titles and abstracts of documents obtained were analysed to determine the appropriate search terms to use.
2. All nine databases were then systematically searched during August 2020 (with an updated search conducted in May 2021) using the final list of search terms decided upon:

["maternity protection" OR "maternity benefit" OR "maternity leave" OR "paid maternity leave" OR "health benefit" OR "health protection" OR "medical benefit" OR "medical protection" OR "social benefit" OR "social protection" OR "economic benefit" OR "economic protection" OR "job security" OR "job retention" OR "non-discrimination" OR "breastfeeding break" OR "lactation program" OR "childcare"] AND [(Non-standard OR informal OR temporary OR contract OR agency OR part-time) AND (employee OR employment OR work OR sector)] AND [breastfeeding].

The various search engines required different Boolean algorithms and the search terms were adapted to cater for these requirements. These search terms were developed from the main research questions and identified by piloting various combinations and strings of keywords in PubMed to determine search terms that produced documents most relevant to the review question. The Senior Librarian at the Faculty of Community and Health Sciences Library reviewed and provided input on

the search terms and databases used. The database search included documents from all countries (low, middle, and high-income) and then eligibility based on LMIC was determined at the title and abstract (level 1) screening.

3. The reference lists of identified documents were searched for additional sources. No authors were contacted for additional information as this was not needed.

Selection of evidence sources

The search results from all nine databases were exported into EndNote X9 referencing software [26] to allow for the identification and removal of duplicate entries. Data (downloaded documents) were transferred to Microsoft Excel for source selection (screening). Two reviewers (CPK and AF) independently screened the first hundred titles and abstracts using the eligibility criteria based on the information in the titles and abstracts (level 1 screening). Thereafter, to ensure reliability, CPK and AF compared the decision-making progress together and reached inter-rater agreement regarding how decisions would be made at level 1 screening. There are conflicting recommendations about whether to include conference abstracts when conducting systematic reviews [27]. We made the decision to remove all conference abstracts since abstracts do not contain comprehensive information and for this review, quite specific details were required (that were not always present in the abstract) to determine eligibility for inclusion. The two reviewers then independently reviewed 1717 documents at the abstract and title level. Results of level 1 screening were compared, discrepancies discussed, and consensus reached regarding the decisions. The two reviewers then screened the 255 documents for which the decision was 'Yes' or 'Maybe' at the full text level (level 2 screening) according to the eligibility criteria. Where agreement or consensus could not be reached, documents were shared with TD to assist in decision-making. The screening process was iterative and done in several rounds to enable decision making refinements. Justifications were made for all decisions and several meetings took place between the two reviewers to rescreen the evidence to ensure accuracy.

Charting of the data

A Microsoft Excel spreadsheet with the following headings was developed to extract data from all included articles: citation details (author, year, title, journal name, issue, etc.), study setting, study population, sample characteristics, objectives, study design and methods, key

findings related to maternity protection entitlements received and breastfeeding practices, and recommendations. The tool was piloted using three (18%) of the articles and amended where necessary. Charting of the data was done by CPK and reviewed by AF. Methodological quality of included documents was not rigorously appraised, consistent with guidance regarding how to conduct a scoping review [23].

Collating, synthesising, and reporting the results

All included studies were read, re-read, and summarised by CPK who then used inductive content analysis to code and classify information according to different categories (relevant to the different components of maternity protection and breastfeeding) and themes of similar information from across the studies was grouped. Studies were heterogeneous, fairly small and difficult to compare. A first draft of the results was developed by CPK, and this was reviewed by all co-authors.

Results

Literature search and identification of included studies

A total of 2 924 records were identified. From this, 1 044 duplicates and 163 conference abstracts were identified and removed, resulting in 1 717 unique documents. When screening titles and abstracts (level 1 screening), 255 documents were identified as 'Yes' or 'Maybe', and 1 462 documents were excluded for not meeting the eligibility criteria. Full-text (level 2) screening was done for the 255 documents, and from this, 17 articles were finally included for data extraction (Fig. 1).

Study characteristics

Data was extracted from 17 studies. Four studies included multiple countries (ranging from two to 84 countries) and the 13 studies conducted in single countries were all in either Asia or Africa (four studies in India, three in South Africa, two in Ghana and one each in Bangladesh, China, Liberia and Uganda) (Fig. 2). The types of methods used in the included studies were qualitative including case studies, in-depth interviews and focus group discussions ($n=6$), mixed methods ($n=5$), quantitative predominantly using questionnaires or surveys ($n=5$) and one review. All studies included some reference to how component/s of maternity protection related to breastfeeding practices. Childcare was the most common component of maternity protection that was considered or reported on ($n=7$), with few studies that considered breastfeeding breaks ($n=2$), cash payments while on maternity leave ($n=2$) and one each on maternity leave and health protection. Four studies considered multiple components of maternity and/or social protection more broadly (Table 1). Various types of non-standard workers

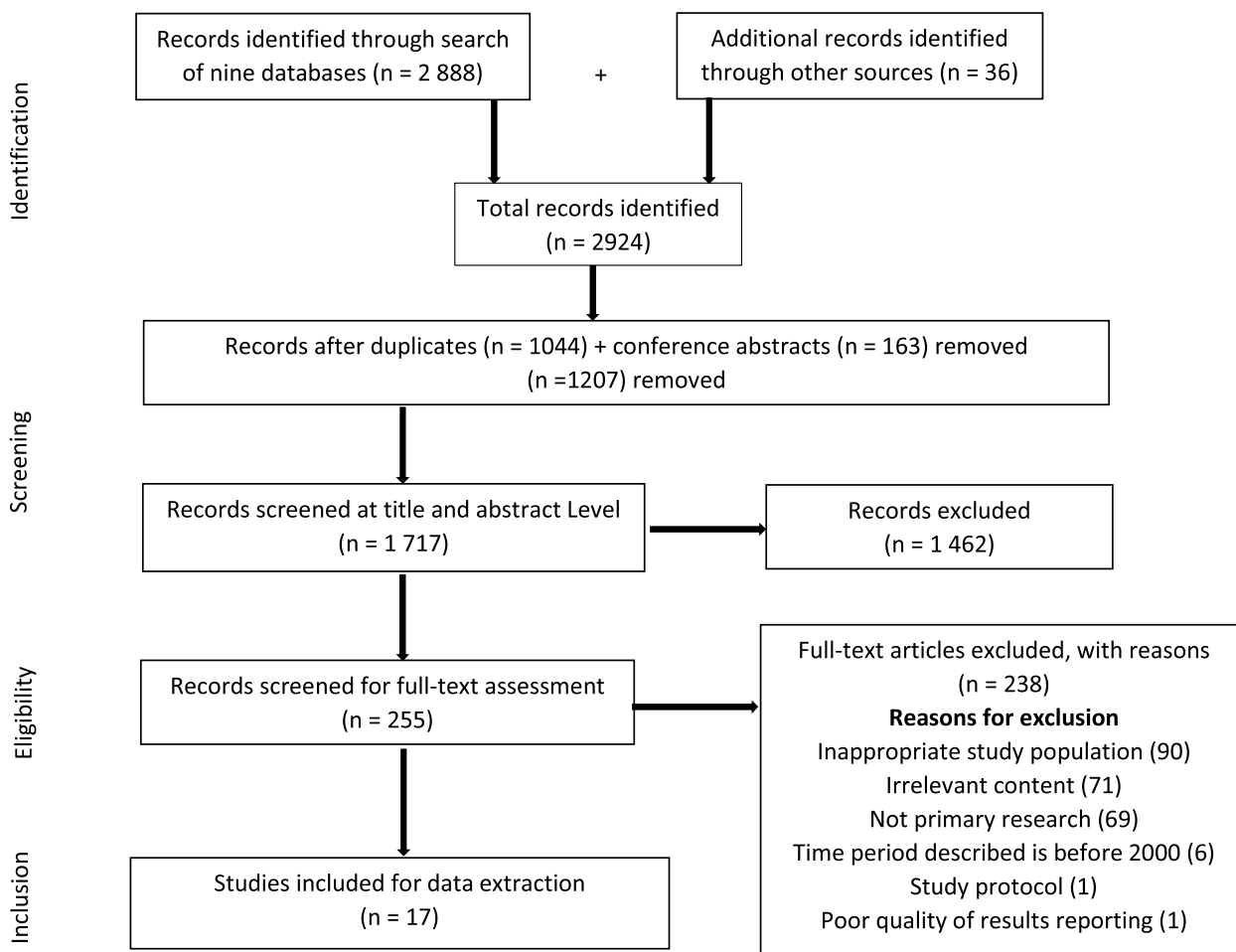


Fig. 1 PRISMA flow diagram of the document identification process

were described but the term ‘informal’ was used most often to describe women in non-standard employment – either informal worker or women working in the informal economy or informally employed.

Components of maternity protection addressed by included studies

From the 17 studies included, there were various aspects of comprehensive maternity protection addressed by each study (Table 2). Only two studies addressed comprehensive maternity protection. Childcare (*n*=9) was the most common component of maternity protection addressed, followed by breastfeeding breaks (*n*=6) and maternity leave (*n*=5). Only a few studies considered cash payments of income support (*n*=3), health protection (*n*=2) and job security (*n*=1). None of the included studies considered access to medical benefits or non-discrimination due to pregnancy or breastfeeding.

Two main themes and four sub-themes were identified across the 17 studies included and are presented in

Table 3. The first theme described is access to maternity protection and from the included studies, this was shown to be inconsistent and that maternity protection was inaccessible, and that this inaccessibility disrupts breastfeeding. The second theme was the relationship between non-standard work and breastfeeding, whereby certain characteristics of non-standard work were described as enabling of breastfeeding while others directly obstruct breastfeeding.

Inconsistent and inaccessible maternity protection

Inconsistent maternity protection that was difficult to access and inconsistently available to non-standard workers emerged as a strong theme. Several studies described how women lacked access to multiple components of maternity protection, including paid maternity leave and breastfeeding breaks [29, 36, 39, 41–44]. This resulted in women working for as long as possible prior to having giving birth to a child and returning to work before having fully recovered from childbirth

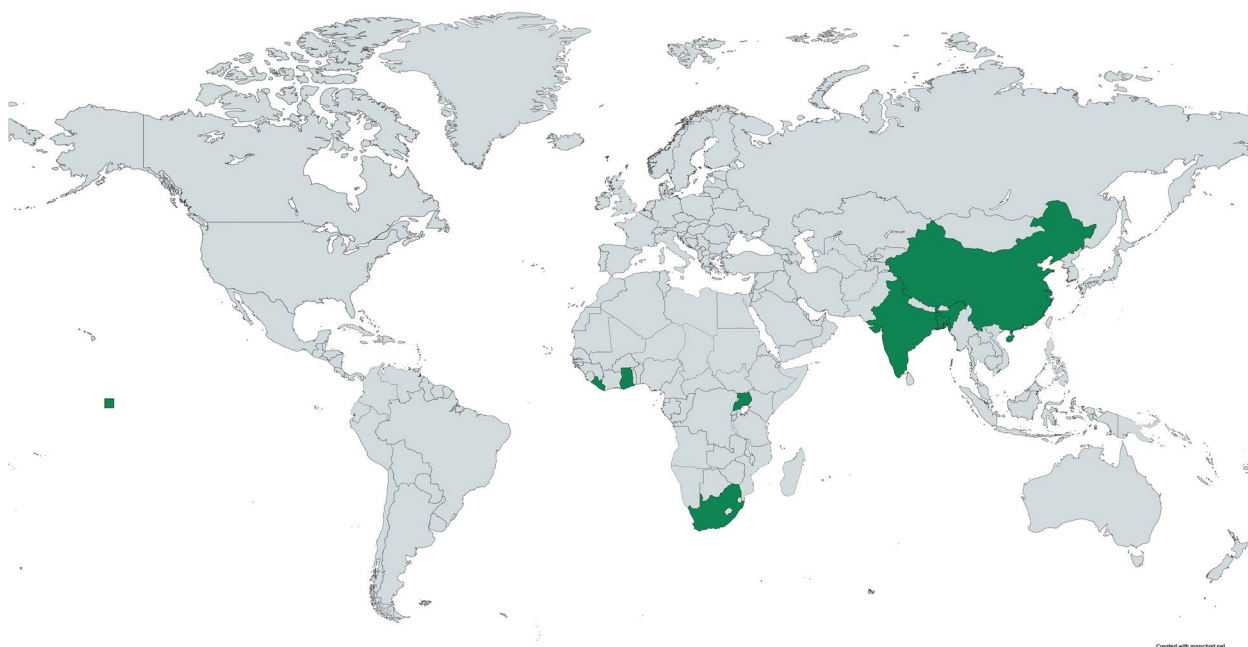


Fig. 2 Map indicating geographic locations of included studies

because they could not access maternity leave [39, 44]. Mothers in South Africa tried various strategies to cope with unpaid maternity leave, such as using the child support grant received for older children (although insufficient for the additional costs of a new baby), support from the child's father and/or other family members (cannot be relied on for long), accumulating savings (although, often, non-standard workers earn too little to be able to save) and, where possible, continuing to be paid by the employer during maternity leave [41, 43]. Despite planning to take longer maternity leave, many participants in a small qualitative study in South Africa went back to work earlier than two months after childbirth, with some returning within two weeks due to financial pressures. A small qualitative study in India described absent creche (childcare) facilities even though there was an act recommending all worksites to have creche facilities [30]. Health protection is not always available to non-standard workers. A study from east African horticultural farms described that many pregnant farmworkers had no personal protective equipment to guard against chemical hazards, and this was associated with miscarriages. One report described a woman going into labour on a farm (while at work) with no access to medical care resulting in a stillbirth [29]. In a qualitative study in India, when work sites were far from home, some breastfeeding mothers faced physical problems like pain and swelling of their

breasts due to not being able to feed the child for long periods of time [30].

Two studies reported different programmes in India where cash payments were made available to pregnant women and mothers. One programme is a 'wage-for-employment scheme' implemented by the government targeting impoverished and food insecure households where one-third of beneficiaries were women [30]. The evaluation of the programme reported that wages were low, and payments often delayed and that any advantages of providing employment and income was outweighed by compromises to childcare and infant feeding. Another concerning finding was that some mothers were coerced to work in the programme through physical violence by family members and then often not allowed to determine how the income was used which was described by mothers as disempowering. The second programme provided income support to rural pregnant women in India and was shown to have implementation challenges due to weak administrative capacity [34]. This resulted in some women receiving income transfers intended during pregnancy after the child's birth and sometimes after the birth of a second child. However, even then, significant improvements in child weight-for-age Z-scores were reported resulting in improvements in child growth. A possible reason provided for this was that some households borrow against future income and adjust expenditures based on expectations of future cash transfers.

Table 1 Study characteristics (N = 17)

Author, year of publication	Country of origin	Study design	Component/s of maternity protection	Category of non-standard worker
Betancourt, et al. 2013. [28]	India	Qualitative case study (used IDIs & FGDs)	Breastfeeding breaks	Construction workers, including migrant workers
Brahic & Jacobs. 2013. [29]	Ethiopia, Tanzania, Uganda	Action research, mixed methods – structured quantitative questionnaire & IDIs	Health protection at work Maternity leave Job security Breastfeeding breaks Cash benefits Childcare	Horticultural farm workers
Nair, et al. 2014. [30]	India	Qualitative: FGDs	Childcare	Women enrolled in the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) – agricultural workers
Alfers. 2016. [31]	Brazil, Ghana, India, South Africa, Thailand	Cross-sectional, qualitative (FGDs)	Childcare	Women informal workers – sampled from associations for waste pickers, street traders (informal vendors), and home-based workers which dominated the sample, but also included domestic workers and agricultural workers
Diji, et al. 2017. [32]	Ghana	Descriptive, cross-sectional: structured, quantitative questionnaire	Maternity leave	Self-employed
Kabir & Maitrot. 2017. [33]	Bangladesh	Qualitative – IDIs and FGDs	Childcare	Women living in 'slums' (mostly low-paying, informal jobs)
Ghosh & Kochar. 2018. [34]	India	'Differences in differences' approach. Questionnaire and anthropometry (weight, height)	Income support to rural pregnant women—Indira Gandhi Matritiya Sahayog Yojana (IGMSY)	Women employed in home production or in the informal economy
Stumbitz, et al. 2018. [35]	Ghana	Qualitative exploratory case study: document review; IDIs	Comprehensive maternity protection	Informal economy defined enterprises that are small, unregistered private unincorporated businesses that do not provide written employment contracts
Chen, et al. 2019. [36]	China	Cross-sectional, mixed methods – quantitative & qual semi-structure interviews	Breastfeeding breaks Maternity leave Childcare	Formal vs. informal in different occupational fields (agriculture, industry, business and white collar)
Gupta, et al. 2019. [37]	84 countries, 69 /84 (82%) LMIC	WBTI assessment of 10 indicators at country level	Comprehensive maternity protection	Women working in the informal or unorganised sector
Horwood, et al. 2019 [38]	South Africa*	Descriptive and cross-sectional, quantitative survey	Childcare	Informal traders and domestic workers
Horwood, et al. 2020. [39]	India and South Africa*	Qualitative – FGDs	Breastfeeding breaks, childcare	Domestic workers, market traders and home-based workers
Kumeh, et al. 2020. [40]	Liberia	Mixed methods: Sequential explanatory, case-control design – quant survey and qual IDIs	Social protection (income support) and maternity support	Mothers attending school or vocational training, informal work or piecemeal work, subsistence agriculture
Luthuli, et al. 2020 [41]	South Africa*	Longitudinal mixed-methods study – quantitative questionnaire and IDIs at 3 time points	Maternity leave Breastfeeding breaks Childcare	Domestic work, home-based work, informal trading, and hairdressing

Table 1 (continued)

Author, year of publication	Country of origin	Study design	Component/s of maternity protection	Category of non-standard worker
Nabunya, et al. 2020. [42]	Uganda	Community-based cross-sectional survey: semi-structured (quant) questionnaire	Maternity leave Breastfeeding breaks Childcare	Women working in general shops, food shops/restaurants, furniture shops, small scale salons and markets
Horwood, et al. 2021. [43]	South Africa*	Mixed methods longitudinal cohort study – quant structured questionnaire, IDIs & group photovoice	Childcare	Various including domestic workers (6), hairdressers (5), home-based workers (4), informal vendors (1), fuel attendant (1) and informal tuck shop owner (1)
Kumar. 2021. [44]	India	Review	Health protection	Tobacco cultivation / harvesting (farmers) – ‘casual’ work relationships

IDI/ In-depth interview, FGD Focus group discussion

* The four publications from South Africa reported different sets of results from research conducted under the same umbrella project

Female non-standard workers often only benefit from informal or discretionary maternity and social protection which can include unpaid leave and flexible working conditions (e.g., bringing the baby to work) [35]. However, this creates inconsistencies for implementation, unequal conditions, and potential exploitation of individuals. A Ghanaian case study described how this has resulted in both supportive practices and discrimination to pregnant women and new mothers coexisting across and within workplaces [35]. While most studies described challenges that non-standard workers experience in accessing maternity protection, one study described one country (Uganda) where some maternity protection entitlements have successfully been extended to the informal sector but the details of what these entitlements were was not described [37].

Inaccessibility to maternity protection disrupts breastfeeding

The lack of access to certain components of maternity protection by non-standard workers creates direct and indirect barriers to breastfeeding. In a mixed-methods study in China, results from 10 408 breastfeeding mothers showed that informally employed mothers had lower odds of current breastfeeding compared to mothers employed formally [36]. In a Ghanaian study with 240 mothers, almost half of whom were self-employed, short maternity leave was one of the top three breastfeeding challenges [32]. A unique challenge for informal workers related to physical work is that work often does not take place in offices and female informal workers therefore lack access to private, hygienic, safe and/or sufficient space to breastfeed or express milk [36, 39]. It may not be culturally acceptable to breastfeed at work or express in public or at work, especially, for example, for women handling food [39]. Mothers skipping breastfeeds due to working time constraints resulted in early introduction of solids in a Bangladeshi qualitative study [33]. Two studies reported non-standard working mothers spending extended time away from their children, minimising the time available to breastfeed [30, 42]. Informal workers in the agricultural sector were described as working seasonally and during certain seasons (e.g., harvesting), shifts were extremely long. Women working on tobacco farms in India worked 15-h shifts once harvesting started and mothers did not have time to go to their houses to breastfeed [44]. It was also reported as being impractical for some mothers to carry their infants to work [42]. Some mothers reported that a young sibling (aged seven or younger and usually a girl) may carry the baby to the mother’s workplace for breastfeeding [44]. In a qualitative study in Bangladesh, some mothers reported that because they left for work so early, the baby was either

Table 2 Components of maternity protection addressed by included studies (N = 17)

Component of maternity protection	Number of studies
Childcare	9
Breastfeeding breaks	6
Maternity leave	5
Cash payments or income support	3
Comprehensive maternity protection	2
Health protection	2
Job security	1
Access to medical benefits	0
Non-discrimination	0

Table 3 Themes and sub-themes identified across the included studies

Themes	Sub-themes
Access to maternity protection	Inconsistent and inaccessible maternity protection Inaccessibility to maternity protection disrupts breastfeeding
Relationship between non-standard work and breastfeeding	Characteristics of non-standard work can enable breastfeeding Some aspects of non-standard work can indirectly obstruct breastfeeding

sleeping or not hungry [33]. Sometimes workers were allowed breaks, but often there was no time for this [44]. An Indian study also demonstrated that mothers’ employment in a rural employment scheme compromised infant feeding and childcare [30]. Therefore, many non-standard workers face a trade-off between work and breastfeeding and mothers’ need to work to earn an income potentially exposes infants to suboptimal feeding practices.

When women returned to work while breastfeeding, they were encouraged to leave expressed breastmilk with the caregiver, but several challenges were described. It is difficult for women to express sufficient milk for the duration of mother and child separation, and some babies found drinking from a bottle challenging. In a study with 18 women in South Africa, only one mother was able to maintain breastfeeding by expressing when she returned to work [41]. Mothers in India and South Africa raised concerns about the safety of expressed breastmilk, describing that it could become spoiled or contaminated [39]. Mothers did not always have a fridge

at the workplace, especially in informal settings, to store expressed breastmilk [39]. Some mothers reported that they left expressed breastmilk to be fed to the baby, but it was not always fed to the child in time and sometimes spoiled [33].

Characteristics of non-standard work can enable breastfeeding

A few studies ($n=4$) described aspects of informal work that could facilitate breastfeeding. The flexibility of informal work could allow family members to bring the infant to the mother allowing her to breastfeed at work. Some women could ask for longer unpaid maternity leave without risk of losing their job if they can afford this [36]. Research in South Africa reported that the flexibility of informal work means that some mothers can take the infant to work, others can change to working from home and others go between work and home to feed the baby [39, 41]. Certain types of informal work appeared to be adaptable to breastfeeding, for example in a South African study with 247 participants, although informal traders were more likely to be currently breastfeeding than domestic workers, domestic workers felt more comfortable with both taking their baby to work and expressing at work than informal traders [38]. Women in more senior positions may have more autonomy which can enable longer duration of breastfeeding. Among women working informally in Uganda, those who owned the business or worked in managerial positions had higher rates of EBF than women working as cleaners, assistants, waitresses or in sales [42].

Some aspects of non-standard work can indirectly obstruct breastfeeding

Mothers in non-standard work are often unable to access maternity leave, cash payments while on maternity leave and breastfeeding breaks. When these mothers attempt to combine work and breastfeeding, they can experience reduced incomes and/or job insecurity. Examples of this were provided from research in South Africa, where some mothers were unable to compete for work or had fewer clients resulting in lower incomes, and some lost their jobs when they brought their infants to work. Similarly, mothers who chose to work from home with the baby had less time to work, lower productivity or didn't meet work targets also resulting in lower incomes [38, 40, 42]. Other mothers who took their infants to work reported having to start early, leave late or miss breaks (including potential breastfeeding breaks) to ensure that work was completed [41]. From a study in Liberia, it was described that "the time-intensive search for piecemeal work"

caused mothers and infants to be separated for extended time periods, disrupting breastfeeding [40].

Access to good quality childcare that is affordable for parents is limited for non-standard workers who cannot always afford formal childcare and therefore often make use of family members, friends or neighbours to care for their children [30, 44]. Mothers in South Africa and India reported being uncertain about the safety and quality of the childcare available [30, 43]. While flexibility was described as a positive characteristic of non-standard work, it can also be problematic since the unpredictability of non-standard work makes it difficult for mothers to plan or establish consistent childcare arrangements [43]. Vulnerable working mothers in Bangladesh reported that often multiple caregivers were involved in feeding the child and would feed to their own convenience and that some caregivers had limited nutrition and hygiene knowledge [33]. This meant that even when mothers' nutrition knowledge was improved through an intervention, caregivers looking after infants for most of the day did not have the same knowledge [33]. It was also reported that often when children are left in non-parental care when mothers return to work, breastfeeding is stopped or other foods and/or fluids are introduced while breastfeeding (i.e., mixed feeding), sometimes resulting in the early introduction of solids [40, 41]. A qualitative study in India, conducted with mothers working in the construction industry reported that even when women had access to childcare and two daily breastfeeding breaks, infants were still given supplemental formula [28].

Discussion

The research conducted on maternity protection for non-standard workers has focused on childcare with little research available on other components of maternity protection. Non-standard work was mostly described in the literature as informal employment and research was mainly conducted in Africa or Asia. The results show that generally, workplaces of mothers in the informal sector are not supportive of breastfeeding. Inaccessibility to maternity protection for non-standard workers was mostly described to disrupt breastfeeding directly and indirectly, while certain characteristics of non-standard work were shown to enable breastfeeding. While two studies reported that non-standard working women sometimes experience a trade-off between work and breastfeeding, not a lot of research has been conducted on all components of comprehensive maternity protection available and accessible to non-standard workers in LMIC and potential implications for breastfeeding.

Previous research in LMIC has shown that formal employment is associated with a lower likelihood or

shorter duration of breastfeeding compared to non-formal employment or unemployment [45–47]. However, a Ghanaian study with 240 mothers in this scoping review reported that self-employed mothers were more likely to EBF than unemployed mothers. A possible explanation provided was that unemployed mothers may think their nutritional status is inadequate to meet the infant's needs from breastmilk [32]. The results of this scoping review together with previous research indicates that there can be both advantages and disadvantages to different types of employment (formal vs. non-formal) and unemployment. Furthermore, unintended negative consequences of maternity leave legislation were reported in Columbia, where women who had children experienced a drop in salaries and were more likely to be unemployed or work informally to cope with having a child [48].

Policy and stakeholder analyses conducted in five South Asian LMIC revealed that maternity protection in those countries excluded informal workers and made clear recommendations for the need to expand maternity protection to include women employed in non-standard arrangements such as in atypical forms of dependent work or informal or unorganised sectors where many women work [49–53]. However, the 2016 Lancet Breastfeeding Series acknowledged that even if legislation and accountability mechanisms to ensure maternity protection and workplace breastfeeding support were implemented in countries globally, these would not reach women employed in non-standard arrangements (or women involved in vocational training or attending school) [8]. This could be because some social security programs require prior contribution to access entitlements (such as paid maternity leave) [54] and since non-standard workers are often excluded from formal schemes, they may not be registered for nor able to access this prior contribution. Therefore, additional strategies are needed to assist all working mothers who are breastfeeding. A significant shift in social norms is required to normalise support for all working mothers, especially for the many women working informally who make a significant contribution to countries' economies.

Certain components of maternity protection such as breastfeeding breaks, cash payments while on maternity leave and childcare (reported in the results of this scoping review) have been more researched than others (health protection, medical benefits, non-discrimination, and job security). The ILO and Women in Informal Employment: Globalizing and Organizing (WIEGO) have written recommendations on provision of quality childcare services for informally employed women workers. Global reviews on policies for breastfeeding breaks concluded that labour laws often excluded non-standard workers (self-employed, part-time workers, domestic

workers, agricultural/ seasonal workers, family-business workers, or small enterprise workers). Some LMIC (Sri Lanka, Morocco, Dominican Republic, Indonesia, Thailand, South Africa, and India) have extended legislation to include non-standard workers [54] and it has been recommended that certain components of maternity protection, such as providing breastfeeding breaks should be readily feasible to extend to women working in the informal economy [55]. Several costing estimates have recently been conducted in LMIC to illustrate that providing cash payments while on maternity leave (through maternity cash transfers) for women working informally is financially feasible for governments [56–59]. A systematic review of pregnancy support programmes in LMIC recommended that in a country like South Africa which has comprehensive social security programmes, that extending the current social assistance for children to begin during pregnancy would be feasible and operationally simple if integrated within existing social support programmes [60].

The categorisation of countries as LMIC can be helpful but LMIC represents a very heterogeneous sample, especially in terms of the proportion of informal workers in various LMIC. For example, in Brazil, 46.0% of workers are informal while in Ghana, 90.1% of workers are informal [19]. Therefore, interventions for maternity protection may need to be quite different for countries with such different profiles, even though they are both LMIC.

The links between informal work, social protection and maternal and child health have previously been highlighted as a research gap [16]. Others have recommended that research is needed to understand the interactions between employment and workplace conditions, and health outcomes of pregnant women, mothers and their children [16]. Innovative models of social protection are also required, that are less dependent on employers or workplaces to deliver employment entitlements, and labour regulations should create conditions that empower working mothers to care for themselves and ensure their children reach their health and development potentials [16].

It has been argued that it should be relatively simple and require little infrastructure to increase accessibility to certain provisions of maternity protection for non-standard workers, such as breastfeeding breaks, non-discrimination and job security and allowing time off for antenatal and postnatal check-ups (part of medical benefits or access to healthcare) [38, 55]. For components of maternity protection such as cash payments while on maternity leave and childcare (to ensure close proximity for breastfeeding), employers and governments are going to need to commit to investing in ensuring these are accessible for non-standard workers.

The provision of good quality, accessible and public childcare services has previously been recommended as a key policy intervention with potential to improve productivity and incomes of informally working women [31]. Provision of good quality and affordable childcare can improve women's labour force participation and have economic benefits [61]. In addition to this, childcare close to work could ensure proximity for breastfeeding, a challenge described by many non-standard working mothers. It is important that women's right to provide the best care to their children is prioritised.

Future research is required to determine the accessibility to all components of comprehensive maternity protection by non-standard workers in LMIC. Since non-standard work arrangements are diverse and can be unpredictable, flexible and heterogeneous approaches are required to ensure that all women can access maternity protection which could in turn provide a workplace environment supportive of breastfeeding [38]. Future reviews could consider grey literature and published original research in languages other than English. The studies included in this research were all conducted in certain regions of Africa and Asia. There appears to be a gap in research on maternity protection for non-standard workers and implications for breastfeeding in LMIC in South America as well as certain regions (e.g., North Africa and South-east Asia). It would also be helpful to have more regular systematic evidence reviews on the topic of maternity protection, non-standard employment and breastfeeding practices. Such evidence is needed to motivate for policy change in the areas of social justice, gender equity and the protection, promotion, and support of breastfeeding.

Limitations

Since no software was used for the screening (source selection) process, there is the possibility of human error in the exact reporting in the PRISMA diagram. This review was limited by the inclusion of articles published only in English and exclusion of grey literature. The language limitation may have resulted in papers from some LMICs being excluded.

Conclusions

This scoping review of original research published in English in peer-reviewed journals illustrated that published information on maternity protection for non-standard workers is limited. Available information indicates that non-standard workers have inadequate and inconsistent access to maternity protection which contributes to further marginalisation and inequalities of an already vulnerable group. While some research has been

conducted on certain components of maternity protection for non-standard workers (maternity leave, cash payments, breastfeeding breaks, and childcare), hardly any research has been conducted on health protection and medical benefits, non-discrimination, and job security as components of maternity protection for non-standard workers. The expansion of comprehensive maternity protection to all women working in positions of non-standard employment could encourage significant social and economic benefits.

Abbreviations

EBF	Exclusive breastfeeding
ILO	International Labour Organization
JBI	Joanna Briggs Institute
LMIC	Low-and-middle-income countries
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses

Acknowledgements

Diane Cooper is acknowledged for supervisory advice during the protocol development and searching stages of the scoping review. Tamryn Frank is acknowledged for her review of the results section and assistance with development of the themes.

Authors' contributions

CPK conducted the database search, CPK & AF screened documents, CPK charted the data (which was reviewed by AF), CPK analysed the results and drafted the manuscript. MF & TD provided supervisory guidance at all stages of the review process. All authors (CPK, AF, TD & MF) edited, reviewed, and approved the final manuscript.

Funding

CPK received support from the DSI/NRF Centre of Excellence in Food Security UID 91490. TD was supported by the South African Medical Research Council. The funders had no role in any part of the scoping review design or implementation.

Availability of data and materials

The data analysed during this scoping review of the literature are publicly available.

Declarations

Ethics approval and consent to participate

Not applicable since all data was publicly available and human participants were not used.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no financial or other competing interests.

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Received: 29 April 2022 Accepted: 7 January 2023
Published online: 30 January 2023

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Paper 2: Pereira-Kotze CJ, Malherbe K, Faber M, Doherty T & Cooper D. 2022. Legislation and Policies for the Right to Maternity Protection in South Africa: A Fragmented State of Affairs. *Journal of Human Lactation*. 38(4):686-699. <https://doi.org/10.1177/08903344221108090>

Submitted in September 2021 and published 8 July 2022.

Paper overview

This paper provides a mapping and analysis of maternity protection as it applies to all women in SA as no recent interpretation of maternity protection policy in SA was available. The paper lists all policy documents available that contain provisions relevant to maternity protection and categorises the documents according to type of policy document. The paper also maps out in which specific documents the individual components of comprehensive maternity protection (maternity leave and cash benefits, health protection and medical benefits, employment protection and non-discrimination and breastfeed breaks and childcare) can be found. The paper also contextualises the policy content with data gathered from interviews with three key informants from national government departments (health, social development and employment and labour).

Contribution to the thesis

This paper contributes to the second objective of the PhD, however, only fulfils part of the objective, since the objective sought to describe maternity protection available for non-standard domestic workers. However, it was determined that first, a description of maternity protection for all working women was required. This paper therefore provides the overview of maternity protection policy in SA, to set the context for the third paper, which specifically describes the maternity protection available to non-standard workers.

Contribution of the candidate

CPK was responsible for the conceptualization, data curation, formal data analysis, funding acquisition, investigation, methodology, visualization and writing the original draft as well as reviewing and editing of the manuscript. KM was involved in the analysis and reviewing and editing of the manuscript. MF and DC were involved in the conceptualization, methodology, supervision and review and editing of the manuscript. TD was involved in the analysis, supervision and reviewing and editing of the manuscript.

The supplemental material for the second paper (interview guide for semi-structured interviews) is available as Appendix 5. This is the same interview guide used in the third and fourth papers. The

reviewer comments and author responses are available in Appendix 9. Associated media coverage is included in Appendix 10.



Legislation and Policies for the Right to Maternity Protection in South Africa: A Fragmented State of Affairs

Journal of Human Lactation
2022, Vol. 38(4) 686–699

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DOI: 10.1177/08903344221108090

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Abstract

Background: Maternity protection rights incorporate comprehensive benefits that should be available to pregnant or breastfeeding working women.

Research Aim: To describe South Africa's maternity protection legal and policy landscape and compare it to global recommendations.

Method: A prospective cross-sectional comparative policy analysis was used to review and describe national policy documents published from 1994–2021. Entitlements were mapped and compared to International Labour Organization standards. The document analysis was supplemented by interviews conducted with key national government department informants. Thematic analysis was used to evaluate policy and interview content.

Results: Elements of maternity protection policy are incorporated into South Africa's constitutional dispensation, and some measures are consistent with international labor and social security standards. However, the policy framework is fragmented and difficult to interpret. The fragmented policy environment makes it challenging for employees to know their maternity rights' entitlements and for employers to understand their responsibilities. Confusion regarding maternity protection rights is amplified by the complexity of ensuring access to different forms of maternal protection in pre- and postnatal stages, oversight by multiple government departments, and heterogenous working environments.

Conclusions: Maternity protection in South Africa is fragmented and difficult to access. Overcoming these challenges requires legislative and implementation measures to ensure greater policy coherence and comprehensive guidance on maternity protection rights. Addressing gaps in maternity protection in South Africa may provide insights for other countries with shortcomings in maternity protection provisions and could contribute to improved breastfeeding practices.

Keywords

breastfeeding, breastfeeding support, document analysis, labor rights, lactation workplace programs, legislation, maternity protection, policy analysis, social protection, social support, South Africa

Background

Maternity protection rights incorporate benefits that should be made available to pregnant or breastfeeding working women (International Labour Organization [ILO], 2012a). According to the ILO, comprehensive maternity protection includes maternity leave; cash and medical benefits during maternity leave; health protection at the workplace; employment protection (job security); non-discrimination; breastfeeding break/s and childcare support (ILO, 2000, 2012a). Access to all components of maternity protection would improve lactation for working women. Paid maternity leave and breastfeeding support in the workplace have direct benefits for children, mothers, employers, and businesses (United Nations Children's Fund [UNICEF], 2019). These include

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Date submitted: December 15, 2021; Date accepted: May 29, 2022.

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longer breastfeeding duration, improved immunization rates, decreased morbidity (Fallon et al., 2017; Khanam et al., 2016), improved workplace productivity, and decreased absenteeism (Cohen et al., 1995).

Maternity protection is nested within wider systems of social protection, defined as “policies and programs designed to reduce and prevent poverty and vulnerability throughout the life cycle” (ILO, 2017, p. xxix). Social security, including maternity benefits, can be financed through social insurance, which refers to insurance that yields social security cash benefits where employers and employees contribute a percentage of monthly wages to a government-managed fund, from which eligible beneficiaries can apply. Social assistance refers to non-contributory tax-funded benefits (South African Human Rights Commission, 2001).

South Africa’s (SA) Constitution, Bill of Rights, and legislation contain provisions that underpin the importance of international maternal protection standards. International maternity protection standards have been comprehensively created by the ILO (ILO, 2021), and the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Although SA has not yet ratified the ILO Maternity Protection Convention, CEDAW has been ratified.

South Africa’s maternity leave is legislated through the *Basic Conditions of Employment Act*, requiring women to receive four months maternity leave around the time of childbirth (*Basic Conditions of Employment Act*, 1997). The 2021 second Quarter Labour Force Survey report stated that 23% of women employees could not access maternity leave (Statistics SA, 2021), despite national legislation. Payment from employers in South Africa during maternity leave is non-mandatory. Rather, women need to rely on social security benefits during unpaid maternity leave. Social security is protected in the Constitution (Constitution of the Republic of South Africa, 1996). Section 27(1)(c) guarantees everyone the right to access to social security “including, if they are unable to support themselves and their dependents, appropriate social assistance” and section 27(2) requires that “the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of each of these rights” (Constitution of the Republic of South Africa, 1996, p. 11). Social insurance is implemented through the Unemployment Insurance Fund and is mostly limited to employees in the formal sector. Social assistance is made available through statutory grants administered by the South African Social Security Agency. Caregivers of children under 18 years of age earning insufficient income, as determined by “means test” criteria, are eligible for a monthly child support grant (Social Assistance Act 13, 2004). In 2020, the child support grant’s value was R440 (USD 28) per month for each child under 18 years (Western Cape Government, 2020). This may be the only financial assistance that many women not receiving paid maternity leave or maternity benefits can access after childbirth.

Key Messages

- Adequate maternity protection incorporates various components located in policy and legislation across various departments in South Africa and is essential to support optimal breastfeeding.
- This comprehensive description of maternity protection policy in South Africa reveals that most components of maternity protection are legislated and meet minimum international standards, but fragmentation creates policy incoherence and confusion.

Limited recent research has been conducted about South Africa’s maternity protection rights. An international and comparative analysis of maternity protection in South Africa was conducted in 2001–2002 (Dupper, 2001, 2002) but amendments to legislation have subsequently been made. Challenges in accessing maternity benefits in South Africa have been documented and recommendations for improvements made (Boswell & Boswell, 2009). Boswell and Boswell’s (2009) findings were that vulnerable groups (e.g., informal economy female workers) were not covered by existing maternity protection legislation. This violates gender equality and women and children’s constitutional and human rights (Hicks, 2019). In a 2018 review of breastfeeding in South Africa, Martin-Wiesner concluded that while legislation exists to protect workplace breastfeeding, no financial resources have been allocated and government lacks capacity to monitor or evaluate these laws’ implementation. While existing research about selected aspects of maternity protection has been important and revealed shortcomings, no comprehensive review exists describing where different components of maternity protection in South African policy and legislation can be found and how they align with global guidance. Furthermore, it is not clear whether the current policy framework for maternity protection in South Africa can be regarded as reasonable measures to realize social security rights. The aim of this study was to describe South Africa’s maternity protection legal and policy landscape and compare it to global recommendations.

Methods

Research Design

This study was a prospective cross-sectional comparative policy analysis using a mixed method approach (Holland & Novak, 2018). As is common for public health policy analysis, we used a combination of document review and key informant interviews (O’Brien et al., 2020), together with interpretation from published literature to achieve this aim.

All documents describing and analyzing policy content were publicly accessible. Ethical approval was obtained

from the University of the Western Cape Biomedical Research Ethics Committee on 20 June 2020 (Reference Number: BM20/5/7).

Setting and Relevant Context

Although classified as a middle income country, South Africa has high rates of poverty, inequality, and unemployment (Statistics SA, 2021). Women and men's labor force participation rates are 51.4% and 62.6% respectively. Approximately 68% of employed women and men work in formal employment while the remaining 32% are employed informally (20.6% of men, 14.6% of women), work in the agricultural sector (7.2% of men, 3.9% of women) or in private households (3.7% of men, 13.5% of women; Statistics SA, 2021).

While breastfeeding rates in South Africa have improved, average duration of exclusive breastfeeding is only 2.9 months and 32% of infants under 6 months (National Department of Health [NDoH] et al., 2019) are exclusively breastfed (EBF), defined as receiving only human milk and no other liquids including water, or solids during the first 6 months (World Health Organization [WHO], 2008). EBF declines with infant age; 44% of 0–1-month-olds are EBF compared to 24% of 4–5-month-olds (NDoH et al., 2019). Approximately 75% of public birthing units in South Africa have the “Baby Friendly” designation (Martin-Wiesner, 2018). There are only 49 International Board Certified Lactation Consultants (IBCLCs) in South Africa but breastfeeding support is also provided by breastfeeding peer counsellors and community health workers (Nieuwoudt et al., 2019). Despite the government's commitment to breastfeeding, there are still provincial, geographical, and socioeconomic disparities and inequities in breastfeeding rates and access to breastfeeding resources (Martin-Wiesner, 2018).

South African national legislation is issued or amended by the legislature (Parliament). A Bill is introduced by the relevant government department or an individual Member of Parliament. It is then published for public comment. Following various stages of approval it is signed by the President as an Act (law; Parliament of the Republic of South Africa, 2022). Each government department issues (and amends) the policies required to implement the department's statutory obligations.

Sample

National policy documents containing any provisions relevant to maternity protection in South Africa were sourced and reviewed by one of the authors (CPK). In this research, policy documents (or policy frameworks) refer to any policy tool available to implement policy, including the Constitution, legislation and regulations, national policies, and national guidelines (e.g., codes of good practice, a national declaration, national guideline, national booklet, and national position paper). Documents published from 1994 to September

2021 that incorporated at least one element of maternity protection were included. Altogether 24 national policy documents ($N = 24$) identified between 1995–2018 contained provisions relevant to South Africa's maternity protection. We are satisfied that the most relevant national policy documents were included. No documents were excluded.

Following document analysis, individual in-depth interviews were held with key informants ($N = 3$) about national maternity protection policy development and implementation. Key informants were purposefully selected based on their position to influence South Africa's national maternity protection policy and for their knowledge and experience on national maternity protection policy. Participants were included if they worked for a national government department involved directly in maternity protection policy development. Although only three key informants were purposively identified, these informants were selected as important stakeholders in South Africa for maternity protection including one informant from each of the departments involved in setting maternity protection policies.

Data Collection

Relevant documents were identified by CPK during August–November 2020. The ILO recommendations guided sourcing of policy documents (ILO, 2012b), indicating that maternity protection components are usually located in labor, social security and anti-discrimination legislation, and health policy (ILO, 2012c). Additionally, previous reviews on similar topics were evaluated (Ernst & Young, 2019; Martin-Wiesner, 2018). Websites of relevant national government departments were searched. Documents were categorized into the Constitution, legislation ($N = 13$) (legally enforceable), national policy ($N = 2$; enforceable by the department responsible) and national guidelines ($N = 8$; non-legally binding recommendations based on legislation or policy). The range of documents identified incorporated all components of maternity protection and reflect what is described on maternity protection in published literature. Documents published from 1994 until September 2021 were included (Table 1).

Key informant interviews were conducted during October and November 2020 with three employees of national government departments, comprising two females and one male. Participants worked in the National Departments of Employment and Labour, Health and Social Development. Interviews were conducted in English by CPK, a female PhD student trained in qualitative research. Approval was obtained from participants' immediate supervisors to participate in the interviews and their informed consent was obtained verbally. Online interviews were conducted using a virtual platform chosen by the interviewee.

All interview data were stored electronically and securely by CPK. An interview guide (see supplemental material) containing broad questions and follow-up probes was used to obtain insights into policy content and implementation.

Table 1. National Policy Documents in South Africa Containing Provisions Relevant to at Least One Component of Maternity Protection.

Year	Department	Document Type	Document Name
1. Constitution			
1996	Department of Justice	Constitution	Constitution of The Republic of South Africa, 1996
2. National Legislation			
1995	Department of Labour	Act	Labour Relations Act No. 66 of 1995
1997	Department of Labour	Act	Basic Conditions of Employment Act No. 75 of 1997
1998	Department of Labour	Act	Employment Equity Act No. 55 of 1998
2000	Department of Labour	Act	Promotion of Equality & Prevention of Unfair Discrimination Act No. 4 of 2000
2001	Department of Labour	Act	Unemployment Insurance Act No. 63 of 2001
2002	Department of Labour	Act	Unemployment Insurance Contributions Act No. 4 of 2002
2002	Department of Labour	Act Amendment	Basic Conditions of Employment Amendment Act No. 11 of 2002
2002	Department of Labour	Act Amendment	Labour Relations Amendment Act No. 12 of 2002
2013	Department of Labour	Act Amendment	Employment Equity Amendment Act No. 47 of 2013
2013	Department of Labour	Act Amendment	Basic Conditions of Employment Amendment Act No. 20 of 2013
2014	Department of Labour	Act Amendment	Labour Relations Amendment Act No. 6 of 2014
2016	Department of Labour	Act Amendment	Unemployment Insurance Amendment Act 10 of 2016
2018	Department of Labour	Act Amendment	Labour Laws Amendment Act 10 of 2018
3. National Policy			
2013	Department of Health	National Policy	Infant and Young Child Feeding Policy
2018	Dept of Public Service & Administration	National Policy	Determination and Directive on Leave of Absence in the Public Service
4. National Guidelines			
1998	Department of Labour	Code of Good Practice	Code of Good Practice on the Protection of Employees During Pregnancy and After the Birth of the Child, 1998 of the Basic Conditions of Employment Act
1998	Department of Labour	Code of Good Practice	Code of Good Practice on the Arrangement of Working Time, 1998 of the Basic Conditions of Employment Act
2005	Department of Labour	Code of Good Practice	Code of Good Practice on Integration of Employment Equity into Human Resource Policies and Practices, 2005 of the Employment Equity Act
2011	Department of Health	Declaration by Minister	Tshwane Declaration for the Support of Breastfeeding in South Africa
2012	Department: The Presidency	National Policy	National Development Plan 2030: Our future - make it work
2016	Congress of South African Trade Unions	Trade Union Federation Position Paper	Position Paper on Maternity Protection: Adopted at 2016 Congress of South African Trade Unions Congress
2017	Department of Health	National Policy	Nutrition Guidelines for Early Childhood Development Programmes
2019	Department of Health	National Booklet	Supporting Breastfeeding in the Workplace: A guide for employers and employees

Limited socio-demographic information on key informants was collected. Interviews took approximately 45 min, were audio-recorded, following participants' verbal informed consent, and transcribed by CPK. Participants' confidentiality was maintained by removing any personal information and any names linked to individuals' insights from the transcribed data in any reporting of the results. Privacy, confidentiality, and anonymity were thereby ensured. To ensure that the influence of the interviewer's personal characteristics was taken into account, the interviewer made notes during and after each interview on her initial reactions to the interview and how her position (as a student researcher) may have influenced participant responses, and reflected on

topics discussed and considered topics needing discussion in future interviews (Dodgson, 2019). The interviewer's role as a student may have allowed participants to view the interaction as constructive and information-gathering as opposed to an interrogation. This may have promoted honesty in responses. Interview transcripts were checked for accuracy as a quality-control measure.

We compared the maternity protection policies described in the policy review with recommendations made in selected international documents—namely, the ILO Maternity Protection Convention 183, the ILO Maternity Protection Recommendation 190, and CEDAW. No additional data collection was undertaken for this study aim.

Table 2. Data Analysis Structure for Key Informant Interviews.

Theme	Theme Definition	Code Definition	Code Definition
Health policy analysis	Analysis of policy which considers policy content, but also the context, actors and process involved in policy development.	1. Content 2. Context 3. Process 4. Actors	1. Policy content is usually described as written text in documents. 2. Policies are influenced by international context national or sub-national government or political environments and institutions. 3. The process of policy development incorporates the steps required for policy to be developed. 4. The actors refer to the various stakeholders and organizations that influence policy development.

Data Analysis

Various frameworks exist to manage and analyze public health policy. We used the “READ approach” which includes “(1) ready your materials, (2) extract data, (3) analyze data and (4) distil your findings” (Dalglish et al., 2020, p. 1424). All documents were assigned a label. The following information extracted from documents were entered into a Microsoft Excel spreadsheet: title, date, author, publisher, sector, document type, purpose of document, target audience and the component(s) of maternity protection addressed by the document. Tables 2 and 3 present the structure of the data analyses. Policy content was organized by identifying text referring to any component of maternity protection. The components of maternity protection contained in each document were summarized and documented in tables. Published reviews of maternity protection related policies were also sourced (Hicks, 2019; Martin-Wiesner, 2018), including research conducted by an independent company, commissioned by the National Department of Employment and Labour (Ernst & Young, 2019). These documents were used to compare this study’s results to existing published analysis of South Africa’s maternity protection policy, within the context of ILO recommendations. A thematic analysis approach was used for evaluation of policy content and to interpret the interview data (Vaismoradi & Snelgrove, 2019).

Key Informant interview transcripts were read and re-read by CPK, who manually allocated codes to similar groups of information and developed overarching themes linked to these codes. Themes for key informant interviews were developed using the “health policy triangle” conceptual framework for policy analysis. This considers policy content and the context, actors, and process involved in policy development as described in Table 2 (Walt & Gilson, 1994; WHO, 2018). In addressing reflexivity, CPK had informal discussions with co-authors to ensure accurate interpretation of the data.

Data extracted from published policy documents and information obtained from the interviews were triangulated to develop a more comprehensive understanding of the maternity protection policy landscape in South Africa. Textual information from the document analysis was compared to quotations from the interview participants to ensure that documents were accurately interpreted and described.

The themes and codes used for the analysis of the documents and key informant interviews are summarized in Table 3.

Results

Characteristics of the Sample

Information obtained from policy documents and key informant interviews are described by type of policy document and component(s) of maternity protection (Table 4). The National Department of Employment and Labour is tasked with developing maternity protection policy for workers and implementing and enforcing much of the maternity protection legislation. Other government departments—for example, the National Departments of Health and Social Development—and South Africa’s large national trade union federation, the Congress of South African Trade Unions, have policies incorporating components of maternity protection. While these can be monitored, they are not legally binding. The way policy content was extracted and coded enabled a mapping process, describing where each component of maternity protection is located.

The Maternity Protection Policy Landscape in South Africa

Maternity Leave and Cash Benefits. Maternity leave and related cash benefits are covered by three Acts and one national policy (Table 4). In addition, the Presidential National Development Plan mentions cash benefits. The Basic Conditions of Employment Act provides for four consecutive calendar months of unpaid maternity leave. In 2011, the national Tshwane Declaration of Support for Breastfeeding in South Africa, ratified by the health minister, committed to extend maternity leave and to ensure that all workers, including domestic and farm workers, benefit from maternity protection (NDoH, 2011).

Section 27(1) of the Constitution contains cash benefit provisions through rights to access social security for all (including pregnant or breastfeeding women). This is operationalized through legislation. If employers do not pay wages to women while on maternity leave, provided that women have worked at least 24 hr per month and employers and employees have each contributed 1% of monthly earnings to

Table 3. Data Analysis Structure for Document Analysis.

Theme	Theme Definition	Code Definition	Code Definition
Maternity protection	Benefits made available to pregnant or BF working women	1. Maternity leave 2. Cash benefits 3. Medical benefits 4. Health protection 5. Employment protection 6. Non-discrimination 7. BF breaks 8. Childcare	1. Leave (period of rest) provided around the time of childbirth. 2. Access to income while on maternity leave. 3. Access to health services during pregnancy and after the birth of a child. 4. Insurance that workplace does not introduce health risks to pregnant or BF women. 5. Job security by prohibiting dismissal during pregnancy or around time of childbirth. 6. Insurance that maternity is not a source of discrimination in employment. 7. One or more daily breaks or reduction of work hours for BF. 8. Family friendly working time arrangements and/or childcare facilities.
Maternity protection policy in South Africa	Any policy took available at a national level to implement maternity protection in South Africa.	1. Constitution 2. Legislation 3. National policy 4. National guidelines	1. The basic principles and laws of a country that guarantees certain rights to people. 2. Laws passed by the legislature that can be legally enforced in a country. 3. Documents that describe the principles of a topic approved by a national government department minister. 4. National documents with guiding principles that guide policy implementation.
International standards	Principles or guidelines that have been agreed upon internationally	1. International Labour Organization labor standards on maternity protection 2. United Nations Conventions	1. The International Labour Organization Maternity Protection Convention (No. 183) of 2000 and Maternity Protection Recommendation (No. 191) of 2000. 2. The Conventions on the Elimination of All Forms of Discrimination Against Women

Note. BF = breastfeeding.

the Unemployment Insurance Fund, they can claim two-thirds of their earnings (up to a maximum threshold) as maternity benefits (Unemployment Insurance Act 63, 2001; Unemployment Insurance Contributions Act 4, 2002).

According to one of the key informants, the Department of Social Development is working towards additional social assistance provision through a Maternal Support Grant that vulnerable women could access when pregnant. This is intended to be an extension of the Child Support Grant to women before childbirth and would assist vulnerable pregnant women reporting difficulty in accessing social insurance cash benefits: “you raised the issue of UIF [the unemployment insurance fund]—pregnant women, most of them, especially those in the margins, they are unable to access this [social protection]. . .” (Key Informant 1). Another key informant also reported that limited numbers and the inadequate capacity development of existing inspectors constrained the enforcement of current legislation:

There’s not really enough inspectors. . .our inspectors, you know, they have teeth, but they can’t bite. . . . That issue of them maybe being able to issue fines. . .if the legislation is maybe amended to empower the inspectors to be able to maybe issue even spot on [sic] fines. . .I think that would actually maybe

improve things a bit, especially for informal workers. (Key Informant 3)

Health Protection and Medical Benefits. The Presidential National Development Plan briefly mentions pregnancy health protection. Section 27(1) provides rights to access healthcare for all, including pregnant or breastfeeding women. The Basic Conditions of Employment Act regulates workplace health protection rights for women before and after childbirth. Two codes of good practice contain guidance on health protection and medical benefits for pregnant and breastfeeding women.

Employment Protection and Non-Discrimination. Section 9 of the South Africa Constitution guarantees maternity protection by ensuring the right to non-discrimination due to pregnancy. Section 187 of the Labour Relations Act ensures job security during and after pregnancy by stipulating that dismissal related to pregnancy is automatically unfair (Labour Relations Act 66, 1995).

Breastfeeding Breaks and Childcare. Breastfeeding breaks and childcare are the only components of maternity protection not contained in one of six core Acts and their amendments

Table 4. Description of the Location of the Components of Maternity Protection in South African National Policy Documents.

Department	Legislative, Policy, or Guideline Document	Maternity Leave & Cash Benefits	Medical Benefits & Health Protection	Employment Protection & Non-discrimination	Breastfeeding Breaks & Childcare
1. Constitution Justice	Constitution of the Republic of South Africa (1996)			✓	
2. National Legislation Labour	Labour Relations Act (1995) Basic Conditions of Employment Act (1997) Employment Equity Act (1998) Promotion of Equality & Unfair Discrimination Act (2000) Unemployment Insurance Act (2001) Unemployment Insurance Contributions Act (2002)	✓	✓	✓ ✓	
3. National Policy Health Public Service & Administration	Infant & Young Child Feeding Policy (2013) Leave of Absence Policy (2015)	✓	✓	✓	✓
4. National Guidelines National Department of Labour	Code of Good Practice on the Protection of Employees During Pregnancy and After the Birth of the Child (1998) Code of Good Practice on the Arrangement of Working Time (1998) Code of Good Practice on the Integration of Employment Equity Into Human Resource Policies and Practices (2005)	✓ ✓	✓	✓	✓ ✓
National Department of Health	Tshwane Declaration of Support for Breastfeeding in South Africa (2011) Nutrition Guidelines for Early Childhood Development Centres (2017) Supporting Breastfeeding in The Workplace Booklet (2019)	✓			✓ ✓ ✓
Presidency Congress of South African Trade Unions	National Development Plan (2012) Maternity Protection Position Paper (2016)	✓	✓ ✓	✓	✓



(see Table 4). Two Acts have three accompanying codes of good practice (Tables 1 and 4). The *Code of Good Practice on the Protection of Employees During Pregnancy and After the Birth of the Child* contains recommendations for maternity protection, including that breastfeeding women should have twice daily breaks of 30 min for breastfeeding or expressing, until their child is 6 months old (NDoL, 1998). The *Code of Good Practice on the Arrangement of Working Time* contains provisions regarding shift work for employees who are pregnant, breastfeeding or have childcare responsibilities (NDoL, 1997). The *Code of Good Practice on the Integration of Employment Equity Into Human Resource Policies and Practices* recommends against employee discrimination or loss of benefits due to pregnancy and childbirth and that employers should provide supportive and flexible work environments for employees with family responsibilities (NDoL, 2005).

The Department of Employment and Labour informant commented on the discretionary nature of the codes of good practice:

The Code of Good Practice is just a code. . . [It] depend[s] on the relationship of the employer with the workers, for them to actually implement it. . . The code is not legally enforceable. It's just a guideline, to employers. . . on issues of maternity protection. (Key Informant 3)

The National Department of Health's national policy also recommends breastfeeding breaks and has nutrition and childcare guidelines, and a booklet providing practical breastfeeding break recommendations (NDoH, 2019). However, since these are not legislated, no formal monitoring and enforcement mechanisms exist.

Comparison of Maternity Protection in South Africa to Global Recommendations

The components of maternity protection in South Africa's legislation that meet international standards include length of maternity leave, non-discrimination, job security, medical benefits, and health protection, while cash benefits and breastfeeding breaks are not adequately guaranteed in South Africa's legislation (see Table 5). Recommendations made in codes of good practice, while not legally enforceable, could be considered if an employee were to seek remedy in response to disciplinary action. The implementation status of many of these codes of good practice is unknown.

Many factors influence women's healthcare access rendering this difficult to evaluate. Most components of maternity protection are clearly defined, but cash benefits are complex. Since payment of women's full salary while on maternity leave is not guaranteed, some women are unable to make full use of the maternity leave benefits, as they cannot afford to remain on leave without receiving sufficient cash benefits. These gaps in maternity protection in South Africa

were described by two key informants: "Whatever the UIF [social protection] gave her wasn't enough. . . therefore they come back before the 4 months" (Key Informant 3). "But then if you are not registered as someone who is employed then it means you cannot fully access those benefits, even with the UIF. I think, for me, there's a bit of gaps. . ." (Key Informant 2).

Discussion

We have described how South Africa's components of maternity protection are dispersed across different documents and government departments. We further explained how this fragmented system compared with global standards. Most of South Africa's maternity protection components are legislated, but contained in separate laws with corresponding amendments, creating a complicated policy landscape. Fragmentation of maternity protection legislation and policies restricts employee rights holders' knowledge of their maternity protection entitlements and remedies, and employers' understanding of their obligations in ensuring these rights. This lack of policy coherence, including weak policy integration and inadequate monitoring and evaluation, contributes to the disorganization of maternity protection in South Africa.

It is commendable that components of pregnant and breastfeeding women's health protection are guaranteed in South Africa's maternity protection policies and laws, but it is vital that mechanisms exist to ensure employer adherence. While piecemeal research has been conducted, no recent evaluation of comprehensive maternity protection availability and access in South Africa has previously been conducted. Despite the prohibition of unfair discrimination featuring prominently in policy and legislation in South Africa, recent qualitative research revealed incidents of discrimination in the recruitment, employment, and return-to-work of pregnant and breastfeeding women, more commonly in the informal economy and male-dominated industries (Ernst & Young, 2019). Reports of discrimination were mainly attributable to lack of knowledge and awareness of rights and responsibilities. This highlighted that legislation alone is insufficient to protect employment and ensure non-discrimination for pregnant and breastfeeding women.

Strategies ensuring compliance with legislation are needed to strengthen current statutory mechanisms. Maternity protection provisions should be clearly documented in dedicated legislation and guidelines developed to interpret maternity protection rights for women in various employment contexts (Olivier et al., 2011). The National Department of Employment and Labour should actively engage in improving knowledge and awareness of employees' maternity protection rights and employers' responsibilities. Civil society organizations and other government departments could assist the Department of Employment and Labour with relevant education campaigns. For example, the Department of

Table 5. Comparison of the Components of Maternity Protection in South Africa to Global Recommendations.

Component	International Standard	South African Legislation
Components of Maternity Protection in South Africa That Meet International Standards		
Maternity leave	The ILO Maternity Protection Convention recommends a minimum of 14 wks. of maternity leave (ILO, 2000a). The Maternity Protection Recommendation recommends 18 wks. of maternity leave (ILO, 2000b). The ILO recommends that women have 6 wks. of compulsory leave after childbirth, & the prenatal portion of maternity leave can be extended if a child is born early, without reduction in compulsory portion of PP leave.	17 wks. of maternity leave is guaranteed by the Basic Conditions of Employment Act (Basic Conditions of Employment Act 75, 1997). SA law prohibits women from returning to work within 6 wks. after childbirth, and allows leave to be extended due to pregnancy or childbirth health complications (Basic Conditions of Employment Act 75, 1997).
Non-discrimination	The ILO and CEDAW guarantee non-discrimination based on maternity status.	The <i>Employment Equity and Labour Relations Acts</i> clearly state that women should not be unfairly discriminated against nor face unfair dismissal due to pregnancy or family responsibility. This protection against discrimination features across four acts.
Job security (income protection)	The ILO ensures job security and recommends that women should return to similar positions and be paid at the same rate after maternity leave (ILO, 2000a).	The protection of pregnant women's job security features unambiguously across four acts.
Medical benefits and health protection	The ILO indicates that antenatal, childbirth and PP medical benefits should be provided to women and young children (ILO, 2012a).	SA legislation ensures health protection for pregnant and breastfeeding women. Free maternity health services are available at all public health facilities in SA (NDoH, 2015). Three codes of good practice describe pregnant and breastfeeding women's protection from workplace hazards, that pregnant and breastfeeding employees should be given time off work to attend antenatal and PP check-ups and recommendations for workplace shift roster development (NDoL 1997, 1998, 2005).
Components of Maternity Protection in South Africa Falling Short of International Benchmarks		
Cash benefits	The ILO recommends that women on maternity leave receive their full salary.	This is non-mandatory in SA. All employees can presently claim two-thirds of their salary with an income 'ceiling' applicable (Unemployment Insurance Amendment Act 10, 2016). However, women who are not registered for social insurance are unable to claim cash benefits.
Breastfeeding breaks	The ILO Maternity Protection Convention recommends that a woman should be able to have one or more daily breaks or a daily reduction in work hours to breastfeed her child.	Provision of breastfeeding breaks upon return to work does not appear in maternity protection legislation in SA but is rather recommended by a non-legally binding code of good practice.
Other Components of Maternity Protection		
Childcare	The ILO Maternity Protection Convention has no childcare recommendations. However, the ILO Workers with Family Responsibilities Convention (No. 156) of 1981 provides guidance to support employees with childcare responsibilities.	SA has not ratified either of these conventions. The Codes of Good Practice on the Arrangement of Working Time and Integration of Employment Equity into Human Resource Policies and Practices contain childcare provisions upon return to work. These recommend flexible working environments that consider employees with childcare needs.

Note. PP = postpartum; ILO = International Labour Organization; CEDAW = Convention on Elimination of Discrimination Against Women; SA = South Africa.

Health's existing communication routes for the dissemination of information regarding maternity benefits for working mothers could be used to provide labor rights information. South Africa could adopt the practices of some countries

where civil society organizations mediate between citizens and states to improve available statutory remedies' awareness (Feruglio, 2017). The *Congress of South African Trade Unions' Maternity Protection Position Paper* (COSATU,

2018) is the most comprehensive of all the documents examined, incorporating all maternity protection components, except for employment protection. COSATU is the biggest trade union federation in South Africa, and the only one with a maternity protection position paper. This trade union is in an alliance with the governing party and therefore its views should be influential when it comes to determining government policy. Trade union maternity protection guidelines can potentially form part of collective agreements, thereby shaping applicable laws.

Maternity protection should be viewed as an integral part of social protection. One strategy could be to establish a national social security fund to provide an integrated and consolidated approach to social security in South Africa, accompanied by a sustainable funding mechanism (Parliamentary Monitoring Group & Department of Social Development, 2021).

Despite the duration of maternity leave guaranteed by South Africa's national legislation being aligned with minimum ILO guidelines, this may be inadequate to support optimal breastfeeding practices. Four months of maternity leave is provided to working women, but EBF is recommended until 6 months of age. Researchers have shown that EBF declines when women return to work (Hirani & Premji, 2009). Increasing the duration of legislated paid maternity leave is associated with increased EBF (Chai et al., 2018). The limited duration of maternity leave could therefore be a factor contributing to suboptimal EBF in South Africa. In 2019, to mark 100 years since the ILO first defined maternity protection, the Global Breastfeeding Collective (led by UNICEF and the WHO), called on governments to mandate paid maternity leave for at least 18 weeks, but preferably, for 6 months or more after childbirth (WHO & UNICEF, 2019a). This is aligned with optimal infant and young child feeding guidelines. Furthermore, South Africa should ratify the Maternity Protection Convention. According to the Ernst and Young (2019) report, no changes are currently planned to guarantee payment of full salaries to women on maternity leave.

While the cash benefit component of maternity protection in South Africa was recently improved, access to cash benefits remains difficult for many women on maternity leave. The social insurance mechanism of financial compensation is accessible to women on maternity leave only if contributions to the Unemployment Insurance Fund are made. This is problematic for three main reasons: First, many groups are excluded from receiving social insurance benefits, including employees working < 24 hr per month for an employer, learners, students, self-employed women, and undocumented migrants (Kasselman, 2020). Second, only 58.6% of eligible women have reported contributing to the fund (Statistics SA, 2021), meaning 41.4% would be ineligible to claim cash benefits while on maternity leave. Third, many women experience delays in the process of applying for cash benefits. The National Department of Employment and Labour (NDoL, 2019) reported that most maternity claims submitted

with complete information were finalized within 10 working days of receipt, suggesting that this process is efficient. However, recent research has contradicted this report. Submissions are often incomplete because applicants lack information about correct completion and struggle to obtain guidance from the department, resulting in delays (Ernst & Young, 2019). Women unable to access social insurance can apply for the Child Support Grant, but this is much lower than the national minimum wage and the calculated cost of a basic food basket in South Africa (Pietermaritzburg Economic Justice & Dignity Group, 2021). Therefore, the route for many women to obtain cash benefits while on maternity leave is inadequate to sustain a suitable standard of living.

Globally, only four low-and-middle-income countries—Burkina Faso, Mali, Senegal, and Tajikistan—fulfill all ILO requirements regarding length of maternity leave, cash benefit rates, and sources of cash benefits' funding (WHO & UNICEF, 2019b). Three of these countries have over 90% continued breastfeeding at 1 year of age; yet only one, Burkina Faso, has reached the World Health Assembly (WHA) target for 50% EBF at 6 months. Access to cash benefits during maternity leave should be simplified and South Africa should be encouraged to follow other low-and-middle-income countries' achievements in increasing cash benefits during maternity leave. Maternity cash benefits should be extended to all women, including those currently excluded from social insurance (e.g., informal or non-standard workers).

While breastfeeding breaks are recommended in several of South Africa's codes of good practice, these codes are not legally enforceable. Codes of good practice guidelines are open to varying and inconsistent interpretations of the right to paid breastfeeding breaks. Therefore, they are unlikely to be adequately implemented. There should be unambiguous legislation guaranteeing the right to paid workplace breastfeeding breaks in South Africa. There are some departmental initiatives to support breastfeeding in the workplace that could be further developed. For example, the Department of Health's Side-by-Side campaign has online resources available, including a booklet entitled *Supporting Breastfeeding in the Workplace: A Guide for Employers and Employees* (NDoH, 2019). This provides practical guidance for implementing existing codes of good practice. A national civil society organization—the South African Coalition of Women, Adolescent and Children's Health (SACSoWACH)—has convened stakeholder discussions to advocate for workplace breastfeeding support (SACSoWACH, 2018). At the sub-national level, the Western Cape Department of Health, in collaboration with organized labor, developed a provincial circular recommending twice daily breastfeeding for women until their child is 12 months old (Western Cape Government: Health, 2012). This is a progressive policy that other departments in the Western Cape and other provinces could adopt. An older 2012 global policy analysis of 182 countries found

that 71% had legislated paid breastfeeding breaks (Heymann et al., 2013). South Africa is unfortunately one of a minority of countries that still does not guarantee workplace breastfeeding breaks. This is despite being a signatory to the 1995 Beijing Declaration and Platform for Action, which called on governments to ensure the protection and promotion of breastfeeding in workplace environments (United Nations, 1995). Heymann et al.'s (2013) study showed that in countries where legislation guarantees breastfeeding breaks at work, more women practice EBF during the first 6 months.

Protection for fathers and other non-birth (e.g., adoptive) parents does not always receive adequate consideration (Fontana & Schoenbaum, 2019). In South Africa, progressive amendments made by the *Labour Laws Amendment Act of 2018* contain gender-inclusive provisions; however, these changes may be insufficient to contribute to gender equality through improved maternity protection and shared caregiving responsibility (Malherbe, 2020). This paper focused on maternity protection since its availability and access is inconsistent, especially in Africa and Asia where most women cannot access maternity leave and cash benefits (ILO, 2014).

Maternity protection legislation and guidance in most countries focus on full-time, permanently employed women. Globally, over 60% of employed people work informally, and in low-and-middle-income countries this number is higher; in Africa, 86% of employment is informal (ILO, 2018). While there is no evidence to show how access to maternity protection in South Africa differs based on socioeconomic status, there is acknowledgement, globally and nationally, that research on implementing comprehensive maternity protection for all is urgently needed, especially for women working in the “informal” sector (NDoH, 2011; Rollins et al., 2016). A more in-depth investigation of maternity protection policy implementation is important, especially for women in non-standard employment. Consideration should be given to expanding current social assistance programs, and improving their efficiency, so that those who need to access funds can do so timeously. There is currently work underway in South Africa to extend social security benefits beyond women employed formally and to consolidate social security (Department of Social Development, 2021; S.A. Law Reform Commission, 2021). In August 2021 a Green Paper on Comprehensive Social Security and Retirement Reform for South Africa was published. It made promising references to a process to develop specific maternity and pregnancy support, but was unfortunately withdrawn soon after publication (Parliamentary Monitoring Group & Department of Social Development, 2021). Integration of maternity protection policies across government departments, and improved monitoring and evaluation of existing legislation, could contribute to policy coherence and implementation. Digital technology opportunities could be made use of to streamline service delivery for social benefits across government sectors (e.g., online, and telephonic chat lines) to ease pregnant women's access in obtaining

assistance for completing their applications for social insurance benefits.

What sets the South African position apart is the state's constitutional obligation to realize social security and health care rights. Therefore, civil society organizations can and should pressurize government to realize maternity protection rights by way of the legislative and policy changes suggested above.

Limitations

Despite efforts to address researcher bias and reflexivity in this study, it is possible that some bias has remained. There is a possibility that there are some documents that were not included in the document review. A key limitation is the small number of key informants interviewed and the use of purposive sampling, which could have led to selection bias.

Conclusions

South African maternity protection is fragmented throughout different policy locations, contributing to its limited enforceability and fragile access. Monitoring and enforcement of maternity protection policy requires improvement. Comprehensive guidance regarding women's statutory maternity protection benefits, including how these apply to women in different employment contexts, is needed to ensure that the state takes reasonable measures within its available resources to progressively realize health and social security rights as required by the Constitution and international law. Recommendations to address gaps in maternity protection in South Africa may be relevant to other countries with similar shortcomings in maternity protection provisions. Improved access to maternity protection could contribute to improved breastfeeding practices.

Acknowledgments

The authors would like to acknowledge Prof Helen Schneider for conceptual input into the paper.

Author contribution(s)

Catherine Pereira-Kotze: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Visualization; Writing – original draft; Writing – review & editing.

Kitty Malherbe: Formal analysis; Writing – review & editing.

Mieke Faber: Conceptualization; Methodology; Supervision; Writing – review & editing.

Tanya Doherty: Formal analysis; Supervision; Writing – review & editing.

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Disclosures and Conflicts of Interests

Catherine Pereira-Kotze completed the student research (as part of the fulfillment of a PhD in Public Health) and Tanya Doherty and

Mieke Faber were the advisors. The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: CPK received support from the DSI/NRF Centre of Excellence in Food Security UID 91490.

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Supplemental Material

Supplementary Material may be found in the “Supplemental material” tab in the online version of this article.

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Paper 3: Pereira-Kotze CJ, Doherty T & Faber M. 2022. Maternity protection for female non-standard workers in South Africa: the case of domestic workers. *BMC Pregnancy & Childbirth*. 22: 657. <https://doi.org/10.1186/s12884-022-04944-0>

Submitted in April 2022 and published 22 August 2022.

Paper overview

This paper maps out and analyses maternity protection as it applies to non-standard workers in SA, with a focus on domestic workers as a particular vulnerable group that makes up a sizeable proportion of the female workforce in SA. The paper lists and categorises the 29 policy documents containing provisions relevant to maternity protection for non-standard domestic workers in SA. The paper also lists each provision of maternity protection (maternity leave, cash payments and medical benefits, health protection, employment protection (job security), non-discrimination, breastfeeding breaks, and childcare) and their location in respective policy or legislative documents. The policy content is contextualised with data gathered from interviews with three key informants from national government departments (health, social development and employment and labour).

Contribution to the thesis

This paper builds on the second paper, to contribute to the second PhD objective, which is to analyse policy on maternity protection available to non-standard domestic workers in SA. The second and third papers together, therefore, respond to the second PhD objective and provide a complete analysis of maternity protection for non-standard domestic workers in SA.

Contribution of the candidate

CPK conceptualised the research, collected and analysed the data and drafted the manuscript. MF & TD provided supervisory guidance at all stages of the review process. All authors (CPK, TD & MF) edited, reviewed, and approved the final manuscript. Kitty Malherbe and Safura Abdool Karim are acknowledged for providing legal expertise and reviewing the manuscript.

The supplemental material for the third paper (interview guide for semi-structured interviews) is available as Appendix 5. This is the same interview guide used in the second and fourth papers. The reviewer comments and author responses are available in Appendix 11. Associated media coverage is included in Appendix 12.

RESEARCH

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Maternity protection for female non-standard workers in South Africa: the case of domestic workers

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Abstract

Background: Many women work in positions of non-standard employment, with limited legal and social protection. Access to comprehensive maternity protection for all working women could ensure that all women and children can access health and social protection. This study aimed to describe the maternity protection benefits available to women in positions of non-standard employment in South Africa, using domestic workers as a case study.

Methods: A qualitative descriptive study design was used. National policy documents containing provisions on maternity protection were identified and analysed. Interviews were conducted with purposively selected key informants. Data extracted from published policy documents and information obtained from interviews were triangulated. A thematic analysis approach was used for evaluation of policy content and analysis of the interviews.

Results: Twenty-nine policy and legislative documents were identified that contain provisions on maternity protection relevant to non-standard workers. These documents together with three key informant interviews and two media releases are used to describe availability and accessibility of maternity protection benefits for non-standard workers in South Africa, using domestic workers as a case study. Maternity protection is available in South Africa for some non-standard workers. However, the components of maternity protection are dispersed through many policy documents and there is weak alignment within government on maternity protection. Implementation, monitoring, and enforcement of existing maternity protection policy is inadequate. It is difficult for non-standard workers to access maternity protection benefits, particularly cash payments. Some non-standard workers have unique challenges in accessing maternity protection, for example domestic workers whose place of work is a private household and therefore difficult to monitor.

Conclusion: The heterogeneity of non-standard employment makes it challenging for many women to access maternity protection. There are policy amendments that could be made and improvements to policy implementation that would enhance non-standard workers' access to maternity protection. Potential long-term benefits to women and children's health and development could come from making comprehensive maternity protection available and accessible to all women.

Keywords: Maternity protection, Non-standard workers, Domestic workers, Policy analysis, South Africa

Background

Globally, 61.2% of employed people work informally, and in certain regions of the world, such as Africa, 85.8% of employment is informal [1]. Informal employment refers to a range of working relationships that generally

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do not have legal or social protection, where employers do not comply with national labour legislation, do not pay income tax, and workers or employees are not entitled to employment benefits like paid leave [2]. Informal employment can take place inside and outside the informal sector. The informal sector refers to usually small organisations that are not registered, have a low level of organisation, elude government regulatory requirements and are often managed from informal arrangements such as households and street pavements [3]. Non-standard employment relationships are described by the International Labour Organization (ILO) as temporary employment (fixed-term contracts including project-based contracts, seasonal work, casual work and daily work), part-time and on-call work, multi-party employment (also known as temporary agency work or subcontracted labour) and disguised employment or dependent self-employment (such as platform work) [4]. Those working in positions of non-standard employment will hereon be referred to as non-standard workers.

Domestic workers have been described as informal wage workers, where they are hired generally without social protection and by informal enterprises [2]. Domestic workers work in other people's households and sometimes live at their workplace. Some domestic workers work for one employer full-time; others work for different employers on different days of the week. In South Africa (SA), some domestic workers are employed through a platform (e.g., SweepSouth) which presents a complicated employment relationship. In SA, attempts have also been made to regulate and formalise the domestic work sector, for example, through the establishment of the Sectoral Determination for the Domestic Work sector in 2002 [5]. Therefore, domestic work is heterogeneous with different levels of formality.

Women in positions of non-standard employment are vulnerable to receiving inadequate maternity protection due to informal employment arrangements [6]. Comprehensive maternity protection includes health protection at the workplace, a period of maternity leave, cash payments and medical benefits while on maternity leave, job security (employment protection), non-discrimination, daily breastfeeding breaks and childcare support [7]. Access to all components of maternity protection is needed to successfully combine work and breastfeeding, yet in research and programme implementation, the focus appears to mainly be on paid maternity leave, breastfeeding breaks, and childcare. Information on the accessibility of maternity benefits for non-standard workers is limited [8] and the full package of maternity protection may seem unrealistic. All working women who are pregnant or breastfeeding, including those in atypical forms of dependent work, should be able to access

comprehensive maternity protection, and this would provide women and children access to health and social protection [9].

In SA, women in non-standard employment make up 30.1% of the female workforce [10]. The informal sector refers to organisations that employ less than five people and do not deduct income tax from wages [11]. Domestic workers working in private households are excluded from the Statistics SA definition of the informal sector [12]. Most domestic workers (94.5%) in SA are women [10]. Maternity leave and most general employment protection is regulated through the Basic Conditions of Employment Act of the National Department of Employment and Labour, formerly the National Department of Labour [13]. The Unemployment Insurance Fund (UIF) enables access to payment of 66% of a woman's previous earnings while on maternity leave. In 2021, only 59% of all employed women could confirm that they contribute to the UIF [10] while in 2019 only 20% of domestic workers reported being registered for the UIF [14]. Many women, particularly those working outside of formal employment may be ineligible for UIF maternity benefits (such as domestic workers who are eligible but not registered by their employers). Eligible women, based on a means test, can apply for social assistance through the national social grant scheme once the child has been born. The maternity protection landscape in SA is complicated and inadequately understood. A recent policy analysis showed that maternity protection is dispersed throughout different legislative and policy documents located in different sectors [15]. Although most of the ILO minimum requirements for maternity protection are present in SA policy, implementation is unclear and inconsistent for women in non-standard employment. Building on a recent policy analysis which described the broad maternity protection policy environment in SA [15], this study aimed to describe maternity protection available to women in positions of non-standard employment in SA, using domestic workers as a case study.

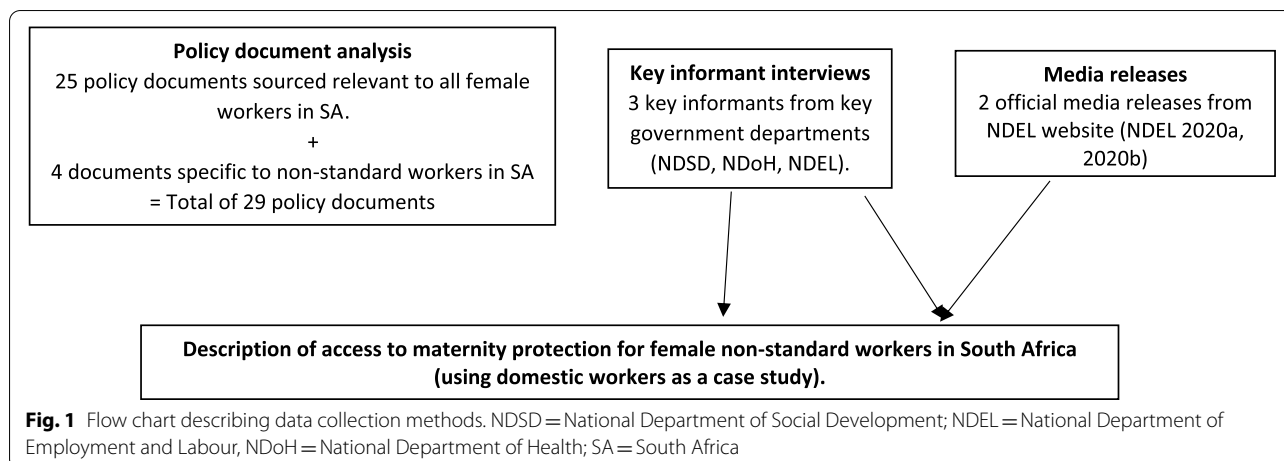
Methods

Study design

A qualitative descriptive study design was used to explore and illustrate the current maternity protection benefits available to women in positions of non-standard employment in SA. As is typical of public health policy analysis, data collection techniques included a combination of document analysis and key informant interviews [16] (Fig. 1) together with synthesis from published literature.

Setting and relevant context

South Africa is a middle income country with high rates of poverty, inequality and unemployment [17]. In 2019,



approximately 18 million South Africans (almost one-third of the population) were receiving some sort of social assistance from government [18]. Figures from 2021 show that 69.9% of working women were employed in the formal sector, with the remainder working in the informal sector (13.8%), private households (12.8%) and agriculture (3.5%) [17]. Of all working women, 13% work as domestic workers [17].

Sample

Document analysis

During 2020, current national policy documents containing any provisions relevant to maternity protection in SA were sourced by the first author (CPK), using ILO guidance on the types of documents to search [19] together with evaluating previous reviews on similar topics [20–22]. In this research, policy documents refer to any policy tool used to implement policy, including the Constitution, legislation and regulations, national policies, and national guidelines (e.g., codes of good practice, national guidelines, etc.). The ILO describes that maternity protection is usually located in labour, social security, anti-discrimination, and health policy and legislation [23]. Documents were sourced by searching the websites of respective national government departments and included if they contained at least one provision of maternity protection. Documents were categorised as: legislation (legally enforceable), policy (enforceable by the department responsible) or guidelines (non-legally binding recommendations). Documents published from 1994 (following the establishment of a democratic government in SA) until September 2021 (most recent) were included. A total of 29 national level policy documents were identified that contained provisions relevant to maternity protection for non-standard workers.

Key informant interviews

Key informants were purposefully selected based on their position to influence national maternity protection policy in SA in order to gather information that could assist in understanding the context and process of national policy development for maternity protection. An analysis of maternity protection for all women revealed that the key government departments identified to be involved in maternity protection provision are the National Departments of Employment and Labour, Health, and Social Development [15]. Therefore, a key informant was selected, at the level of Assistant or Deputy Director, based on their experience of working in each of these departments.

Data collection

Document analysis

Documents were identified by CPK between August 2020 and September 2021. The document analysis is described in detail in the recent policy analysis on maternity protection for all working women in SA compared to global recommendations [15]. Information was extracted from documents and entered into a Microsoft Excel spreadsheet according to title, date, author, publisher, sector, document type, purpose of document, target audience and the component/s of maternity protection addressed by the document. Existing published reviews on maternity protection policies were also sourced to compare this research to existing interpretations of maternity protection policy in SA in the context of ILO recommendations. Two official media releases were also used, as they were referred to by a key informant and deemed relevant.

Key informant interviews

To supplement the document review and analysis, and to provide context to the content of the policy documents review, individual in-depth interviews (IDIs) were held with three key informants during October and November 2020. The IDIs explored national maternity protection policy development and implementation. Therefore, an interview guide was developed that aimed to gain insights into policy content and implementation (see Additional file 1). The IDIs were conducted using a virtual platform of the interviewee's choice. Interviews were on average 45 min and conducted in English by CPK. IDIs were audio-recorded and transcribed by CPK.

Data analysis

In this study, we used the "READ approach" to analyse maternity protection policy documents, which includes to "(1) ready your materials, (2) extract data, (3) analyse data and (4) distil your findings" ([24], p1424). All documents were assigned a label. Relevant content was extracted and captured into a Microsoft Excel spreadsheet. Policy content was analysed by identifying text that referred to any ILO defined component of maternity protection; the text was then coded manually according to which component of maternity protection it referred to. Policy content specific to non-standard workers was extracted and described. The IDIs were analysed manually by CPK, who read and re-read transcripts, allocated codes to similar groups of information and developed overarching themes linked to the codes. The data extracted from published policy documents and information obtained from the interviews were triangulated by interpreting the content of policy documents within the context of the responses from key stakeholders. A thematic analysis approach was used for evaluation of policy content and for the analysis of the IDIs [25].

Ethics

All documents describing and analysing the policy content were publicly accessible. Participants gave verbal informed consent for the individual IDIs and agreed to the interviews being audio-recorded. All interview data was stored electronically and securely by CPK. Participants' confidentiality was maintained by removing personal information and names linked to individuals' insights from the transcribed data in any reporting of the results. Privacy, confidentiality, and anonymity was ensured. Ethical approval was obtained from

the University of the Western Cape's Senate Research Committee and Ethics Committee [Reference Number: BM20/5/7].

Results

The 29 policy and legislative documents from which information on maternity protection in SA was obtained are listed in Table 1. The components of maternity protection and documents where they are located are summarised in Table 2. The information obtained from the policy documents, three key informant interviews and two media releases (Fig. 1) are used to describe availability and accessibility of maternity protection for non-standard workers in SA, using domestic workers as a case study. The three major themes and sub-themes that emerged from the analysis of documents and interviews are illustrated in Fig. 2.

Theme 1: Maternity protection is available in South Africa for some non-standard workers

In South Africa, components of maternity protection are dispersed and there is weak alignment within government on maternity protection

Most components of maternity protection (maternity leave, medical benefits, health protection at the workplace, employment protection, non-discrimination, breastfeeding breaks, and childcare) are described in 29 national policy and legislative documents; and the various components of maternity protection are dispersed across these documents (Table 2). The National Department of Employment and Labour has main legislative responsibility for maternity protection, but other departments and organisations also have policies and guidelines containing recommendations for implementing the different provisions of maternity protection.

This separation of maternity protection across different policies and departments is confusing. Furthermore, fragility in coordination between government departments was described as a barrier to effective implementation of maternity protection. One key informant described how poor communication between two key government departments is a potential barrier to policy implementation:

"...because even from where we [Department of Health] are sitting, we are not sure as to who is directly responsible within the Department of Labour, with regards to these matters ... so I'm not sure ... what is happening, which platforms are these discussions being held? Is there a draft something that is available? That maybe was issued out for public comment. I have no idea..." (Key Informant 2)

Table 1 Policy and legislative documents relevant to maternity protection in South Africa**Constitution Department of Justice: Constitution of the Republic of South Africa (1996)****Legislation**

Department of Labour: Labour Relations Act (1995)

- Amendment No. 12 of 2002
- Amendment No. 6 of 2014

Department of Labour: Basic Conditions of Employment Act (1997)

- Amendment No. 11 of 2002
- Sectoral Determination 7: Domestic Worker Sector of 2002
- Sectoral Determination 13: Farm Worker Sector of 2006
- Amendment No. 20 of 2013

Department of Labour: Employment Equity Act (1998)

- Amendment No. 47 of 2013

Department of Labour: Promotion of Equality & Unfair Discrimination Act (2000)

Department of Labour: Unemployment Insurance Act (2001)

- Amendment No. 10 of 2016
- Amendment Regulations 2018

Department of Labour: Unemployment Insurance Contributions Act (2002)

Labour Laws Amendment Bill 2017

Policy

Department of Health: Infant & Young Child Feeding Policy (2013)

Department of Public Service & Administration: Determination and Directive on Leave of Absence Policy (2015)

Guideline

Department of Labour: Code of Good Practice on the Protection of Employees during Pregnancy and after the Birth of the Child (1998)

Department of Labour: Code of Good Practice on the Arrangement of Working Time (1998)

Department of Labour: Code of Good Practice on the Integration of Employment Equity into Human Resource Policies and Practices (2005)

Department of Health: Tshwane Declaration of Support for Breastfeeding in South Africa (2011)

Department of the Presidency: National Development Plan (2012)

Congress of South African Trade Unions (COSATU): Maternity Protection Position Paper (2016)

Department of Health: Nutrition Guidelines for Early Childhood Development Centres (2017)

Department of Health: Supporting Breastfeeding in The Workplace Booklet (2018)

Socio-economic Rights Institute (SERI): Domestic Workers' Rights: A Legal and Practical Guide (2018)

Project 143: Discussion Paper 153 on Maternity and Parental Benefits for Self-employed Workers in the Informal Economy (2021)

The above response reflects an uncertainty from an individual who has influence over policy due to their level of employment in government. The response also illustrates a siloed approach in government to policy development with weak alignment between government departments.

Key informants had the view that at national government level where priorities are determined, maternity protection is not always assigned priority. This was voiced as being because the impacts of maternity protection policy implementation are not immediately visible. This can influence the policy and legislative process, as one key informant described that priority is allocated (especially by politicians) to actions that can be achieved within a short timeframe:

"...unfortunately, the problem with our politicians, and I know, it's not only in South Africa, politicians... want[s] short term... when we look at this

work, it's a future investment, you see, investing in human capital..." (Key Informant 1)

All working women should be entitled to the same maternity protection benefits

In current maternity protection policy and legislation, certain entitlements are defined as being applicable to all workers, namely maternity leave, medical benefits, employment protection (job security), non-discrimination, breastfeeding breaks, and support with childcare responsibilities. However, the availability of cash payments while on maternity leave (enabled through social insurance) is defined differently in legislation for those working less than 24 h per month for an employer. Social insurance is not available to certain groups of non-standard workers in SA, such as self-employed workers in the informal economy [26]. The perception of the key informants was that all women should receive equal

Table 2 Provisions of maternity protection and their location in policy or legislative documents**Maternity leave**

Basic Conditions of Employment Act (1997)
 Code of Good Practice on the Integration of Employment Equity into Human Resource Policies and Practices (2005)
 Tshwane Declaration of Support for Breastfeeding in South Africa (2011)
 Leave of Absence Policy (2015)
 Maternity Protection Position Paper (2016)

Cash payments and medical benefits

Basic Conditions of Employment Act (1997)
 Employment Equity Act (1998)
 Unemployment Insurance Act (2001)
 Unemployment Insurance Contributions Act (2002)
 Code of Good Practice on the Protection of Employees during Pregnancy and after the Birth of the Child (1998)
 Code of Good Practice on the Integration of Employment Equity into Human Resource Policies and Practices (2005)
 National Development Plan (2012)
 Leave of Absence Policy (2015)
 Maternity Protection Position Paper (2016)

Health protection

Basic Conditions of Employment Act (1997)
 Code of Good Practice on the Protection of Employees during Pregnancy and after the Birth of the Child (1998)
 Code of Good Practice on the Integration of Employment Equity into Human Resource Policies and Practices (2005)
 National Development Plan (2012)
 Maternity Protection Position Paper (2016)

Employment protection (job security)

Labour Relations Act (1995)
 Employment Equity Act (1998)
 Maternity Protection Position Paper (2016)

Non-discrimination

Constitution (1996)
 Labour Relations Act (1995)
 Basic Conditions of Employment Act (1997)
 Employment Equity Act (1998)
 Code of Good Practice on the Protection of Employees during Pregnancy and after the Birth of the Child (1998)
 Promotion of Equality & Unfair Discrimination Act (2000)
 Code of Good Practice on the Integration of Employment Equity into Human Resource Policies and Practices (2005)
 Maternity Protection Position Paper (2016)

Breastfeeding breaks

Code of Good Practice on the Protection of Employees during Pregnancy and after the Birth of the Child (1998)
 Code of Good Practice on the Arrangement of Working Time (1998)
 Tshwane Declaration of Support for Breastfeeding in South Africa (2011)
 Infant & Young Child Feeding Policy (2013)
 Supporting Breastfeeding in The Workplace Booklet (2018)
 Maternity Protection Position Paper (2016)

Childcare

Code of Good Practice on the Arrangement of Working Time (1998)
 Code of Good Practice on the Integration of Employment Equity into Human Resource Policies and Practices (2005)
 Maternity Protection Position Paper (2016)
 Nutrition Guidelines for Early Childhood Development Centres (2017)

maternity protection through current legislation and policy, however there are differences in how this protection can be accessed:

“... the labour laws should protect everyone, equally. And there’s huge gaps or discrepancies or this inequality, I think, when you look at [it] from a social perspective ... especially the more informal sector, like as it may be the case of domestic workers. They are excluded from this kind of benefits ... paid

maternity leave is not guaranteed, it’s something that is voluntary.” (Key Informant 2)

“Well, I don’t think it should be different. I think it should be the same. The law protects us equally, it’s now just that the only difference is that as a domestic worker, I’m employed by an individual. But then personally, I feel that they need to get equal protection, much as the law covers us equally, but in practice, it’s different, the implementation in practice is different.” (Key Informant 3)

Theme 1: Maternity protection is available in South Africa for some non-standard workers

- In SA, components of maternity protection are dispersed and there is weak alignment within government on maternity protection.
- All working women should be entitled to the same maternity protection benefits.
- Enforcement of maternity protection policy is problematic.
- COVID-19 has influenced accessibility to certain components of maternity protection.

Theme 2: It is difficult for non-standard workers in SA to access maternity protection

- There is low awareness of maternity protection entitlements for non-standard workers.
- Implementation of existing policy and legislation is inadequate
- There are specific challenges in accessing cash payments for non-standard workers.
- Some non-standard workers (e.g., domestic workers) have unique challenges in accessing maternity protection

Fig. 2 Themes and sub-themes emerging about availability and accessibility to maternity protection in South Africa

The responses from the key informants reveal differences in interpretation of how policies and legislation apply to different sub-groups of non-standard workers (e.g., domestic workers).

Furthermore, certain groups are completely excluded from specific components of maternity protection. Project 143's Discussion Paper 153 on Maternity and Parental Benefits for Self-employed Workers in the Informal Economy describes how various groups of non-standard workers are currently excluded from social insurance in SA, meaning that they are not eligible to claim cash payments while on maternity leave [26]. This group of workers includes women informal workers, waste pickers, farm workers, taxi industry workers, street vendors, home-based workers, caterers and decorators, fishers, freelance artists, and informal childcare workers. Therefore, comprehensive maternity protection is not available to all non-standard workers.

Enforcement of maternity protection policy is problematic

Implementation of laws, policies and guidelines was described as weak because enforcement capacity is insufficient. Challenges described by key informants were practical logistics that can prevent adequate enforcement of maternity protection policy and workers' fears of the consequences of reporting their employers. Labour laws are supposed to be monitored and enforced by labour inspectors. One key informant reported that there are not enough labour inspectors in SA. This was confirmed by a media statement in 2020 shared by the key informant, where the Director-General for the National Department of Employment and Labour stated that while the Department has over 1 500 inspectors, this is insufficient for the 1.8 million employers registered on the Unemployment Insurance Fund's database [27].

It was also described that monitoring of maternity protection policy is a challenge and is done in a reactive

rather than proactive manner. Workers may also be hesitant to report employers not complying with legislation due to worries about future job security:

"...so I think those are the big gaps, even the recommended four months of maternity leave, you know, I'm not sure if Labour is really monitoring this kind of things, so they wait for people to come in and perhaps complain, to say, my employer doesn't want to register me, and you know that there is some risk that you know people might not even come forth to say I'm not registered, my employer doesn't want to do that, because of fear of – losing their jobs..." (Key Informant 2)

The key informant from labour also stated that labour inspectors do not have enough strength and power to enforce legislation:

"... that issue of them maybe being able to issue fines and all those, I mean if the legislation is maybe amended to empower the inspectors to be able to, maybe issue, even spot-on fines and all that, but... if that was possible, I think that would actually maybe improve things a bit, especially for informal workers." (Key Informant 3)

However, when questioned about this, the key informant indicated it would be highly unlikely for labour inspectors to have their authority increased to that of issuing fines. Therefore, the current enforcement mechanisms for not complying with labour legislation appear to be inadequate.

COVID-19 has influenced accessibility to certain components of maternity protection

It was acknowledged by one key informant that when national policy is being finalised, there are contextual factors that may influence policy priority. At the time of

interview, government's response to the COVID-19 pandemic, together with the enactment of a national basic income grant, were listed as policy priorities where time and resources may be re-directed:

"...and also, there's competing priorities, as you would know, now, there's—with COVID, the basic income grant..." (Key Informant 1)

The COVID-19 pandemic has been a significant competing priority for government and from March 2020, this impacted the functioning of the National Department of Employment and Labour (NDEL). Financial resources were used from the UIF (the fund where maternity leave payments are paid from) to make payments to individuals who could not work during times of national lockdown. By October 2020, the NDEL reported that the UIF had paid out more than R51 billion in Covid-19 Temporary Employer-Employee Relief Scheme payments of R350 per person per month for those unable to work due to lockdown regulations [28]. Therefore, the COVID-19 pandemic resulted in additional social assistance being made available to workers, which both depleted finances from the social insurance fund but also diverted human resources needed to administer social assistance.

Theme 2: It is difficult for non-standard workers in South Africa to access maternity protection

There is low awareness of maternity protection entitlements for non-standard workers

Key informants explained that there is lack of awareness (among employers and workers) regarding maternity protection entitlements, particularly for non-standard workers:

"I think one of the gaps is lack of knowledge, perhaps if people know of these laws, and what can be done, what can't be done, perhaps some of them can be better educated and know more and be able to assist us in complying to implementation of this laws... If people are not aware of something, they will not demand for it." (Key Informant 2)

One key informant described that it is the labour department's responsibility to create advocacy around maternity protection that all workers should be entitled to:

"...they do have... awareness raising where they educate domestic workers to say... come to the Department and find out if you are registered, so that if you are not registered, we can then follow up on your behalf." (Key Informant 3)

A challenge related to advocacy by labour inspectors is that work performance targets are measured by inspections done and advocacy is therefore deprioritized:

"... as Labour Inspectors, how they operate... they have targets they have to meet in terms of ... proactive inspections, therefore, you will find that most of the time that is where the focus is because that is where they will be assessed and asked is that where you are performing or not? So now, in terms of other campaigns and other sorts of work they need to do, it now becomes less of a priority." (Key Informant 3)

It appears that there is low priority for creating awareness and increasing knowledge on maternity protection entitlements for non-standard workers. This makes it challenging for workers to access these protections.

Inadequate implementation of existing policy and legislation

In SA, certain categories of workers are protected by sectoral determinations, an additional legal measure intended to protect certain sectors, established by the labour department [13]. Sectoral determinations prescribe minimum rates of remuneration and certain conditions of employment in specific sectors (e.g., minimum standards for housing and sanitation if workers live on employers' premises, regulation of work-related allowances, regulation of benefits such as pension, medical aid, leave, unemployment funds, etc.) [13]. Sectoral Determination 7 was established for Domestic Workers [5] and Sectoral Determination 13 for Farm Workers [29]. Even though sectoral determinations contain provisions for employment conditions, those working less than 24 h per month for an employer are effectively only protected by the minimum wages standards of the sectoral determinations [30]. Provisions related to maternity leave in the sectoral determinations simply state that women in these sectors should be able to access the same benefits as all workers. The Sectoral Determination 7 for Domestic Workers states that from 2003, domestic workers will be entitled to contribute to and claim cash payments from the UIF through the Unemployment Insurance Act of 2001 [5]. Cash payments and breastfeeding breaks are not described or mentioned in these sectoral determinations. These sectoral determinations do not actually provide much more protection in practice, and simply repeat basic maternity protection provisions described in other labour laws as being applicable to domestic workers and farm workers, without any regard to the heterogenous nature of employment in these sectors. Therefore, the existence of these sectoral determinations for some groups of non-standard workers is insufficient, since they are not being adequately monitored and enforced for implementation.

While policy is usually developed at a national level, implementation takes place at the provincial (i.e., sub-national) level. It was described that maternity protection policy may be less well implemented at the provincial level:

“... when you go to the provincial level, that’s where you see ... disjuncture between policy development, and implementation...” (Key Informant 1)

Therefore, even though there is national policy and legislation for most components of maternity protection, some of which applies to non-standard workers, this does not guarantee its implementation. Therefore, many women working informally remain unprotected. One key informant recommended that simply implementing existing maternity protection for all would be beneficial to non-standard workers:

“I think so far, the protection that is currently available in the law, if enforced, it would go a long way.” (Key Informant 3)

The following section provides further examples of how the cash benefit component of current maternity protection legislation is inadequately implemented.

Limited cash payments are available to non-standard workers while on maternity leave

Non-standard workers have difficulty accessing cash payments while on maternity leave. Access to social insurance (and therefore cash payments while on maternity leave) is complex and is different for certain non-standard workers. Only those working at least 24 h per month (average of 6 h per week) for an employer can register with the UIF and participate in the social insurance scheme [31, 32]. Those working less than 24 h per month are considered part-time workers [30]. Social insurance provides temporary relief and the amount received is related to how long a worker has been contributing to the fund. Certain non-standard workers (for example, domestic workers) may work for multiple employers in a month, sometimes working for different employers on different days of the week and may not be working more than 24 h for a single employer in a month. These workers would be excluded from participation in the social insurance programme in SA. To be able to claim social insurance while on maternity leave (from the UIF), employers need to register their workers and both employers and workers need to contribute 1% of monthly earnings to the UIF.

Key informants described that not all workers, especially those working in informal sectors and domestic workers, are registered with the social insurance scheme (the UIF):

“...there’s a gap within these people who work within informal sectors, wherein sometimes you are not even registered to be employed.” (Key Informant 2)

“...and now that is a challenge, because with the domestic workers, most of them are not registered.” (Key Informant 3)

For women unable to access social insurance, the only access to cash payments while on maternity leave may be in the form of social assistance. In SA, after the birth of a baby, women can apply for social assistance, in the form of the monthly Child Support Grant which is available monthly to caregivers of children under 18 years of age earning insufficient income, as determined by “means test” criteria [33]. In 2022/23, the value of the Child Support Grant was R480 (30 US dollars) per month for each child under 18 years [34]. This is much less than a monthly salary calculated at the National Minimum Wage Rate (R3 710) [35]. However, the CSG may be the only financial assistance that women working informally can access after delivering a baby while on maternity leave. Since cash payments while on maternity leave are a component of maternity protection that may be difficult to access, this was probed further. One key informant described that there are different opinions regarding the value of providing social assistance with not all stakeholders agreeing on its priority:

“...particularly social assistance, is a very contested space, you see even internally – when I say internally, I mean within the Department, of Social Development, you still have people who are not seeing a value in this, you see, so it’s very difficult to tell.” (Key Informant 1)

It was also emphasized that social protection in SA is fragmented, and one key informant recommended that social assistance be linked to other services, departments, and sectors, implying that improved coordination of services is required. Although inadequate to replace income, the Child Support Grant is a more certain mechanism whereby women receiving unpaid maternity leave can obtain social assistance and women receive this assistance until the child is 18 years. One key informant described however, that even this route of obtaining cash payments by non-standard workers is inadequately implemented:

“...we’ve been having a problem of... lots of eligible children, particularly aged zero to four, who are not accessing the [child support] grant, we’ve got research that tells us that around 3 million children, who are eligible, are not receiving... [the child support grant]” (Key Informant 1)

Therefore, social assistance is an insufficient form of cash payments while on maternity leave and provides

another example of challenges in implementing existing social policy.

Some non-standard workers (e.g., domestic workers) have unique challenges in accessing maternity protection

Domestic workers are employed by individuals and a domestic worker's place of work is a private household which is difficult to monitor. This can result in inconsistent implementation of maternity protection legislation that depends on the knowledge and practices of the individual employer. One key informant described how many employment benefits for domestic workers are at the employer's discretion:

"...when it comes to the whole thing about the additional benefits, like you know, being absent because you're ill, it depends, you're at the mercy of your employer, who will... feel sympathetic and empathetic to say oh... this domestic worker is so good, maybe I should also return the favour and give them time off..." (Key Informant 2)

When asked about the maternity protections that are supposed to be guaranteed according to SA legislation, one key informant responded that certain provisions are simply unavailable to domestic workers:

"...some people know that if you don't pitch for work whether you're pregnant or not... it's a deduction, you don't get full pay. Those kind of things, breastfeeding breaks are, I mean, it's even out of question..." (Key Informant 2)

Regarding health protection at the workplace, women in positions of non-standard employment (e.g., domestic workers, agricultural workers, and informal vendors) may more commonly be in situations where they are required to do physically demanding work, inappropriate for a woman in the later stages of pregnancy or soon after the delivery of a child.

A challenge described as unique to domestic workers is that their workplaces are households, which are private spaces and therefore difficult to access and monitor:

"Domestic work happen[s] in a private household, so there's a challenge of access to a private household, so that automatically becomes a challenge for the department [to] even monitor ... by the companies where they can just come in unannounced and take the books and do a spot check, so unfortunately it is a challenge in that regard." (Key Informant 3)

Therefore, certain characteristics of the non-standard employment relationship mean that the enforcement of maternity protection for domestic workers is especially challenging.

Discussion

This study aimed to describe the components of maternity protection available and accessible to non-standard workers in SA, investigating domestic workers as a case study. According to policy and legislation, all working women should be eligible to mostly the same maternity protection, but characteristics of non-standard employment relationships make it difficult for some groups to access certain components of maternity protection and accompanying benefits. Since women in the informal economy make up a significant proportion of the workforce, especially in Africa, it is important to consider their labour-related rights. We have described which components of maternity protection may be difficult to access and the factors influencing non-standard workers' access to these. An accurate and up-to-date description of maternity protection entitlements for non-standard workers in SA was previously not available and is needed to advocate for and improve women's access to these entitlements. The combined methods used (document analysis and key informant IDIs) allowed for information relevant to policy content to be extracted from documents, and for key informants to describe and interpret selected provisions of documents in more depth. The results from this research show that there is confusion regarding maternity protection entitlements of non-standard workers. This is probably because maternity protection is dispersed across various policy locations [15] and is difficult to define for all female workers. The entitlements for non-standard workers are particularly unclear due to heterogeneous working conditions and varied employment relationships. Certain components of maternity protection are unavailable or inaccessible for certain groups of non-standard workers. Improved access to maternity protection could improve maternal health and contribute to breastfeeding support for working women [36]. This in turn has potential long-term benefits for women's and children's health and development. Expanded social protection could contribute to reducing poverty and improving livelihoods for women and their families [37].

An important component of maternity protection is access to cash payments while on maternity leave, especially in countries with high rates of poverty and low incomes, like SA [38]. If a woman can't access cash payments while on maternity leave, she may need to return to work early, and therefore may not make use of the full maternity leave benefit available to her. This can have implications on other health and childcare practices, such as breastfeeding [36]. The results from the document analysis and key informant interviews clearly demonstrate that current routes of access to cash payments while on maternity leave for non-standard workers are

problematic to navigate. In SA, some employers, usually those in formal employment, facilitate maternity benefit claims from the UIF on behalf of their employees, and some top up that amount to ensure that women receive their full salary while on maternity leave. For women not contributing to the UIF, their employers may voluntarily pay their salary (in part or full) while on maternity leave. However, this is not guaranteed especially for women without contracts. A woman may only find out that she and the employer have not been contributing to the UIF when she goes on maternity leave and struggles to claim cash payments from the fund. Women who can't access paid maternity leave or social insurance need to rely on state social assistance (the child support grant). However, this is less than minimum incomes and many women are unable to access the child support grant soon after childbirth [39] with some only accessing this support once they have returned to work after maternity leave. Most non-standard workers earn unstable and low incomes and are therefore unable to accumulate savings for their maternity leave period. Women need to receive sufficient income while on maternity leave. There have been calls for social assistance to start during pregnancy in SA to improve maternal and child health outcomes [40, 41]. While it could be recommended that large employers provide mandatory payment to employees while on maternity leave, for non-standard employment relationships this may not be feasible. SA should ratify the ILO's Maternity Protection Convention 183 and maternity leave, paid at 100% of previous earnings, should be available to all women. Current legislation creates an unconscionable risk to women who may lose their income for the months they are on maternity leave.

The results from this research demonstrate there are notable silences regarding certain components of maternity protection policy for women in non-standard employment relationships. Therefore, non-standard workers are particularly vulnerable to inadequate maternity protection. South Africa is used as an example globally, of how social protection has been extended to people dependent on the informal economy, by the expansion of the UIF (social insurance) to include domestic workers [3]. This is problematic because firstly, even though domestic workers are legally protected in SA, through the Sectoral Determination for Domestic Work established 20 years ago, most domestic workers are not able to access social insurance. In 2019 only 20% of domestic workers reported being registered for the UIF [14]. Secondly, there are many groups of non-standard workers that are still currently excluded from social insurance in SA. Current legislation should be strengthened and amended so that social insurance is available to all categories of non-standard workers. Project 143's Discussion

Paper 153 proposes draft legislation, via the recommendation of a Draft Bill: Social Assistance, Employment and Labour Laws General Amendment Bill to extend maternity and parental benefits to self-employed workers in the informal economy [26]. An ILO report recommended that expanding social insurance coverage to non-standard workers would assist to ensure health and well-being of more women and their children [42]. There have also been suggestions that a combination of formal social protection systems together with acknowledgement of the role of informal or traditional support, such as families and communities assisting with unpaid childcare, needs to be better recognised [3].

Researchers in Asia have acknowledged similar challenges to SA. In some Asian countries, most employed women work in the informal economy and are excluded from social security programmes that provide cash payments to women on maternity leave. The annual financing needs to provide non-contributory maternity cash transfers to women on maternity leave in the informal economy has recently been calculated for the Philippines [43]. These calculations have been shown to be financially feasible for the Philippines since the requirement would be less than 0.1% of the country's annual gross domestic product. This would be less than the cost of not breastfeeding which is estimated to be 0.7% of the Gross Domestic Product. The researchers therefore recommend that the provision of cash transfers to women on maternity leave in the informal economy would be a good social investment [43]. This conclusion could also apply to other low-and-middle-income countries (LMICs), including SA.

The results from this research also show that implementation of existing legislation is suboptimal and that there is weak alignment across government departments. Government, specifically the national Department of Employment and Labour, needs to ensure that the efficiency and accessibility of current social protection mechanisms (e.g., the UIF) are improved. Social protection, including maternity protection, which is currently fragmented, needs to be unified in South Africa. In August 2021 a Green Paper on Comprehensive Social Security and Retirement Reform for SA was published. It described that maternity and pregnancy support is being considered separately [44]. The Green Paper recommended a comprehensive coherent system for social protection in SA including the establishment of a national social security fund but was unfortunately withdrawn soon after publication. A more coherent, inter-sectoral approach to social protection is needed.

Research conducted with domestic workers living in Gauteng, an urban populous province in SA, the majority of whom were migrant workers, revealed domestic

workers experiencing many basic human rights violations (e.g., physical and/or verbal abuse) and risk for domestic workers being dismissed if they are pregnant or upon return from maternity leave [45]. General labour rights violations (such as not having a written contract, not contributing to social insurance or being paid below the minimum wage) have also been documented for other groups of non-standard workers in SA, such as farmworkers [46]. Research on availability and accessibility of comprehensive maternity protection for all groups of non-standard workers especially in LMIC is currently limited [8] and therefore required. There is a need for advocacy campaigns and improved awareness of both employers and workers regarding the maternity protection rights that all female workers are entitled to according to SA legislation.

There are similar challenges to ensuring that maternity protection is available and accessible to non-standard workers in other regions with high numbers of LMICs. Although the overall trends in Southern and Eastern Africa are for longer and better paid maternity leave funded by social insurance, there are still many countries that rely on employers to fulfil maternity income protection obligations, and even in countries with established social insurance systems, non-standard workers are often inadequately protected [47]. Similarly, in Latin America and the Caribbean, social protection mostly benefits those working formally, even though over half of workers are in the informal sector and in some countries in the region, the financial of maternity leave depends on the employer [48]. It is not a new recommendation that labour laws be revised to include informal workers and provide social protection for breastfeeding women with low incomes [49] and this is not a problem that is unique to SA. Therefore, lessons learned from the SA context could be used and applied to other LMICs with high rates of non-standard employment and similar challenges in accessing maternity protection.

Limitations

Despite efforts to address researcher bias and reflexivity, it is possible that some bias remains. While the document search was extensive, it is possible that some documents were not included. Although purposively selected as key opinion leaders on the topic, the small number of key informants interviewed and that they are only representatives from national government departments is a limitation. The use of purposive sampling may have led to selection bias. There are many migrant workers often from neighbouring countries that take up positions of non-standard employment (including domestic work) in SA and this category of non-standard worker has not been considered in this manuscript.

Conclusions

In SA, currently all components of maternity protection are not available and accessible to non-standard workers. The heterogeneity of non-standard employment makes it even more challenging for many women to access maternity protection. However, there are policy amendments that could be made and improvements to policy implementation that would improve non-standard workers' access to maternity protection. Lessons learned from the SA context could be applied to other LMICs where non-standard employment is common and similar challenges to access maternity protection are experienced. We should not lose sight of the potential long-term benefits to women and children's health and development that would come from making comprehensive maternity protection available and accessible to all women.

Abbreviations

IDI: In-depth interview; ILO: International Labour Organization; LMICs: Low- and middle-income countries; SA: South Africa; UIF: Unemployment Insurance Fund.

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12884-022-04944-0>.

Additional file 1.

Acknowledgements

Kitty Malherbe and Safura Abdool Karim are acknowledged for providing legal expertise and reviewing the manuscript.

Authors' contributions

CPK conceptualised the research, collected and analysed the data and drafted the manuscript. MF & TD provided supervisory guidance at all stages of the review process. All authors (CPK, TD & MF) edited, reviewed, and approved the final manuscript.

Funding

CPK received support from the DSI/NRF Centre of Excellence in Food Security UID 91490. TD was supported by the South African Medical Research Council. The funders had no role in any part of the study.

Availability of data and materials

The documents included for analysis are all publicly available. The datasets generated and/or analysed during the current study are not publicly available to protect participant confidentiality but are available in an anonymised form from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate

Ethical approval was received from the University of the Western Cape's Senate Research Committee and Ethics Committee [Reference Number: BM20/5/7]. Informed consent was obtained from all participants. This study followed the Declaration of Helsinki Ethical Principles for Medical Research Involving Human Subjects.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no financial or other competing interests.

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Received: 25 May 2022 Accepted: 27 July 2022

Published online: 22 August 2022

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Paper 4: Pereira-Kotze C, Faber M & Doherty T. Knowledge, understanding and perceptions of key stakeholders on the maternity protection available and accessible to female domestic workers in South Africa. *PLOS Global Public Health* (submitted 8 September 2022 and under review).

Paper overview

This paper presents results from in-depth interviews with national level stakeholders in SA involved in various aspects of enabling maternity protection. The paper describes the knowledge, understanding and perceptions of 13 national and 2 provincial stakeholders from government, trade unions or professional associations, non-governmental organisations (civil society organisations), private companies, an independent labour organisation and a UN agency working in SA. The paper presents some of the challenges experienced in maternity protection availability and access in SA. The interviews conducted for this paper made use of the same questions and interview guide that was used in papers 2 and 3. However, for papers 2 and 3, the stakeholders interviewed were only national government officials. The key difference for paper 4 is that a range of stakeholders from various sectors were interviewed and therefore a broad stakeholder engagement process was conducted.

Contribution to the thesis

This paper responds to the third PhD objective, which sought to explore the knowledge, understanding and perceptions of key stakeholders on the maternity protection that should be available and accessible to female non-standard domestic workers in South Africa.

Contribution of the candidate

CPK conceptualised the research, collected and analysed the data and drafted the manuscript. TD & MF provided supervisory guidance at all stages of the review process. All authors (CPK, MF & TD) edited, reviewed, and approved the final manuscript.

The supplemental material for the fourth paper (interview guide for semi-structured interviews) is available as Appendix 5. This is the same interview guide used in the second and third papers.

Title page

Knowledge, understanding and perceptions of key stakeholders on the maternity protection available and accessible to female domestic workers in South Africa

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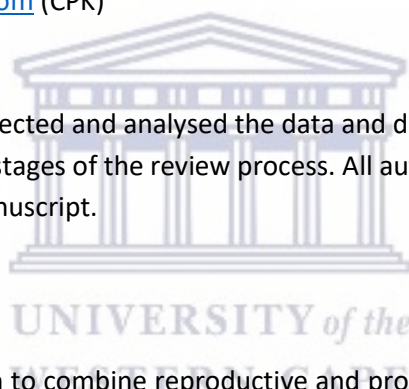
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Author contributions

CPK conceptualised the research, collected and analysed the data and drafted the manuscript. TD & MF provided supervisory guidance at all stages of the review process. All authors (CPK, MF & TD) edited, reviewed, and approved the final manuscript.



Abstract

Maternity protection enables women to combine reproductive and productive roles. Domestic workers are a vulnerable group due to heterogeneous non-standard employment relationships and are unlikely to have access to comprehensive maternity protection. This study aimed to explore the knowledge, understanding and perceptions of key stakeholders in government, trade unions, non-governmental organisations and other relevant organisations of the maternity protection entitlements that should be available and accessible to female domestic workers in South Africa. This qualitative cross-sectional study included in-depth interviews with fifteen stakeholders working in different sectors in South Africa and mainly at a national level involved in maternity protection availability and access. Results show that stakeholders appear to have limited understanding of comprehensive maternity protection. Many challenges related to accessing cash payments while on maternity leave were described and suggestions were provided for how this could be improved. Participants described how certain labour-related characteristics unique to the domestic work sector were barriers in accessing maternity protection. Ensuring greater awareness of all components of maternity protection and improving implementation of existing labour legislation intended to guarantee maternity protection for non-standard workers in South Africa is important to improve access to maternity protection for this vulnerable group. Improved access to maternity protection would contribute to optimal maternal and new-born health and ensure economic security for women around the time of childbirth.

Introduction

The provision of maternity protection at work enables women to combine their reproductive and productive roles and improves gender equality in the workplace (1). The International Labour Organization (ILO) defines the main elements of comprehensive maternity protection as maternity leave, cash payments and medical benefits, health protection at the workplace, employment protection (job security), non-discrimination, breastfeeding arrangements at work and coping with childcare (1). In South Africa (SA), some elements of maternity protection are incorporated into national policy and legislation but the maternity protection policy landscape is fragmented and difficult to interpret (2).

The main stakeholders involved in ensuring that maternity protection at work is available in countries are governments (including departments of labour and social development), employers and employer organisations, and workers, usually represented by trade unions (3). These three groups of stakeholders are referred to as the tripartite partners and together comprise the legislative and social security framework in countries. In addition, non-governmental organisations (NGOs) and civil society, including universities and research centres can be important allies in advocating for maternity protection.

Globally there are over 76 million domestic workers, representing between 1-2% of the global workforce (4). Most domestic workers (76%) are women and around 80% of domestic workers globally work informally (4). Although there have been attempts to formalise the domestic work sector, most domestic workers in SA are in positions of non-standard employment.

Characteristics unique to the domestic work employment relationship are that it exists within a private household and usually falls outside of conventional regulatory frameworks in many countries (5). Domestic work is also considered vulnerable because incomes are usually low, and workers often do not have access to basic labour rights like employment contracts and employment benefits (such as pension contributions and paid leave). Recent research in SA has documented human rights violations against domestic workers including verbal abuse and harassment, denial of the rights to privacy and family life and discrimination on the grounds of pregnancy (6). Historically, there were inadequate laws protecting the domestic work sector in SA. Since 1994, many laws and policies have been developed but these are not all appropriately implemented and there are still examples (such as legislative delays in access to social insurance and the national minimum wage) where the domestic work sector has been treated differently to other sectors. Domestic workers currently comprise 5.4% of the workforce in SA and the majority of domestic workers (97%) are women (7).

Some elements of maternity protection are available to certain categories of non-standard workers in SA. However, components of maternity protection are dispersed through many documents with weak government alignment on maternity protection and inadequate implementation, monitoring, and enforcement of existing maternity protection policy. Since domestic workers' place of work is a private household, this makes monitoring of labour law compliance especially challenging (8).

The focus of maternity protection research globally has been on the costing and affordability of paid maternity leave (i.e., maternity leave and cash payments while on maternity leave) and breastfeeding breaks (9–12). Research has also focused on the provision of childcare, although this has not always been clearly considered in the context of maternity protection (13,14). Some research has been done on the awareness and perceptions of maternity protection by formally employed women in Vietnam (15), and employer perceptions of maternity leave and flexible working arrangements in the UK (16). In SA, the National

Department of Employment and Labour (NDEL) commissioned research into employees' knowledge of maternity rights (17) and other researchers have documented experiences of managers and mothers regarding workplace breastfeeding practices (18). The Law Reform Commission documented gaps in maternity benefits for women in the informal economy in SA (19). However, there has been no formal evaluation that we are aware of, globally or in SA of the knowledge and perceptions of key stakeholders involved in ensuring that maternity protection is available and accessible. Stakeholders have some power and influence over availability of and accessibility to maternity protection. Therefore, this study sought to explore the knowledge, understanding and perceptions of key stakeholders in government, trade unions, non-governmental organisations (NGOs) and other relevant organisations of the maternity protection entitlements that should be available and accessible to female domestic workers in SA.

Materials and methods

This was a qualitative, cross-sectional study that involved individual in-depth interviews (IDIs) with 15 participants. For this research, stakeholders working at either the national or sub-national (provincial) level in SA were selected. The sub-national stakeholders were selected from the Western Cape province, which is the third most populous province in SA and houses the legislative capital of SA.

Study setting

South Africa is a middle-income country with high rates of poverty, inequality and unemployment (7). In 2019, approximately 18 million South Africans (almost one-third of the population) were receiving some sort of social assistance from government (20). At the beginning of 2022, 68.3% of working women were employed in the formal sector, 15.2% in the informal (non-agricultural) sector, 12.7% worked in private households and 3.8% in agriculture and of all working women, 12% were domestic workers.

Ethics approval

All participants provided verbal informed consent for the individual IDIs and agreed to interviews being audio-recorded. Interview data was stored electronically and securely by CPK. Participants' confidentiality was maintained by removing personal information and names linked to individuals' insights from the transcribed data in the reporting of the results. Privacy, confidentiality, and anonymity was ensured. Ethical approval was obtained from the University of the Western Cape's Senate Research Committee and Ethics Committee [Reference Number: BM20/5/7].

Participant sampling and selection

A stakeholder identification process was used to identify key individuals to take part in semi-structured individual IDIs. We started by consulting the ILO Maternity Protection Resource Package Module 4: 'Who are the main stakeholders?' (3) and reviewing policies that described any categories of stakeholders relevant to non-standard workers. Next, specific stakeholders from various sectors were identified using existing networks. Lastly, a snowball approach was used to identify additional potential participants. Stakeholders were purposively selected based on the knowledge they were likely to have on maternity benefits and their potential to influence the availability and accessibility of maternity protection benefits for female domestic workers. It was anticipated that stakeholders would include representatives from government (Department of Labour, Department of Health); trade unions, civil society organisations (such as NGOs that advocate for domestic workers labour rights); and companies (as they assist in accessing labour rights, such as claiming from the Unemployment Insurance Fund (UIF)). Stakeholder identification is an ongoing and iterative process and was refined throughout data collection (21). After conducting interviews with 15 participants from

various sectors, it was felt that themes were starting to be repeated and therefore sufficient interviews had been conducted.

Data collection

A semi-structured interview guide was used to guide the IDIs (see supplementary material). The IDIs were conducted between October 2020 and July 2022. All interviews were conducted in English as all stakeholders were fluent in English. All except for one follow-up interview took place using an online/virtual platform of the participant’s choice (Zoom or Microsoft Teams). When possible, the video function was used together with audio. Interviews ranged between 35 and 65 minutes but were on average 45 minutes long. Most interviews were conducted in one session but for two participants, follow-up interviews were conducted. All interviews were conducted by CPK and then transcribed.

Data analysis

The IDIs were analysed manually by one researcher (CPK). A thematic analysis approach was used (22,23). Analysis began with familiarisation with the transcript contents (reading and re-reading of transcripts). Next, codes were allocated to similar groups of information. Then, initial themes were generated, which were then reviewed, developed, and refined. Finally, four main themes were decided on and the overarching themes were linked to the codes. A reflexivity journal was kept documenting any personal characteristics of the researcher that may have influenced the analysis process.

Results

The sample characteristics are described in Table 1. Through the participant selection process, most participants (n=13) were in positions of national reach and influence, while two operated at a sub-national (provincial) level.

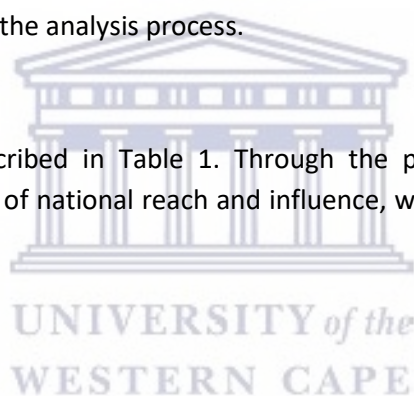


Table 1: Sample characteristics

	Total (N = 15)
Sex	
Female	6
Male	9
Sector	
Government	5
Trade union or professional association	3
Private company*	3
Civil society	2
Independent labour organisation	1
UN Agency	1
Race/ethnicity	
Black African	8
Mixed race	3
White / Caucasian	4

* Private companies included one company that matched domestic workers with employers and two companies that assisted employers and workers in accessing the national social insurance scheme

Analysis of the interviews led to the identification of four major themes. The major themes and sub-themes are described in box 1.

Theme 1: Stakeholders have limited knowledge and understanding of comprehensive maternity protection

Some stakeholders had good knowledge about most components of comprehensive maternity protection, while others had in-depth knowledge related to one or more components of maternity protection they were specifically involved in through their position or organisation. Many stakeholders described domestic workers and their employers generally having poor knowledge and understanding of maternity protection policy and legislation. It was described that maternity protection is complex and certain maternity protection rights are interconnected with other rights.

Maternity leave and cash payments were the components of maternity protection most familiar to participants

Many participants described **maternity leave** as the most common component of maternity protection available (especially since it is not mandatory for it to be paid in SA). There seemed to be confusion about whether maternity leave is three or four months, and several issues were raised related to maternity leave access. For example, domestic workers who cannot access cash payments while on maternity leave may not be able to afford to take advantage of their full maternity leave entitlements. One participant reported that some domestic workers are responsible for finding a temporary replacement to work for them while they are on maternity leave. It was also described that certain groups of domestic workers (e.g., migrant, or foreign workers) may be more vulnerable to not receiving a standard component of maternity protection, such as maternity leave.

Responses from participants clearly focused on one specific component of maternity protection, namely **cash payments** while on maternity leave, which is mainly provided by social insurance, through the UIF in SA. One participant described: *"Because when we think about, maternity, we often sometimes just think about the time and the payment."* (S10, female, from a UN agency) Almost all participants described how access to cash payments through the UIF while on maternity leave amongst domestic workers is limited. Many issues related to various aspects of accessing cash payments while on maternity leave were described by participants and these are described in depth in the second theme. Some participants were unsure of the exact percentage of previous earnings that is paid out by social insurance when on maternity leave. One participant understood maternity protection to be cash payments during pregnancy and spoke extensively about the proposed 'maternal support grant being considered by the national Department of Social Development as an imperative of the National Development Plan.

Many participants described that **job insecurity** and **discrimination** due to pregnancy among domestic workers are high. Stakeholders described that many domestic workers fear losing their jobs if employers discover they are pregnant. One participant described how her own domestic worker hid her pregnancy from her and went on leave without informing the employer that it was due to childbirth: *"...because these things, even leave, I mean my, my helper went on leave, and she hid that she was pregnant from me."* (S10, female, from a UN agency). The same participant suggested that some domestic workers may resort to extreme measures such as not carrying the pregnancy to term (i.e., terminating pregnancy) to avoid risking losing their job: *"Some even don't carry the pregnancy to birth because they are afraid of losing their jobs"* (S10, female, from a UN agency).

Another participant explained that some employers of domestic workers will directly state that they do not want the domestic worker to become pregnant:

"I had some few domestic workers who called me that they were dismissed. I remember one said the employer said she doesn't want people pregnant. 'You're pregnant? Then you go, because I don't want people who fall pregnant here, working for me'." (S7, female, from a trade union)

The same participant relayed that a domestic worker may fear losing her jobs if she asks to be registered with the UIF and/or the Compensation of Occupational Injuries and Diseases Act (COIDA):

"Because... I am scared to approach my employer, register me with COIDA, because my employer will say, I don't have money to pay you and to register you. The gate is open. Your work is finished, because there are employers that, when domestic workers are approaching, they are like that, they don't want to work anymore telling me about the UIFs. So, you can go, I'm not going to register you with a UIF." (S7, female, from a trade union)

COIDA is South African legislation that aims to provide statutory insurance for workers, through employer contributions to a fund that then allows workers to claim compensation in the event of a work-related injury, illness or fatality.

The health protection and medical care components of maternity protection were not described by participants. When directly asked about these benefits, it appears that opportunities for **medical care** (e.g., antenatal or postnatal check-ups) are not automatically guaranteed for domestic workers. Some participants described that access to medical care for domestic workers could be negotiated with employers and domestic work may allow some flexibility, where a domestic worker could go to the clinic and then come to work, starting later. Alternatives described were that annual leave could be used for antenatal check-ups, or that a domestic worker could attend the clinic on her off day (i.e., making use of unpaid leave).

When asked about maternity protection entitlements that should be available, none of the participants voluntarily mentioned **breastfeeding or expressing breaks**. Since breastfeeding breaks was part of the research question, the interviewer probed around this, and certain aspects of breastfeeding or expressing breaks were discussed by participants. Participants perceived that it was not common for domestic workers to either breastfeed their child while at work or take breaks to express breastmilk. One participant (working for a civil society organisation advocating for rights of various groups, including domestic workers) described that she would not have considered breastfeeding or expressing breaks as a right for any woman (not just domestic workers) returning to work after delivering a baby. After being questioned about this during the interview, this participant felt that awareness on the right to breastfeeding or expressing breaks is actually needed for all women, not just non-standard or domestic workers. Another participant (who worked for a company that assisted women with cash payments from the social insurance scheme) felt that breastfeeding or expressing breaks are not something usually considered for domestic workers: *"When you're breastfeeding... I mean, I'm moving a bit out of the domestic worker space, because I've never heard it talked about in the domestic worker space, but, you know, a place to breastfeed, obviously"* (S3, male, from a private company).

Participants also described that **childcare** is usually the responsibility of the domestic worker to organise and that while it is dependent on the individual employer, it is uncommon for domestic workers to bring their

child to work. Some participants described that often domestic workers leave their child with the maternal grandmother who may be far from where the domestic worker lives and/or works.

Some participants implied that comprehensive maternity protection may be an idealistic set of rights/entitlements and that certain rights (the right to fall pregnant and maintain job security, maternity leave) need to first be ensured before an entitlement such as breastfeeding or expressing breaks are considered. It also appeared that some participants perceived a hierarchy to maternity protection rights, where certain entitlements, such as maternity leave, were described as 'constitutional' or 'a core right' and 'cannot be varied' or are 'unlikely to be transgressed' and have stronger protection. In contrast, the right to breastfeeding or expressing breaks was interpreted to be more dependent on the relationship between the employer and worker and flexibility of the employer.

Maternity protection rights are linked to other labour rights

Some participants described how access to different labour-related rights (for example, unfair dismissal, maternity leave, and minimum wages) are intertwined. It was described that change in other legislation such as the national minimum wage bill can influence certain aspects of maternity protection. For example, if a domestic worker is paid below the national minimum wage, then her contributions to and claims from the UIF will be unacceptably low and it was questioned if this is currently monitored.

Two stakeholders working for domestic worker unions described how they felt that domestic workers have been historically excluded from labour policy in SA. These participants compared difficulty in accessing the UIF to inaccessibility to the national minimum wage and COIDA. The reason described for this is that domestic workers were only able to access the UIF after the passing of the Sectoral Determination for the domestic work sector and therefore domestic workers were structurally only able to access the UIF later than other workers. With the national minimum wage, domestic workers were initially at a lower minimum payment threshold compared to other workers and it was only after a few years that domestic workers had the same national minimum wage as others. In order for domestic workers to access COIDA, there needed to be a constitutional court case. This was described by one participant:

"But, yes, we have suffered over the years, where domestic workers did not have maternity benefits, and a domestic worker did not really benefit from the payment, or all domestic workers was not registered... this is how we see domestic workers are left out, in the cold... even now and the current national minimum wage, domestic workers is not getting the national minimum wage, we are excluded, from the national minimum wage... The same as we look at COIDA. We had to go to court, why did we have to go to court to prove that its unconstitutional? Now we're having this fight with the wages." (S2, female, from a trade union)

Theme 2: Challenges in accessibility to cash payments while on maternity leave

Access to cash payments while on maternity leave in SA is mainly facilitated through the national social insurance scheme (the UIF) managed by the NDEL. Participants listed and described many operational challenges of the UIF. Many of these are relevant to various categories of workers, but for certain reasons are more pronounced for domestic workers. The challenges will be described within the context of the domestic work sector.

Many general challenges related to accessing cash payments through the UIF while on maternity leave

Many participants reported that the UIF is not a user-friendly system, describing that it is complicated and time-consuming. Participants described that the NDEL and UIF are inefficient with regular disruptions in service and bottlenecks at various stages in the claiming process. The word 'mess' was used to describe the UIF, with one participant expressing frustration and exclaiming: "It's a mess, because the UIF is just, that's what it is, they're a mess!" (S3, male, from a private company). Another participant summarised that "Currently, I think, there's a mess-up." (S2, female, from a trade union). While it seems that the main steps required for registration and contribution to the UIF can all be done physically at Labour Centres or online via the online system (uFiling), some participants had negative experiences with the online system, with one participant describing making payments that were not reflected. Others felt that the online system (uFiling) was good but remains inaccessible to certain workers (such as many domestic workers) without internet or a smartphone. Many participants described that most domestic workers are not registered with the UIF for multiple reasons including that it is not easy to register with the UIF. Again, certain subgroups such as migrant workers (foreign nationals) were described as having additional obstacles (for example needing to submit additional documentation) when registering for the UIF.

One stakeholder described that there are inconsistencies in the way certain policies are implemented and that terminology in policy documents may be interpreted differently:

"So, there's massive variations of policies within the UIF, the main thing is terminology that they use, which is not very understandable to the lay person, or to the person that is on, the man on the street. We've had to familiarise ourselves with that. There's also underwritten laws within UIF, that they don't let the public know... so they'll refuse your claim based on that sub-section. And that's something that's really frustrating to the public because they're not aware of the sub-ruling." (S1, male, from a private company)

An example of this, described by two participants is that some women have been told that they should be able to start the UIF claim process when they are pregnant so that the payment can be received as soon as the woman goes on maternity leave. In practice, women are only able to submit their claims once the baby has been born which often results in delayed payments.

Respondent: There's again, varying, I'm not going to say laws, but varying, articles around this. So, the UIF generally say, and they will say, you can submit a claim 6 weeks prior to the start of maternity leave. Um, this isn't true. Ok. You can only submit your application from the first date that you are not receiving a hundred percent salary. The reason for that,

Moderator: So that could be before the child is born?

Respondent: Yes, so you can submit before the birth of your child, but you have to submit only from when you are not receiving a full salary.

Moderator: Ok. And sorry, you were going to say, the reason for that,

Respondent: Ja, the reason for that, is that, you're claiming from the unemployment fund. And, by claiming from the unemployment fund, technically, you have to be unemployed, or not getting paid in full. (S1, male, from a private company)

Participants described that many women must go back to 'Labour Centres' (local NDEL offices) repeatedly to follow up on applications or submit additional forms they might not have known about. When at the labour

centres, stakeholders described that many women wait in queues for hours, often needing to take an entire day to submit their claims for cash payment while on maternity leave. Because the claims for cash payment can only be submitted after childbirth, some women need to go back to work while they are waiting to receive their cash payments. Women that have returned to work sometimes have to take unpaid days off work to submit their claims, meaning that women are losing income in their attempt to access cash payments while on maternity leave. As one stakeholder described: *"...there's people who phone me crying, they say they've been to the labour centre eight times, and every time they've been sent away and they just don't know what to do anymore..."* (S3, male, from a private company).

It seems that there are more forms required for maternity claims (such as a form signed by a medical practitioner confirming a woman's delivery date) than for other unemployment claims. Various stakeholders described that to claim 'maternity benefits' from the UIF, many forms need to be completed by different people:

"There's just so much, I remember when my wife did it, we actually did it together, we sat at the table, we had all the forms spread out on the table, it's a mess, I mean, you don't know what's left or, where left and right, is, and we did, all the mistakes [laughs] which, you know, I was rolling my eyes now, and it's just so complex to complete those documents. For anyone, and the employer has to do, 3 forms, and many domestic employers just have absolutely no idea how to do that, I mean, many big corporates have no idea how to do that." (S3, male, from a private company)

Participants described that it could take months for UIF registrations to be reflected. Many participants reported that the result of these inefficiencies, disruptions and bottlenecks is that often, claims for payments while on maternity leave are delayed. A government official described being embarrassed when he hears about women who have waited a year to receive a maternity claim:

"There is a long struggle, I mean you can wait up to a year. Especially on maternity, you know how embarrassed I am when somebody comes, with a child. To enquire about the money, and they have not received a cent from the state yet." (S8, male, provincial government official)

One participant (a representative from a domestic worker trade union) described how many women go into debt (making use of microlenders) while on maternity leave and waiting for the UIF payments to cover basic household expenses:

"You see, that is where, this, financial lenders, this people that's lending money, this people that's making it so easy for domestic workers, to just pick up the phone, and you can borrow. So, what happens? The domestic worker goes and borrows money from a financial institution, or this money lenders. At the end of the month, when she gets that payment, she needs to pay nearly, you know, half of that, back to them, which means now, she borrows again. She borrows again. So, at the end of that financial four months, she finds herself deeply in debt to a financial institution, she needs to go work for her full wages, but half of it go back." (S2, female, from a trade union)

This means that these women will now need to pay money back to lenders with added interest, increasing their monthly expenses which places already vulnerable women in an even more precarious situation.

This same participant also described how the current cash payments are insufficient for domestic workers:

“I think it is something also, we have to look at that clauses in this unemployment fund, and see, what is really benefitting the domestic worker, and what is not... And I think this is the reality of the domestic workers is that it’s there, yes, but how accessible is it to them? And can they survive on the payment that they get?” (S2, female, from a trade union)

While most of the comments made about the NDEL and UIF were negative, one stakeholder displayed empathy for NDEL officials: *“A lot of them are trying their best, and there’s a lot of good apples within, the Department of Labour, that work... late hours, and we see emails from individuals at 11’o’clock at night”.* (S1, male, from a private company) Therefore, although most information provided about the functioning of the NDEL and UIF was negative and critical, there was some positive feedback.

Access to the UIF is disproportionately dependent on the employer

Access to the UIF (and therefore cash payments while on maternity leave) is conditionally dependent on the employer having registered the worker or employee, the employer submitting employment declarations, and the employer having contributed to the UIF. All three steps are reliant on certain actions by the employer. This is a substantial barrier to access for many domestic workers. Not all domestic worker employers are familiar with relevant legislation or understand that domestic workers are eligible to register for UIF. The result of this is that many domestic workers cannot access cash benefits while on maternity leave, as described by one participant: *“The problem at the moment is that you as an employee, when you go to the UIF, you are being penalised, by not getting your claim approved, you’re not getting your money, because your employer messed up.”* (S3, male, from a private company) This therefore means that there is dual responsibility in making this component of maternity protection available to domestic workers, whereby access depends on both a functioning government department (the UIF/NDEL) and employers who understand their obligations.

Impact of COVID-19 on service delivery by NDEL (and therefore access to UIF)

Many participants described how the COVID-19 pandemic disrupted services at NDEL and shifted priorities, specifically resulting in increased processing time of claims, increased time to respond to queries, and a disruption in face-to-face services (including users not being able to walk into offices and department officials not going into communities to do advocacy). The result of the physical distancing required by the pandemic was a shift to the virtual platform already available, and while this did work for some, not all domestic workers can access online technology. A few participants felt that the COVID-19 pandemic simply highlighted existing inefficiencies within the NDEL. Others felt that the pandemic presented some opportunities, such as the NDEL improving the online systems and online access and realising that certain manual processes could be removed, and efficiency of services improved.

Theme 3: Labour-related characteristics unique to the domestic work sector

When describing availability of and accessibility to maternity protection for domestic workers, almost all stakeholders described that there are certain unique characteristics of domestic work related to labour legislation (i.e., context) that needs to be considered because it makes access to certain components of maternity protection challenging.

Working for an employer that is an individual has challenges

While some domestic workers work full-time for one employer, many domestic workers work for multiple employers sometimes working for different employers on different days of the week. One stakeholder described that the nature of domestic work in SA has changed whereby in the past, many domestic workers worked for one household full-time and often lived on the property, but now not everyone can afford that, and some people can only have domestic help a few days a week on a part-time basis, without the domestic worker living on the property. The use of a “platform” (in the form of an application that can be accessed online through a smartphone or computer, also referred to as “the gig economy”) to access domestic work services is also relatively new. Domestic workers can register themselves and employers can request domestic work services through this online platform on an *ad hoc* basis.

Working for a single employer could have potential advantages. It may be easier for one employer with one employee to ensure that all relevant labour related registrations are completed. Stakeholders reported that some employers do want to ‘do the right thing’ and comply with the rules (e.g., to register the domestic worker with the UIF). However, working for an individual employer can also be a disadvantage as that individual can have disproportionate power in determining whether the domestic worker can access certain labour/employment benefits/rights. Particularly between domestic workers and their employers, there exists uneven power relationships, as a few stakeholders described:

“They [domestic workers] are in positions of severe vulnerability, power disparity and its very uncomfortable for them, not to mention language issues, etcetera.” (S3, male, from a private company)

“Because there is just so much power that the employers have, and so much non-compliance when it comes to UIF that domestic workers don't even have a choice but to go back to work, like, as soon as possible, essentially”. (S13, female, from civil society)

Stakeholders described this power imbalance further by explaining that it is difficult for a domestic worker to challenge their employer if the employer has not registered or contributed to the UIF. Furthermore, individual domestic employers often do not consider themselves to be employers, which can result in many informal arrangements. These informal arrangements could be positive and result in flexibility and situations where, for example, a domestic worker may be able to bring a new-born baby to work with her. But other employers may not be as accommodating, creating a sector with diverse and heterogeneous employment relationships.

Having an employer that is an individual also means that the employer has limited financial capacity to be able to afford to provide a full salary and pay a temporary replacement worker while a worker is on maternity leave, as was described by one stakeholder:

“So, the employer will be paying the domestic worker, who's working for me while I'm on maternity leave, and it is irrational, and I cannot expect the employer to pay the domestic worker that replaced me and also to pay me a salary while I'm on maternity leave.” (S7, female, from a trade union)

One stakeholder described a major difference between domestic and commercial employers being that commercial employers have human resources specialists who are familiar with labour laws and deal with issues such as UIF registrations regularly.

“The advantage that commercial employers will have over domestic is because for commercial employers there will be people that will be employed to take care of UIF related information. Maybe that submission is going to be happening on a periodic basis, even on a monthly basis for that matter, only to find out that in the domestic space, because the domestic employer might not be having the necessary time for them to be able to register and be able to submit the information of that employee. And because maybe the employer does not even have the full information around how to submit information through to the UIF, that means even at the time when the domestic employee falls pregnant, because the information will not be sitting on the UIF, they will not be in a position to actually declare the fact that my employee will not be working for the next few months because they’re on maternity leave.” (S11, male, national government official)

Monitoring and enforcement of labour laws in the domestic sector is especially challenging

While many challenges related to monitoring and enforcement of labour legislation in general were described, participants described that because a domestic worker’s place of work is a private home, this makes monitoring and enforcement especially difficult. The main route of monitoring labour laws in SA is by labour inspectors visiting places of work and reviewing documents like written employment contracts, proof of contribution to the social insurance scheme (the UIF) and observing other labour-related practices. Participants described various reasons why doing this monitoring in a workplace that is a private home is especially challenging. Firstly, it is difficult to target households to monitor because not all households employ a domestic worker. Therefore, random selection inspections are problematic, because inspectors would not know which households to target. Secondly, a private homeowner has the right to deny a person entry into their house. Thirdly, employers of domestic workers are often workers or employees themselves, so might be at their own workplace during working hours and therefore might not be present at the domestic workers workplace at the time when a labour inspector would usually visit. This makes it difficult for inspectors (enforcement officers) to do an inspection or to communicate with domestic worker employers. One stakeholder described that to circumvent this, labour inspectors would need to do inspections for domestic workers after hours (e.g., on a weekend or public holiday) but the NDEL does not have the structures in place to do this:

“The first challenge that we will have, which is a challenge with access, meaning that for us to be able to get access to the domestic employer, we need to do our inspections during the weekends and during public holidays because the domestic employer is not working, and they are at home. And because we are in the form of the employment, which is in the public sector stage, during the weekend, I am also at home resting.” (S11, male, national government official)

Strategies suggested to increase employer responsibility included offering incentives to employers to comply with legislation, for example offering rebates on UIF contributions. An alternative suggestion to hold employers accountable was to enforce penalties for non-compliance, such as fines for those who do not register their domestic worker for the UIF. One participant compared compliance with the UIF Act to other government programmes by explaining:

"I think it can be done, we pay taxes, we pay our... tolls. But there are ways to make these things, there's a creative solution to all of this. I just think we need to sort of apply our minds to it." (S13, female, from civil society).

While one stakeholder felt that increasing the number of employees registered with the UIF would increase the UIF's income and therefore make more funds available to assist the NDEL with fulfilling their obligations (S8), another stakeholder believed the UIF has a surplus of funds and that the problem is rather the misuse of funds (S1). Several stakeholders agreed that increasing the numbers of and building capacity of labour inspectors could improve the functioning of the social insurance scheme.

One participant described that currently, the only time that government really gets involved in implementing penalties is through the Commission for Conciliation, Mediation and Arbitration (CCMA) once there is a dispute or if there has been an unfair dismissal. It was stated that remedial actions are needed at various stages in the process and not only once the point of dismissal has been reached.

Theme 4: Suggestions for how cash payments during maternity leave could be improved

Almost all participants that provided suggestions for how access to maternity protection could be improved made suggestions to improve the functioning of the UIF and therefore better access to cash payments from the social insurance scheme while on maternity leave.

Increased awareness about national labour legislation and NDEL services

Participants agreed that advocacy is needed to provide education and share information on domestic worker rights, employer responsibilities, current legislation, the necessity of registering with the UIF and the availability of online services. Participants indicated that the target for this information provision should be policy makers, NDEL staff, employers, and workers, and that the NDEL should make a concerted effort to reach different categories of workers. Many suggestions for awareness raising were provided, including roadshows, issuing pamphlets at community settings (e.g., churches) and to employers, publishing advocacy papers, policy briefs and practical guidelines about maternity protection for domestic workers and allocating budget to a media drive advertising NDEL services. Some participants suggested that when information on maternity protection rights is shared, that this could be linked to other similar legislation (e.g., the national minimum wage bill, Occupational Health and Safety (OHS) and COIDA). There were specific suggestions made for information targeting employers, including that domestic worker employers need to realise that they are employers, even if they are only employing one person in their household, and should know and fulfil certain obligations of being an employer, such as providing the domestic worker with a contract and registering the domestic worker with the UIF and COIDA. It was suggested that information about the obligations of domestic worker employers could be shared widely by different media platforms using a very direct approach:

"That could be a really great first step is if that is a priority, whether it's community, radio stations, national radio stations, billboards, television, all sorts of different media to communicate to employers that they have certain obligations in respect to their employment of a domestic worker in their home. Billboards saying please register your employees for UIF, with COIDA, a little bit more sort of explicit. Like if you employ a domestic worker, you need to register them with the compensation fund." (S13, female, from civil society)

Some participants emphasised that employers should find out what their responsibilities are such as registering their domestic worker with the UIF and COIDA. As one participant described *“it can’t just be everything is relied on poor working women to kind of sort themselves out”* (S9, female, from civil society).

Improved functioning of the NDEL and UIF

Many participants described that the NDEL and UIF systems need to be strengthened, especially that it should be easier and faster for employers to register workers with the UIF. One participant described that sometimes domestic worker employers need to take leave from work to go to NDEL offices in person to register a domestic worker for the UIF. This is not feasible or sustainable. Examples provided by participants to improve this included being able to complete the UIF registration process on a mobile phone and having a “one-stop-shop” system where employers can register for the UIF, COIDA and any other declarations all at once. This would involve developing a way to link all departments within the NDEL so that information could be shared between departments and not need to be resubmitted individually.

Participants described that employers should not have all the control as to whether a worker is registered with the UIF. One participant described that *“you have to disrupt this power dynamic of employers having all the control as to whether a registration is made or not”* (S9, female, from civil society). A suggestion to resolve this issue was to enable worker-led registration with the UIF but participants also cautioned that any change in registration should not shift the burden of compliance to the worker. The participant suggested that *“Workers should be allowed to register as a domestic worker and then that should mean that immediately there’s a trigger created on the employer, who is then either incentivised, through carrots or sticks, to contribute to that, system.”* (S9, female, from civil society). It was, however, acknowledged that such a change would require legislative reform. Other solutions that would probably also require legislative change included making it compulsory for employers to register with an employer association who could then facilitate registration.

Other processes suggested by participants related to the organisation of labour in the domestic work sector. One participant suggested the setting up of a bargaining council specific for domestic workers. Many participants described that improved unionisation of the domestic work sector could improve accessibility to maternity protection. Reasons provided for this were that unions could provide a channel for communication and education between domestic workers and their employers and that domestic worker unions could collaborate with bigger unions and receive support from those bigger organisations.

Discussion

This research aimed to explore the knowledge, understanding and perceptions of stakeholders in various sectors, of the maternity protection that should be available and accessible to domestic workers in SA. It appears that most stakeholders’ knowledge and understanding of maternity protection are limited to the component/s of maternity protection they are involved in ensuring availability and/or access to, with maternity leave and cash payments being the most familiar. Significant challenges in domestic workers’ access to cash payments while on maternity leave were described including general challenges with the national social insurance scheme, dependence on the employer for access to social insurance and compounded negative consequences of the COVID-19 pandemic. There are labour related characteristics unique to the domestic work sector that impede access to maternity protection, including the employer usually being an individual and monitoring and enforcement of work conditions that take place in private households being challenging. Participants made many suggestions for how access to maternity protection

for domestic workers could be improved, including increasing awareness around maternity protection entitlements and improving the functioning of the NDEL and UIF.

Stakeholders interviewed in this research were most familiar with the maternity leave and cash payment elements of maternity protection. These components have also been the focus of previous research conducted in other countries on maternity protection (24–26). Results however show that stakeholders are not familiar with all components of comprehensive maternity protection in SA. Notably, stakeholders are unfamiliar with breastfeeding breaks and opportunities to access childcare as provisions of maternity protection. Also, they did not discuss health protection at the workplace or medical benefits while on maternity leave, nor non-discrimination and employment protection (job security). This is a problem, because all components of maternity protection need to be made available and accessible to working women for the full benefits of maternity protection to be realised. To ensure that comprehensive maternity protection is available and accessible to non-standard workers such as domestic workers, improved knowledge and understanding of all components of comprehensive maternity protection by the key stakeholders assigned responsibility for maternity protection is required. The provision of breaks for breastfeeding or expressing breastmilk for domestic workers should be something that could be quite feasible and easy to implement for domestic workers, since their place of work is a private household and is therefore conducive to either bringing the baby with the mother to work or having a small private space available for breastfeeding or expressing. There should not be additional expense or infrastructure required for making breastfeeding or expressing breaks available to domestic workers, and the flexibility of domestic work should enable the provision of such breaks. For future maternity protection campaigning and advocacy, it is important to refer to comprehensive maternity protection and not selectively promote individual components of maternity protection. Furthermore, it may be helpful in practice to link access to maternity protection rights to the access to other rights such as the national minimum wage and the compensation for occupations and injury on duty as was raised by some participants. There have been some efforts to do this in SA, through the organisation of dialogues and roundtable discussions bringing together relevant stakeholders to discuss issues like the unemployment insurance fund and the compensation fund together (27). The domestic work sector globally it still relatively unorganised and stronger unionisation of the domestic work sector could also result in better advocacy for maternity protection.

Stakeholders described many challenges that domestic workers experience in accessing cash payments while on maternity leave and these highlight inefficiencies in the functioning of the UIF in SA. Challenges in accessing social protection for domestic workers have been reported in other African countries such as Nigeria (28) and Zambia (29). Domestic workers globally face multiple barriers to legal coverage and effective access to social security, especially in Africa, Asia and the Pacific and the Arab States, which are regions employing large numbers of domestic workers (30, 31). A recent ILO report on policy trends, statistics, and extension strategies for access to social security for domestic workers described how burdensome administrative procedures can reduce social security coverage by increasing the transaction costs for employers and domestic workers in accessing social security (31). These transaction costs were described as the time and resources spent complying with administrative requirements, which is similar to what was described by stakeholders in this study. It therefore appears to be important that the administrative barriers to accessing social insurance in SA need to be removed, and the dependence on employers for domestic workers to access cash payments needs to be reduced. The ILO has also recommended that legal reforms together with improved governance is important to see improvements in access to social security for domestic workers (31). Simplified and affordable contribution mechanisms for employers have been previously suggested in another African country, Zambia (29). Since workers need to be working a minimum

of 24 hours a month for an employer to contribute to the national social insurance scheme (32), it would also be important for there to be safety nets available to those working less than this threshold.

The current cash payment provided by the UIF is 66% of previous earnings. For women earning already low incomes – like domestic workers, some of whom do not even earn the national minimum wage – this is a percentage of an already low wage and is insufficient at a time when expenses increase due to increased household size. While the ILO Maternity Protection Convention states that cash benefits while on maternity leave should not be less than two-thirds of a woman's previous earnings, the same convention also states that cash benefits should ensure that women can maintain themselves and with a suitable standard of living. Furthermore, the convention is a minimum requirement, and the ILO Maternity Protection Recommendation 191 goes further to state that cash benefits while on maternity leave should be raised to the full amount of women's previous earnings. Participants in this study described how the already inefficient social insurance service by government was unfortunately made worse by the COVID-19 pandemic. For domestic workers, this amplification of existing challenges due to the COVID-19 pandemic took place at a global level, where social protection coverage gaps experienced by domestic workers were made even more apparent due to the pandemic (31, 33).

Often a domestic worker is a single employee working for a single employer, in the employers' private household space. A consequence of being a single employee at a workplace is that actions taken by other sectors such as protesting or negotiating through collective bargaining are not effective for domestic workers (34). The domestic work sector is also difficult for unions to represent. Working in an employer's private household can increase the intimacy of the working relationship and some domestic workers even live at their place of work. All these characteristics contribute to a complex power dynamic, where access to labour rights including maternity protection is dependent on the nature of quite a personal relationship between the employer and employee and make it very difficult to monitor and enforce labour law in the domestic sector. Other characteristics unique to domestic work are that most domestic workers are women and many are of reproductive age, struggling to balance their own family responsibilities while often looking after other people's children as part of their jobs and unable to access maternity protection (35).

Sometimes domestic workers have limited access to their own children due to working far from where they live, and many domestic workers are migrant workers who may not be documented which means they cannot register for national schemes like the UIF. India provides an example of the protection of migrant workers through social security agreements that have been developed with eight other countries to provide social protection to Indian workers employed in those countries to ensure equality of treatment and avoidance of duplicate coverage (34). South Africa needs to do more to protect the many migrant workers, especially due to recent xenophobic attacks (36, 37) and this improvement should include access to social protection. The ILO has recently acknowledged some of the labour-related characteristics unique to the domestic work sector that make access to social security (including maternity protection) challenging, such as administrative barriers, lack of enforcement and low compliance and lack of information and organization amongst the sector (31). Many possible solutions are provided by the ILO including removing administrative barriers, facilitating payment contributions, promoting compliance (financial and criminal penalties), raising awareness and disseminating information, building on social dialogue and collective bargaining, developing and implementing integrated and coherent policies and protecting migrant domestic workers (31). Others also suggest that non-contributory schemes could assist in extending social protection to vulnerable groups like domestic workers and that social assistance may be required for low-income women (30). While SA does provide social assistance, it may not be sufficient to ensure income replacement while on maternity leave. A

more comprehensive approach to extending social protection including comprehensive maternity protection to domestic workers is required to ensure economic and social development for women.

The ILO has described how social protection has the potential to enable the transition of domestic worker from informality to formality (31). Attempts have been made to formalise domestic work internationally and in SA. Globally, the ILO Recommendation R204 on the Transition from the Informal to the Formal Economy calls particular attention to vulnerable groups including domestic workers when strategies to transition for the formal economy are developed (39). In SA, it appears that insufficient consideration has been given to this, as evidenced by the existence of a Sectoral Determination for Domestic Work for the past 20 years, yet still many domestic workers struggle to access the provisions included in this sectoral determination. A reason for this could be that the complex employment relationships between domestic workers and their employers often makes it difficult to determine where employer obligations reside (ILO, 2015). The ILO has provided recommendations of how domestic work can be formalised and advised that incentives of formal arrangements should outweigh any benefits of informal employment (29). Other countries have used a combination of deterrent approaches (including labour inspection, complaints mechanisms, dispute settlement systems together with advisory and support services) and enabling approaches (such as removing barriers to formalising work, ensuring worker and employer awareness, increasing the benefits of formal sector work via income tax deductions or tax credits, VAT reductions wage subsidies, lower social security contributions, etc.) and also simplification of procedures (29). SA and other countries with high rates of informality could be encouraged to implement some of these approaches.

While the results from this research are quite particular to SA, the insights obtained could be relevant for maternity protection for domestic workers in other low- and middle-income countries. Only 6% of domestic workers globally have access to comprehensive social protection and half of domestic workers have no social protection coverage at all (31). Furthermore, effective, or actual coverage is even lower than legal coverage since only 20% of domestic workers are covered in practice because most are employed informally (31). There are many challenges to promoting decent work for domestic workers, including the heterogeneity (of both domestic workers and their employers) and distinctive features of the sector (40). Unlike the Maternity Protection Convention C183, SA has ratified the ILO's Domestic Worker Convention C189 which states that "domestic workers enjoy conditions that are not less favourable than those applicable to workers generally in respect of social security protection, including with respect to maternity" (41,42). Therefore, considering this global commitment, stakeholders in SA need to ensure that equal working conditions for domestic workers becomes a reality, which may involve further efforts to ensure genuine formalisation of the sector.

Limitations

While care was taken to identify and select a diverse group of stakeholders, there may have been some key stakeholders that were not included in the sample. The researchers attempted to reduce bias by ensuring reflexivity, but qualitative analysis still has the risk of subjectivity in the interpretation of the results.

Conclusions

Women working in positions of non-standard employment, including domestic workers, are especially vulnerable to not being able to access comprehensive maternity protection. There are distinctive features of the domestic worker sector that make access to maternity protection challenging, especially access to cash payments while on maternity leave. Ensuring greater awareness of all components of maternity protection and improving implementation of existing labour legislation intended to guarantee maternity protection for non-standard workers in SA is important to improve access to social protections such as maternity protection

for this vulnerable group. For equal availability of maternity protection for all working women may require formalisation of those employed in non-standard relationships. Improved access to maternity protection would contribute to optimal maternal and new-born health and contribute to economic security for women around the time of childbirth.

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Paper 5: Pereira-Kotze C, Faber M, Kannemeyer L & Doherty T. 2023. Access to maternity protection and potential implications for breastfeeding practices of domestic workers in the Western Cape South Africa. *International Journal of Environmental Research and Public Health*. 20; 2796. <https://doi.org/10.3390/ijerph20042796>

Submitted in December 2022 and published on 4 February 2023.

Paper overview

This paper describes access to maternity protection as well as describing factors influencing accessibility to maternity protection as well as breastfeeding practices of domestic workers in the Western Cape. A combination of quantitative and qualitative data are presented in this paper. This paper reveals that while certain components of maternity protection might be available for domestic workers in SA, many components of maternity protection are inaccessible to domestic workers for various reasons. It is also difficult for domestic workers to continue breastfeeding on return to work and knowledge about breastfeeding breaks is low.

Contribution to the thesis

This paper presents the results from the fourth and fifth objectives of this PhD. The results from an online survey which the PhD candidate was granted access to are presented, together with responses from 13 individual in-depth interviews with domestic workers. This is the first paper to examine access to comprehensive maternity protection for domestic workers.

Contribution of the candidate

CPK conceptualised the research, collected and analysed the data and drafted the manuscript. TD & MF provided supervisory guidance at all stages of the review process. LK reviewed the manuscript. CPK, MF & TD edited, reviewed, and approved the final manuscript.

The supplemental material for the fifth paper is available as Appendix 7. This includes the COVID-19 screening protocols and safety measures applied as well as the question guide used for the IDIs with domestic workers. The reviewer comments and author responses are available in Appendix 13. Associated media coverage is included in Appendix 14.



Article

Access to Maternity Protection and Potential Implications for Breastfeeding Practices of Domestic Workers in the Western Cape of South Africa

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Abstract: Access to comprehensive maternity protection could contribute to improved breastfeeding practices for working women. Domestic workers are a vulnerable group. This study aimed to explore perceptions of and accessibility to maternity protection among domestic workers in the Western Cape, South Africa, and potential implications of maternity protection access for breastfeeding practices. This was a mixed-method cross-sectional study including a quantitative online survey with 4635 South African domestic workers and 13 individual in-depth interviews with domestic workers. Results from the online survey showed that domestic workers had inconsistent knowledge of maternity-protection entitlements. Data from individual in-depth interviews showed that most participants struggled to access all components of comprehensive maternity protection, with some entitlements being inconsistently and informally available. Most domestic workers were unfamiliar with the concept of breaks to breastfeed or express milk. Participants provided suggestions for improving domestic workers' access to maternity protection. We conclude that improved access to all components of maternity protection would result in improved quality of care for women during pregnancy, around the time of childbirth and on return to work, and for their newborns, especially if an enabling environment for breastfeeding were created. Universal comprehensive maternity protection could contribute to improved care for all working women and their children.

Keywords: comprehensive maternity protection; worker's rights; breastfeeding practices; breastfeeding breaks; non-standard workers; domestic workers; mixed methods; South Africa



Citation: Pereira-Kotze, C.; Faber, M.; Kannemeyer, L.; Doherty, T. Access to Maternity Protection and Potential Implications for Breastfeeding Practices of Domestic Workers in the Western Cape of South Africa. *Int. J. Environ. Res. Public Health* **2023**, *20*, 2796. <https://doi.org/10.3390/ijerph20042796>

Academic Editors: Ernesto González-Mesa and Daniel María Lubián López

Received: 9 December 2022

Revised: 27 January 2023

Accepted: 1 February 2023

Published: 4 February 2023



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1. Introduction

Comprehensive maternity protection incorporates health protection at the workplace, a period of maternity leave, cash and medical benefits while on maternity leave, non-discrimination and job security for pregnant and breastfeeding women, breastfeeding breaks on return to work, and support to access childcare [1]. The International Labour Organization (ILO) Maternity Protection Convention No. 183 of 2000 (article 10) states that women have the right to one or more daily paid breastfeeding breaks [2]. The ILO Maternity Protection Recommendation No. 191 of 2000 further recommends that facilities for breastfeeding under hygienic conditions should be available at or near the workplace [3]. The workplace and employment are key settings where adequate legislation, policy, financing, and monitoring and enforcement of policy and legislation could contribute to an enabling environment for breastfeeding [4]. Availability of and access to all components of comprehensive maternity protection could therefore contribute to improved breastfeeding

practices. In South Africa (SA), only 32% of infants under six months are exclusively breastfed [5], but the World Health Assembly has recommended the target of at least 50% for all countries by 2025 [6] and at least 70% of infants to be exclusive breastfed by 2030 [7].

Domestic workers can be considered a category of informally employed wage workers [8] and often cannot access legal and social protection [9]. Non-standard employment refers to temporary, part-time, multi-party, or disguised employment or dependent self-employment [10]. Non-standard workers do not have permanent, full-time positions usually associated with a set of employment benefits (such as paid leave, pension contributions, sick leave, etc.) Domestic workers are a vulnerable group of non-standard workers, with recent research documenting various human-rights violations of live-in domestic workers in SA [11]. Globally, domestic workers struggle to access social-security rights, with only one in five domestic workers covered by social insurance schemes [9]. Domestic work continues to be undervalued, under-recognised, and managed informally. The ILO suggests that social protection has the potential to enable domestic workers to transition to more formal employment, and that the aim should be for domestic workers to be treated as favourably as other workers [9].

Platform work (also referred to as “digital labour platforms” or “the gig economy”) is one form of non-standard employment that involves an employment intermediary connecting employers through the internet and is enabled by online and digital mechanisms for independent contractors. In this way, the platform acts as an employment broker [12]. Platform work has been described as creating new income-generation opportunities, making certain services more accessible and allowing flexibility and autonomy in work [12]. In the domestic-work sector, technology has been described as potentially improving employment conditions by standardising wages and professionalising domestic work [13]. In SA, domestic workers reported joining a platform to seek employment opportunities, including possible permanent work, due to distrust of other recruitment agencies and for potentially more consistent and higher earnings [13]. However, there are some disadvantages to platform work, such as intense competition between workers, leading to low wages, potentially inferior working conditions, and economic insecurity. In SA, domestic workers reported irregularity of work, transport, and data costs as disadvantages to platform work [13]. The nature of the employment relationship between platforms and workers also remains unclear. Different countries have started to grant different levels of labour protection and regulation to platform workers [12].

In SA, the maternity-protection policy landscape has recently been described, including for domestic workers, and has been found to be fragmented and difficult for employers to determine their responsibilities and for workers to know their entitlements [14,15]. A comprehensive description of maternity protection in SA has been provided elsewhere [14], but a summary is available in Table 1. Although most provisions of maternity protection apply to all working women, including domestic workers, it is more difficult for non-standard workers like domestic workers to access all components of maternity protection [15].

Maternity protection is one component of social protection, but especially important in a sector like domestic work where the majority of workers are women [16]. Domestic workers make up a large proportion of the female workforce—almost 76 million workers globally and 11.9% of the female workforce in SA [16,17]. It is therefore important to consider their access to labour-related protection, including maternity protection. Previous research has mainly focused on individual components of maternity protection, such as maternity leave, breastfeeding breaks, or childcare, and the possible implications for breastfeeding practices [18–21]. It is important to explore the implications of access to all components of comprehensive maternity protection for domestic workers to support this cadre of workers to reach their breastfeeding goals and because of the benefits to infant and young-child health and development that would result from ensuring recommended breastfeeding practices [22]. Therefore, this study aimed to explore perceptions of and accessibility to maternity protection among domestic workers in the Western Cape and South Africa, and the potential implications of maternity-protection access for breastfeeding practices.

Table 1. Summary of maternity-protection entitlements for working women in SA.

Component of Maternity Protection	Provisions in South African Policy and Legislation
Maternity leave	All workers entitled to four consecutive calendar months of unpaid maternity leave in accordance with the <i>Basic Conditions of Employment Act</i> .
Cash benefits	Women working at least 24 h per month are entitled to social insurance, whereby employers and employees make monthly contributions to the Unemployment Insurance Fund (UIF) and women can claim two-thirds of their earnings (up to a maximum threshold) as maternity benefits. This is mandated by the <i>Unemployment Insurance Act</i> .
Medical benefits	In SA, access to healthcare is available to all, including pregnant and breastfeeding women, through public healthcare services guaranteed by the <i>Constitution</i> .
Health protection	A <i>Code of Good Practice on the Protection of Employees During Pregnancy and After the Birth of a Child</i> contains guidance on health protection for pregnant and breastfeeding women.
Employment protection	All pregnant women in SA are entitled to job security, since dismissal related to pregnancy is prohibited by the <i>Labour Relations Act</i> .
Non-discrimination	All women in SA are protected by non-discrimination due to pregnancy through the <i>Constitution</i> .
Breastfeeding breaks	The <i>Code of Good Practice on the Protection of Employees During Pregnancy and After the Birth of a Child</i> recommends twice daily breastfeeding breaks of 30 min for all working women until their child is six months old, but this is not legislated.
Childcare support	There is no legislation on childcare support for working women in SA.

Source: [15] Pereira-Kotze, C.; Malherbe, K.; Faber, M.; Doherty, T.; Cooper, D. Legislation and Policies for the Right to Maternity Protection in South Africa: A Fragmented State of Affairs. *J. Hum. Lact.* **2022**, *38*, 686–699. <https://doi.org/10.1177/08903344221108090> (accessed on 12 January 2023).

2. Materials and Methods

This was a mixed-method cross-sectional study that included data from a quantitative online survey with 4635 South African domestic workers and 13 individual in-depth interviews (IDIs) with domestic workers.

2.1. Study Setting

The online survey was distributed to domestic workers across SA. SA is a middle-income country with high rates of poverty, inequality, and unemployment [17]. Female labour-force participation in SA in 2022 was 53% [23]. In 2022, 69% of working women were employed in the formal sector, 14.7% in the informal (non-agricultural) sector, 12.4% worked in private households, and 4% worked in agriculture. Of all working women, 11.9% were domestic workers [17].

The IDIs were conducted in the Western Cape, the third most populous province in South Africa, accounting for 7,212,142 (11.9%) of the population [24] and with approximately four million people living in the Cape Town metropolitan area [25]. There are approximately 113,000 people working in private households in the Western Cape [17].

2.2. Participant Sampling and Selection

For the online survey, a private company that manages an online matching platform for domestic workers (through a home-cleaning-service application that connects workers

with once-off and recurring clients) distributed a link to the online survey to all domestic workers currently active on their platform, domestic workers who were previously active on the platform, and all those who had made applications to join the platform, and encouraged recipients in the message to forward it to other domestic workers. The participant sampling and selection process is illustrated in Figure 1. From this distribution strategy, 4635 domestic workers working in SA completed the full online survey. For this study we were given access to responses from the 2625 domestic workers, who were the participants that consented to answering three questions about maternity protection (see Supplementary Material File S1). The socio-demographic characteristics of these 2625 domestic workers are presented in Table 2. The results from this are presented in Section 3.1.

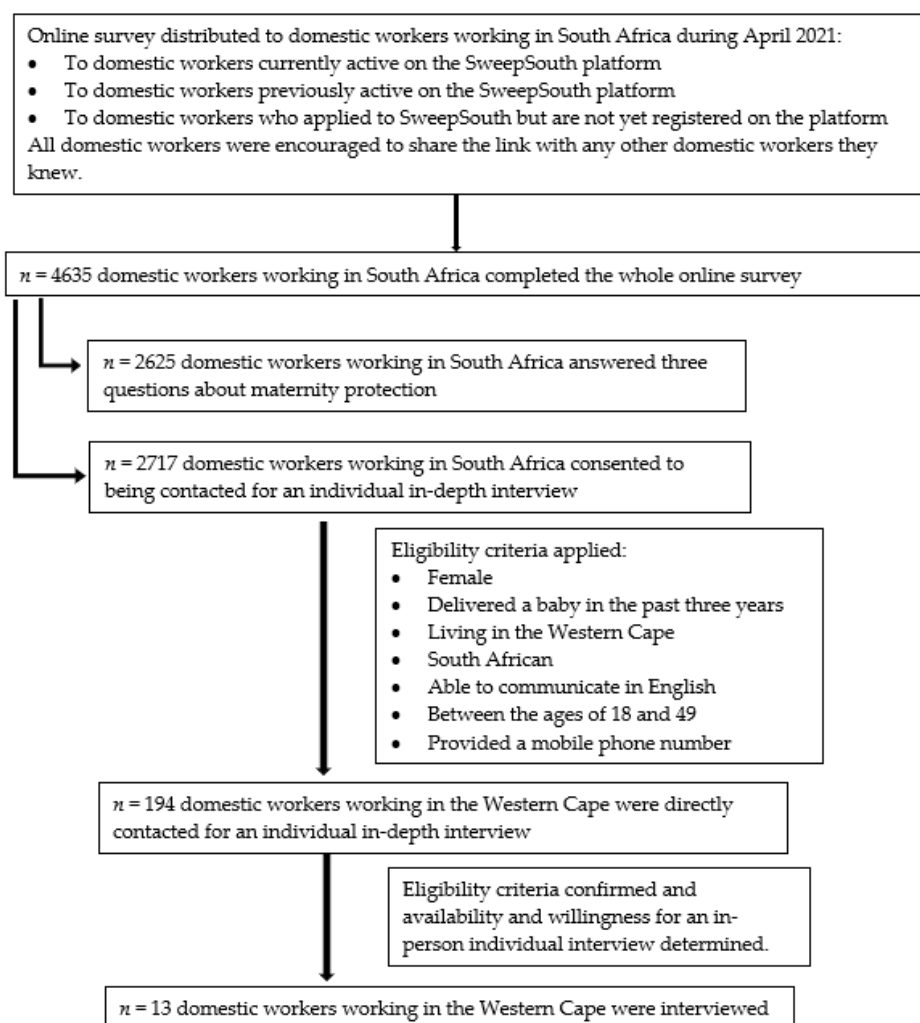


Figure 1. Flow chart illustrating the participant sampling and selection process.

The results from the three questions about maternity protection answered by 2625 domestic workers are presented in Section 3.1 Domestic worker perceptions of maternity protection entitlements (including Tables 1 and 2). The results from the individual in-depth interviews with domestic workers working in the Western Cape are presented in Section 3.2 Domestic worker access to comprehensive maternity protection.

Table 2. Socio-demographic characteristics of domestic workers who completed the survey ($N = 2625$).

Characteristic		n	%
Sex	Female	2537	96.7
	Male	82	3.1
	Other/prefer not to say	6	0.2
Age		Average: 35.5 years; range of 19–62 years	
Nationality	Zimbabwe	1514	57.7
	South Africa	1031	39.3
	Malawi	32	1.2
	Lesotho	21	0.8
	Democratic Republic of the Congo	20	0.8
	Other ^a	7	0.3
	Province of work	Gauteng	1453
Western Cape		1006	38.3
KwaZulu-Natal		148	5.6
Other ^b		18	0.7
Number of children	None	99	3.8
	One	553	21.1
	Two	1022	38.9
	Three	659	25.1
	Four	224	8.5
	Five	53	2
Earnings from domestic work (per month)	Six or more	15	0.6
	Less than R1500 ^c	542	20.7
	ZAR 1501–2000	371	14.1
	ZAR 2001–3000	828	31.5
	ZAR 3001–4000	536	20.4
	ZAR 4001–5000	239	9.1
	ZAR 5001–6000	76	2.9
	ZAR 6001–7000	26	1
More than ZAR 7000	7	0.3	
Registered for the UIF	Yes	203	7.7
	No	2124	80.9
	Do not know	298	11.4

^a Other ($n = 7$): Namibia 2, Mozambique 2, Cameroon 1, Nigeria 1, Rwanda 1; ^b Other ($n = 18$): Eastern Cape 7, Mpumalanga 4, Limpopo 3, North-West 2, Free State 1, Northern Cape 1; ^c USD 1 = ZAR 17.72, therefore ZAR 1500 = USD 84.62 and ZAR 7000 = USD 394.91 (7 November 2022) [26]. UIF, Unemployment Insurance Fund.

For the IDIs, participants were recruited from amongst those who had completed the online survey. Of the 4635 South African respondents that completed the full online survey, 2717 indicated interest in participating in a follow-up interview to answer questions about maternity protection. The inclusion criteria used were that participants needed to be female, have delivered a baby in the past three years, be living in the Western Cape, be South African, be able to communicate in English, be between the ages of 18 and 49, and have provided a mobile phone number. After applying the eligibility criteria, 194 were contacted for interviews. We sent a WhatsApp or text message followed up with a phone call where necessary to these respondents asking whether they were still interested in participation, confirming eligibility for participation, and determining availability and willingness to take part in an in-person interview. Of the 194 contacted, 181 were not interviewed either because they did not meet the eligibility criteria or they were not available or willing to take part in an individual in-person interview. Following this screening process, we completed interviews with 13 domestic workers, and these results are presented in Section 3.2.

2.3. Data Collection

For the online survey, a link was sent to participants via WhatsApp and SMS (short message service, or text message) and they were able to complete the survey data-free (i.e., without needing to pay for internet access) on their smartphone or a computer. The survey was administered through Survey Monkey. Three questions on perceptions of access to maternity-protection entitlements were included in the questionnaire (Supplementary Material File S1).

For the IDIs, a semi-structured interview guide was used to guide the IDIs (see Supplementary Material File S2). The IDIs were conducted in person in February 2022 and all necessary COVID-19 protocols were observed. All interviews were conducted in English as all the domestic workers could understand and respond in English. Interviews ranged between 24 and 42 min but were on average 35 min long. All interviews were conducted by the first author (CPK) and then transcribed.

2.4. Data Analysis

For the online survey, data were exported from SurveyMonkey to Microsoft Excel and basic descriptive frequencies were calculated in Microsoft Excel.

One researcher (CPK) manually analysed the IDIs using a thematic-analysis approach [27,28]. Analysis began with familiarisation of the transcript contents by reading and checking the transcripts. Using a deductive approach, information was coded according to the components of comprehensive maternity protection: health protection, maternity leave, cash and medical benefits, employment protection, non-discrimination, breastfeeding breaks, and childcare support. As the authors became familiar with the interview content, sub-themes were developed and refined and then linked to the main themes (Table 3). A reflexivity journal was kept throughout the analysis process documenting any personal characteristics of the researcher that may have influenced their analyses.

Table 3. Domestic workers' perceptions of maternity-protection entitlements ($N = 2625$).

Do you think that a domestic worker who is pregnant at the moment is allowed to receive any of the following benefits? (Choose all that apply.)	Yes	%
Paid time off work during her pregnancy to attend pregnancy (antenatal) clinic visits.	1762	67.1
Unpaid time off work during her pregnancy to attend pregnancy (antenatal) clinic visits.	149	5.7
Have her employer make changes to the tasks she has to carry out during her work so as not to cause any harm to her or her baby during her pregnancy (for example, not having to lift heavy objects or bend over towards the end of her pregnancy).	1181	45.0
She should not be allowed to lose her job just because she is pregnant or will be having a baby.	1359	51.8
She should not be discriminated against because she is pregnant or will be having a baby (for example, her pay should not be reduced because she is pregnant; if starting with a new employer, the employer should not state that she cannot fall pregnant).	1224	46.6
Do not know.	140	5.3
If you, or a domestic worker in a similar position to you, were to fall pregnant and have a baby, which maternity benefits do you think you or she would be able to receive? (Select only ONE option.)		
No maternity leave, or less than 6 weeks leave (after the baby is born).	100	3.8
Some maternity leave (more than 6 weeks and less than 4 months of leave after the baby is born).	546	20.8
Four months of unpaid maternity leave.	52	2.0
Four months of partially paid maternity leave.	525	20.0
Four months of maternity leave and can claim from the UIF.	563	21.5
Four months of full paid maternity leave (organised by the employer).	687	26.2
Do not know what is allowed.	152	5.8

Table 3. Cont.

Do you think that a domestic worker who is pregnant at the moment is allowed to receive any of the following benefits? (Choose all that apply.)	Yes	%
Do you think that when a domestic worker returns to work after maternity leave she is allowed to: (Choose all that apply.)		
Take paid time off work to attend baby (postnatal) clinic visits?	1579	60.2
Take unpaid time off work to attend baby (postnatal) clinic visits?	411	15.7
Take daily breastfeeding breaks (at least one break during the working day to either express breastmilk or breastfeed the baby)?	479	18.3
Bring her baby to work with her?	177	6.7
None of the above.	278	10.6
Do not know.	245	9.3

2.5. Ethics Approval

All participants that completed the online survey provided consent electronically. For the individual IDIs, all participants provided written informed consent and agreed to interviews being audio-recorded. Interview data were stored electronically and securely by the first author (CPK). Participants' confidentiality was maintained by removing names and personal information linked to individuals' responses from the transcribed data in the reporting of the results. Privacy, confidentiality, and anonymity were ensured. Ethical approval was obtained from the University of the Western Cape's Senate Research Committee and Ethics Committee (Reference Number: BM20/5/7).

3. Results

3.1. Domestic Workers' Perceptions of Maternity-Protection Entitlements

The socio-demographic characteristics of the 2625 domestic workers who answered the questions on perception of maternity-protection entitlements are presented in Table 2. Most respondents (96.7%) were female, and 60.7% were foreign nationals (i.e., not South African citizens). Most of the sample (55.4%) worked in Gauteng province. Two-thirds of the sample (64%) had either two or three children. Just over half (51.9%) earned between ZAR 2000–4000 (USD 112–223 on 7 November 2022) [26] per month from domestic work. Only 7.7% reported contributing to the national social insurance scheme, called the Unemployment Insurance Fund (UIF), which protects employees in the event of unemployment and covers those in the formal economy and domestic workers and farmworkers.

Of the 2625 domestic workers, around two-thirds believed that they should be allowed to receive paid time off to attend antenatal clinic visits. Only half thought that they were entitled to job security because of a pregnancy. Less than half believed that work-related duties should be amended to accommodate pregnancy or that they should not be discriminated against because of a pregnancy (Table 3). When asked which maternity benefits they thought they should be entitled to receive, 26.2% thought they should have four months of full paid maternity leave organised by the employer, 21.5% felt they should get four months of maternity leave and claim from the Unemployment Insurance Fund (UIF), 20.8% thought they should get some (between 6 weeks and 4 months) maternity leave, and 20% thought they should receive four months of partially paid maternity leave (Table 3). Only 5.8% of respondents thought they should receive either no maternity leave or four months of unpaid maternity leave, and 5.8% did not know. When asked about other components of maternity protection, 60.2% of domestic workers felt they should be able to have paid time off work to attend postnatal clinic visits, 15.7% felt they should be able to have unpaid leave to attend postnatal clinic visits, 18.3% thought they should be entitled to daily breastfeeding or expressing breaks, and 6.7% thought they should be able to bring their baby to work with them. A total of 10.6% of respondents felt they would not be able to access any additional maternity protection benefits and 9.3% did not know which other maternity benefits they should be able to access.

3.2. Domestic Workers' Access to the Different Components of Maternity Protection

3.2.1. Socio-demographic Characteristics of Domestic Workers Included in the Sample for IDIs

All 13 domestic workers interviewed were Black African women living in Western Cape province who had delivered a baby in the past three years relative to the interview date. Six mothers had delivered their babies in the past year, so their child was younger than 12 months; four women had a child between 13 and 24 months of age; and three had a child between 25 and 36 months of age. Participants were between 26 and 42 years of age. Participants had between two and five total other children, with the youngest child being under the age of three years. Four participants reported formula feeding from birth, six were still breastfeeding their child, and three had started breastfeeding but were either mixed feeding or had changed to formula when they started working. Six participants accessed work through an online platform (referred to in the results as “platform workers”), four through private clients, and three through a combination of both. Themes were developed and grouped according to the six components of comprehensive maternity protection (Table 4).

Table 4. Themes and subthemes from the IDIs.

Components of Maternity Protection	Sub-themes
Health protection at the workplace	<ul style="list-style-type: none"> Health protection at the workplace for domestic workers is employer-dependent
Medical benefits while on maternity leave	<ul style="list-style-type: none"> Access to health care for domestic workers during the antenatal and postnatal periods necessitates unpaid leave
Non-discrimination and job security for pregnant and breastfeeding women	<ul style="list-style-type: none"> Some domestic workers experience discrimination due to pregnancy and childbirth Many domestic workers experience job insecurity due to pregnancy and childbirth
Cash benefits while on maternity leave	<ul style="list-style-type: none"> Domestic workers are unable to access cash payments while on maternity leave despite legal eligibility to social insurance in SA Inaccessibility to social insurance results in dependence on social assistance, which also has challenges
A period of maternity leave	<ul style="list-style-type: none"> Unpaid maternity leave is available to domestic workers but is unaffordable and therefore inaccessible
Breastfeeding (or expressing) breaks on return to work	<ul style="list-style-type: none"> Domestic workers are not familiar with the entitlement to breastfeeding breaks upon return to work Challenges with storing expressed breastmilk at work
Support to access childcare	<ul style="list-style-type: none"> Domestic workers struggle to access childcare on return to work

3.2.2. Health Protection at the Workplace for Domestic Workers Is Employer-Dependent

Participants described how access to health protection while pregnant is unpredictable and dependent on the individual employer. Some employers appeared to be understanding and allowed certain reductions in the workload expected of domestic workers due to pregnancy:

“Washing the windows. Clean the windows. I couldn’t climb up. Or to clean all the cupboards. Or carry some heavy stuff. I couldn’t. They were very, like understanding. I didn’t do all of those things. I think they understand, because I was pregnant. I didn’t even have to tell them, that I can’t do this, so sometimes they will just know. Just do this, just do the basics, then you go, because maybe you are tired. So, I think they were very supportive.” (Domestic worker, DW2, worker for private clients)

“Like moving the things. The hard things, like the fridges and stuff. I, I told her that I’m no longer going to, but she’s the one, she was straight. She’s the one who told me, you must not move anything now that you’re pregnant, because it’s gonna hurt your baby.”

So, whenever that needs to be moved, she asked someone else to do that.” (DW8, worker for a private client)

Other employers expect domestic workers to carry on as normal when pregnant or soon after and while still recovering from childbirth:

“Sometimes, if you work here in [two Cape Town suburbs], yoh! People from there. No, they, even if they see that you’re, like you’re struggling, they want to scrub to, kneel down. So, it’s very difficult.” (DW11, platform worker)

“Like the one I was last, I’m a Caesarean person. Like, I have to take it with some small break. To go there, in there, and put my bandage because my operation wasn’t, not yet healed... It was sore. I still had to work.” (DW12, platform worker)

One participant described how she worked until her due date for delivery and that her employer had to take her to hospital to give birth:

“It was hard, hard to work while I’m pregnant because I told them, I asked, maternity leave. They said, like the customer, the client, I asked to take leave. They said no. You can’t because we’re gonna need someone here. I have to work till my due date. Then I woke up at one in the morning on my due date. I called the bosses. They came down. They took me to hospital. Then I left for hospital, when I’m done everything, I gave birth. I go. I went home. I didn’t get paid.” (DW12, platform worker)

Access to Health Care for Domestic Workers during the Antenatal and Postnatal Periods Necessitates Unpaid Leave

In SA, healthcare is available free of charge to women and provided through public health services for antenatal, childbirth, and postnatal care. Most participants described how, if they needed to attend the health clinic for routine appointments during pregnancy (antenatally) or soon after birth (postnatally), they would plan to attend these appointments on days when they were not working. This time taken to attend health visits is therefore unpaid leave. Some participants described that employers would allow flexibility but if domestic workers did attend a clinic on a workday, they were not paid, or the payment was decreased:

“If I will go to the clinic, I must take a day off.” (DW1, worker for a private client)

“No, she didn’t say anything about that. But she told me, she told me if I need to go see the doctor, I must tell her, if maybe, that day that I should come to work, is the same day that I should go to the clinic, I just have to tell her, then we’ll redo the schedule.” (DW8, worker for a private client)

“Yes, I was able but if I go to the clinic the money is cut. Ja, because at the clinic, er, it’s busy in our clinic, so we spend almost a day, almost the whole day. Ja, so there’s no use to go to work maybe around three or two.” (DW13, worker for private clients and platform worker)

3.2.3. Some Domestic Workers Experience Discrimination due to Pregnancy and Childbirth

Although many domestic workers described how their employers’ response to their pregnancy was that they were happy for them and excited to find out they were pregnant, there were some participants who experienced discrimination due to pregnancy. A number of participants described how the platform or agency deactivates workers when they are pregnant and go on maternity leave:

“They say there at work [online platform], if you’re pregnant, they’re going to deactivate you. Then you must tell them, when you come back, they’re gonna interview again.” (DW3, platform worker)

“Temporary deactivation” applies to any length of time more than 30 consecutive days where a worker chooses to deactivate themselves for discretionary reasons (including

maternity leave). Deactivation means that a domestic worker will not receive new work from the platform during this time. The domestic worker does not need to reinterview unless they are away from the platform more than 6 months.

One participant described how upon hearing the domestic worker was pregnant, her employer suggested that she terminate the pregnancy:

“No, afterwards she said, I must abort the baby. I said no. Because she knows me, a long time ago, I got three children already. The first born was one. Then I got a second child. They are twenty-one now. The oldest one is twenty-five now. The second ones are twins. So, she said to me, how could you have another baby again? You know? So, I said, no, I’m not gonna kill my baby. I’m gonna have my baby, and then I’m gonna close it [perform a sterilisation procedure]. It’s a mistake. I know it’s a mistake, but I’m not gonna abort.” (DW9, worker for a private client)

Another participant described how her employer changed her attitude towards her when finding out she was pregnant, and then was told not to return to work at all from when she was 6 months pregnant:

“So after she found out, I saw the changes in her like she’s no longer the same, I don’t know. Not at all alright. I’m not supposed to be pregnant while I’m working.” (DW13, worker for private clients and platform worker)

3.2.4. Many Domestic Workers Experience Job Insecurity Due to Pregnancy and Childbirth

Most participants reported that when they found out they were pregnant, they were concerned about job insecurity and did not feel they were guaranteed employment protection:

“But to have a baby, you must say you’re gonna lose this job. It’s not easy to have a baby there at online platform.” (DW3, platform worker)

Some participants lost jobs [i.e., clients] due to pregnancy:

“Because, some I did lose because there are people who say, no, she’s pregnant. Now we can’t work with her. So, I lose some, four jobs that I lose. Then I started the new ones.” (DW4, platform worker)

Some participants were worried they would not have a job after maternity leave because their employer would have found someone else to work while they were on leave:

“If I was on maternity leave for three months, maybe she [the employer] will book someone else and then she will say: ah, this one is good. More than me. And then they will hire them.” (DW1, worker for a private client)

“Yes, when I was pregnant, I was worried. I thought they’re gonna put another one. They’re gonna replace someone in my place.” (DW12, platform worker)

One participant described losing her job due to pregnancy and was surprised by this:

“Because when I was still pregnant... I felt like I can’t handle the job. I said to her—no ma’m, I need to rest, because I feel the pain if I work hard. Then I need to rest and then I will come back when I deliver. And then she said fine. We didn’t fight. We didn’t do anything. She said it’s fine. I say to her, can I bring someone to step in for me while I’m in maternity? She said, no, no, no, no. I will wait for you. The minute you feel okay, you can just phone me and then you come back. So we didn’t fight. We didn’t do anything... I feel like that lady betrayed me. She was supposed to pay me. Ja. If she fires me, she’s supposed to pay me. And she knows that thing’s wrong” (DW9, worker for a private client)

3.2.5. Difficulties for Domestic Workers to Access Paid Maternity Leave

Domestic Workers Are Unable to Access Cash Payments While on Maternity Leave despite Legal Eligibility to Social Insurance in SA

In the online survey ($N = 2625$), only 7.7% of domestic workers ($n = 203$) indicated that they were registered for the UIF, with the remainder (92.3%; $n = 2625$) indicating that they

were either unsure of UIF registration or not registered for the UIF. In the individual IDIs with 13 domestic workers, all participants stated that their employers were not contributing to the UIF on their behalf and therefore could not access cash maternity benefits eligible to them:

“They [online platform] don’t want us to have a UIF. I don’t know, they don’t explain to us why they don’t have a UIF. We don’t have leave, if you’re on leave, you’re unpaid. I don’t know why they do this.” (DW4, platform worker)

“They are not deducting, the UIF money. You see? Now I’m stranded, I’m having a baby, there was no maternity leave benefit. No provident fund, no nothing. If you don’t work, you don’t get paid. So, I’m gonna find another job or else I will go back to security. . . . I will go back to my security job, where there are, benefits, like UIF and provident fund.” (DW1, worker for a private client)

A few participant responses indicated limited knowledge of eligibility to access the social insurance scheme in SA (the UIF). Many participants appeared uncertain of the specific benefits of contributing to the UIF:

“I heard about the UIF, but I don’t know.” (DW12, platform worker)

“I’m not sure. How does it go? How do you get registered and stuff like this, so I’m not, educated on how to do that. . . . I don’t know how much are they going to take it from my money to, to pay the UIF? Or they are going to contribute? I am not sure. I am not totally sure about that.” (DW2, worker for private clients)

A common theme was that participants had heard of the UIF but were uncertain of the details. Some participants described that the UIF could provide some income replacement if they were retrenched or not working due to maternity leave:

“I think sometimes you lose your job. . . sometimes you are pregnant and then you have to receive some money to feed your baby.” (DW11, platform worker)

“It’s because when the time that, when I’m sitting down, like the time I was on maternity leave, I was supposed to get money. But I didn’t get money because I wasn’t working. So, I think it’s very important to get UIF. So that when you’ve got a problem, you can claim UIF, if you don’t have the money.” (DW8, worker for a private client)

Because participants were recruited through an agency or platform, some described that they expected the platform to take responsibility for ensuring access to social insurance:

“And they always answer us and say, we are not employers. We are the platform. So, we just keep quiet. We don’t know where to go. And we are scared to be fired, while we still need a job.” (DW11, platform worker)

Unpaid Maternity Leave Is the Only Leave Option for Domestic Workers but Is Unaffordable and Therefore Inaccessible

Almost all participants described that any period of maternity leave taken was unpaid:

“No, they [manager at online platform] just say I must take, if you have a maternity leave, no work, no pay.” (DW3, platform worker)

The shortest length of maternity leave reported was two weeks:

“I did take off. . . fourteen days. I didn’t get paid. Because there’s no food on the table, so I got up and go and work.” (DW3, platform worker)

The duration of maternity leave reported varied from two weeks to six months, with most participants reporting taking around three months of unpaid leave around the time of childbirth.

One participant described not taking maternity leave:

“I didn’t take maternity leave. . . Because they don’t have anything to contribute to me. So, I must go to work.” (DW4, platform worker)

One participant was unsure as to whether she was entitled to maternity leave:

“I don’t think, I think we have the maternity leave, but I don’t think so. They deactivate you on the platform. That’s just only thing I know. You don’t get nothing.” (DW10, platform worker)

When asked whether they would want longer or paid maternity leave, many participants indicated that they would rather work to earn money or have access to social insurance (the UIF in SA):

“I don’t mind for maternity leave, but for the UIF. I think it, every worker, it’s necessary to have UIF.” (DW4, platform worker)

Inaccessibility to Social Insurance Results in Dependence on Social Assistance, Which Also Has Challenges

Since all participants indicated that they were unable to access social insurance, when asked how they managed financially during the period of unpaid maternity leave, some participants mentioned receiving social assistance. Therefore, during the interviews, we sought to explore more about social assistance. From the responses received, it seems like social assistance, in the form of welfare grants, is more accessible than social insurance in SA, even though there are still some challenges experienced, such as time-consuming and costly processes required for applications:

“You must wait for birth certificate, clinic card, and then there by the hospital, they don’t send the social workers to do grants for you. They just send someone from home affairs, to do the certificate, which is right. But for SASSA [South African Social Security Agency, responsible for administration of the Child Support Grant], there’s not someone there at the hospital asking do you need a form to apply for the grant for SASSA. You must wake up early in the morning. Four o’ clock you must be out of your house... Five o’ clock you take queue. There are many people there. So maybe you’re gonna sit outside with this small child... If your child is hungry, they’re gonna attend you at one o’ clock. It’s the first day you apply. Then you must wake up again. Four o’ clock to get this child grant again. They can attend you one o’ clock again. To bring back the forms. It takes a long time and there in [an informal settlement], we don’t have SASSA. We must take a taxi to Cape Town. It’s very difficult for us as a domestic worker.” (DW3, platform worker)

Two participants described alternative strategies they used to access the Child Support Grant due to challenges experienced. One participant travelled to a different province (the Eastern Cape, approximately 900 km away from Cape Town) to request her mother-in-law to apply for the grant and then transfer the money to her, because this was felt to be quicker than applying for the grant from her own city.

“So, I have to ask my mother-in-law to make the grant there by Eastern Cape because it’s very easy to make the grant in Eastern Cape... She transfers the money to me. I go there to give my mother the certificate and the card and I came back. And my mother did everything there... Yoh, a lot of times and I get the date there by [suburb in the Western Cape] and I was unlucky that day because there was a noise and they said; no, you must go to [different area in the Western Cape] and other areas... So, I was in need. So that’s why I asked my mother to.” (DW11, platform worker)

When probed, this participant shared that this cost her ZAR 1200 (approximately USD 67) for a return journey to the Eastern Cape and that she took her newborn baby with her on the trip. The monthly value of the Child Support Grant for all women is only ZAR 480 (approximately USD 27) [29].

3.2.6. Domestic Workers Are Not Familiar with the Entitlement to Breastfeeding Breaks upon Return to Work

All participants were unfamiliar with the concept of breaks to breastfeed or express as a component of maternity protection. Even those who had other children had not heard of breastfeeding breaks before:

“It’s the first time I hear about it.” (DW2, worker for private clients)

One participant who was leaving expressed breastmilk for her child when she went to work described how she expressed or breastfed when at home but had not ever expressed breastmilk at work:

“I only express when I’m at home” (DW5, worker for private clients and platform worker)

One participant questioned how a domestic worker would be able to have a breastfeeding break, because her child would probably not be near her workplace:

“How do they do that? Because maybe I’m working in town and my baby is at the crèche, maybe with my sister at my house. So, if I had a break, I have to go home. Or what?” (DW8, worker for a private client)

Two participants responded that knowledge about breastfeeding or expressing breaks would help and described that not everyone knows about these breaks:

“To get the knowledge about the breaks, yes, and breaks to express the milk, yes. I think most people need to know about that. Like because I didn’t know either.” (DW13, worker for private clients and platform worker)

“I think the, what you’re talking now about, that’s of the breastmilk breaks? I think that if people knew about it, I think they will just take their break and try and do the, express. And if they know, if they are guaranteed that their jobs are not at stake, maybe.” (DW2, worker for private clients)

Although it was not formally classified as a breastfeeding break, one participant described how her employer encouraged her to bring her baby to work and breastfeed the child during the workday:

“She’s [the employer] the one who said, I must come to work with him. She gives me time to breastfeed him.” (DW1, worker for a private client)

3.2.7. Challenges with Storing Expressed Breastmilk at Work

Participants described several challenges with storing breastmilk that they had expressed during the day at work, with some participants indicating that others may have negative perceptions of expressed breastmilk when asked whether they would be able to put the milk in a fridge at work:

“Like the breastmilk is not, like when it’s in a bottle, it’s not, like a nice colour, you know? They can’t put it in the bag too because during the day, the milk is gonna go sour.” (DW9, worker for a private client)

“I think it will depend on the belief of that someone. Because some, they don’t have the information. Some, they don’t like even the breastmilk. . . Even my husband, like the first time I put it in the fridge, they laughed and; please don’t use the, like the container. I’m going to use it again.” (DW11, platform worker)

One participant indicated that she could probably store the milk in a fridge in the garage:

“There’s two fridges in the garage, where they put some things. So, I, if I go to her again, I’ll talk to her and then I’ll leave it [expressed breastmilk] there. I don’t think she can refuse.” (DW6, worker for private clients and platform worker)

3.2.8. Domestic Workers Struggle to Access Childcare on Return to Work

Domestic workers employed through the platform or agency reported that they were told not to take their child to work with them:

“But in the online platform they tell us in the booking, you are not allowed for the baby. If you grab your booking, don’t go to the client’s house with the baby.” (DW3, platform worker)

Many participants spoke about the high costs of childcare and that sometimes up to half the money earned from domestic work can go to childcare and transport to get to work:

“There’s nothing, which I’m benefitting. It’s just a loss. . . You’re just working only for the transport. . . . Because when you count that money, a day I work for one twenty or one forty [ZAR = USD 7 or 8]. It can’t reach to where I want it to go, but at least, I don’t sleep hungrier, at least, but it can’t take me anywhere. . . . Like the hours? The money is small.” (DW7, platform worker)

One participant described that the crèches (a nursery or day care centre where infants and young children are cared for during the working day) close to where a domestic worker lives are more affordable than crèches close to where they work:

“So the crèches in town, in our location is, the money. It’s cheaper in the location. But we have to leave him the whole day in the location [i.e., township or informal settlement].” (DW13, worker for private clients and platform worker)

3.2.9. Domestic Workers Provided Suggestions for Improving Access to Maternity Protection

One participant suggested that the Department of Employment and Labour should do more inspections at households as workplaces:

“I did hear that there’s some people that get in the houses and ask for the one who have a domestic worker. They ask—but, even one day I didn’t see them at my work. Because I was thinking maybe why they don’t, why they [Department of Employment and Labour] don’t come here and ask for it, so that I can be registered.” (DW6, worker for private clients and platform worker)

One participant felt that it would help with childcare responsibilities if domestic workers could bring their children to work with them:

“If the employers, they can say; you are welcome with your, child. You can take the child with you if you’re going to work. Because we do the house chores with the babies. We can put the baby on our backs and still work, even at home. So, we can do that at the employer’s house. So, they can take the babies with them if they don’t have the money to take them to the crèche or they are still too young to go to the crèche” (DW8, worker for a private client)

However, another participant disagreed with this, saying:

“I don’t think you can work nicely when the baby is around.” (DW9, worker for a private client)

4. Discussion

The results from the online survey with domestic workers in SA reveal inconsistent knowledge of maternity-protection entitlements. From the results of the individual IDIs conducted with domestic workers in the Western Cape, most participants struggled to access all components of maternity protection. From our results, it seems that the inaccessibility of maternity protection for domestic workers is due to a variety of reasons, including limited knowledge and awareness of both domestic workers and their employers regarding entitlements, as well as systemic problems with the implementation of these provisions’ entitlements. Health protection at the workplace, access to medical benefits, and maternity leave appeared to be conditionally dependent, with health protection being informally and

inconsistently available. Many domestic workers reported using unpaid time off work to attend health-facility visits, and maternity leave was available but unaffordable due to the inability to access cash payments while on maternity leave. Several participants reported experiencing discrimination due to pregnancy and job insecurity due to pregnancy and childbirth, and most domestic workers were unfamiliar with the concept of breaks to breastfeed or express milk and many struggled to access childcare upon return to work. As described above, participants provided some suggestions for improving domestic workers' access to maternity protection.

4.1. Domestic Workers in SA Are Unaware of Their Maternity Protection Entitlements

The results from the online survey demonstrating inconsistent knowledge of maternity protection revealed especially wide variation regarding perceptions of cash payments on maternity leave. This is plausible given the fragmented maternity-protection policy environment in SA [14]. Less than one-fifth of respondents from the online survey thought they should be entitled to daily breastfeeding or expressing breaks. From the individual interviews with 13 domestic workers, none were familiar with the concept of breaks to breastfeed or express as a component of maternity protection. Although research has been conducted on the availability of breastfeeding breaks in national policy [30], there is no research available on employee or worker knowledge of breastfeeding breaks. Only two studies have been conducted (both in the USA) on knowledge of breastfeeding laws. One small American study described that just under half (47.8%) of employers had heard of the Nursing Mothers law [31]. A study conducted in the USA to determine awareness of breastfeeding laws among students and staff at institutions of higher learning showed that although awareness of breastfeeding laws and provisions among respondents was low, just over half reported that their institution provides a supportive environment for breastfeeding [32]. A recent study conducted in Vietnam with formally employed women revealed high awareness and uptake of the advanced maternity-protection policies but also many implementation gaps and lack of knowledge of the full set of maternity entitlements provided by law [33]. Research on employee and worker awareness of maternity-protection legislation is needed, especially amongst non-standard workers.

In SA, a civil-society organisation has developed a general guide on domestic-worker rights aimed at employers [34]. It would be helpful to have a user-friendly guide in all 11 official SA languages (English, Afrikaans, Zulu, Xhosa, Sepedi, Tswana, Southern Sotho, Tsonga, Swazi, Venda, and Southern Ndebele) summarising the maternity-protection entitlements available for domestic workers to be distributed to both domestic workers and their employers. Furthermore, the implementation of social- and behavioural-change communication campaigns, including the use of digital technologies, should be considered to improve the availability of up-to-date information on worker rights and employer responsibilities. In SA the National Department of Health implemented a mobile health programme called MomConnect, which aims to improve maternal health through the provision of targeted health-promotion messages sent via text to mobile phones of registered users [35]. A similar programme could be considered to share updated information on labour entitlements, including those for maternity protection, for which pregnant workers and employers could register.

4.2. Some Components of Maternity Protection Are Available to Domestic Workers in SA, but Are Inaccessible

The results from the individual IDIs in this study show that domestic workers are unable to access most components of maternity protection throughout the perinatal period, from pregnancy to the first years of the child's life. This is concerning since most domestic workers are women and often of childbearing age, and therefore need to combine income-generating activities with their own unpaid care work and reproductive responsibility. The implications of inaccessibility to maternity protection are that many women return to work early and therefore may not have adequately recovered from childbirth, bonded

with their newborn baby, and established breastfeeding [36]. Limited research has been done on access to maternity protection for domestic workers. An ILO policy brief on maternity protection and work–family measures for domestic workers reporting on data from 2011 showed that globally, 35.9% of domestic workers had no legal entitlement to maternity leave, with higher rates of domestic workers not accessing maternity leave reported in Asia and the Pacific [37]. This report indicates that globally, 62.7% of domestic workers have legal entitlements to maternity leave, but this does not guarantee practical access, and the report acknowledges that restrictive prerequisites and eligibility criteria can restrict access for domestic workers. Globally, 39.6% of domestic workers do not have legal entitlement to maternity cash benefits [38].

In SA, domestic workers have had legal access to maternity cash benefits since 2002 through a sectoral determination for domestic work. However, this only applies to those working more than 24 h per month per client or employer, which is an obstacle to many domestic workers who work for different employers for shorter durations per month. Furthermore, recent stakeholder engagement revealed implementation challenges resulting in limited access to cash payments for domestic workers while on maternity leave [39]. Therefore, policy implementation is hindered by the constraints and the occupational reality of domestic workers. It would therefore be beneficial for the government to shift away from top-down policy development and to involve key stakeholders from the domestic-worker sector when legislation is developed and when policy implementation is considered. There has been some engagement in SA where relevant stakeholders have come together to discuss domestic-worker labour issues, but this has mostly been driven by civil society [40].

4.2.1. Challenges in the Implementation of Social Insurance in SA

Social protection schemes can include various combinations of social insurance (where employers and employees usually contribute a percentage of monthly wages to a government-managed fund, from which eligible beneficiaries can apply) and social assistance (non-contributory, tax-funded benefits usually in the form of cash transfers) [41]. There are examples of successful extensions of social protection coverage to workers in the informal economy through both routes, as well as the facilitation of the transition of informal workers to the formal economy [41]. Both quantitative and qualitative data from our study demonstrate low levels of access to the national social insurance scheme in SA (provided through the NDEL), and participants resorting to social assistance (provided through the National Department of Social Development, NDSD) in the absence of adequate cash benefits while on maternity leave. In the Philippines, many women in the informal sector are also not members of the social insurance programme [42]. One consequence of this use of social assistance instead of the maternity benefit from social insurance is that for some women, the economic value of social assistance available in SA may be less than the amount of income replacement a woman would receive through social insurance. Since access to social assistance seems to be better than access to the national social insurance scheme, it could be helpful for government departments (for example, NDEL) to learn from each other (e.g., NDSD) to improve access to services. Recent research conducted with workers on the platform used in our study revealed complications and unclear messages from platform management related to how platform workers could access social insurance [13]. A framework for platform workers to access the national social insurance scheme may be needed. However, the challenges that domestic workers in SA have experienced in accessing social insurance over the past 20 years suggest that social assistance strategies may be more effective.

4.2.2. Limitations to the Enforcement of Maternity-Protection Legislation in SA

To improve domestic workers' access to maternity protection, one IDI participant in our study suggested improved inspections by the NDEL at households (the location of workplaces for domestic workers). Inspections at households may be complex to organize, due to reasons previously reported on—domestic-worker employers being workers

themselves and therefore not at home at the time when inspections are routinely done, or domestic workers' place of work being a private household and the employer therefore having the right to deny entry. The effort and resources required to follow up with employers of only one individual would require many inspectors that could be more efficiently deployed to businesses employing many staff [15]. Furthermore, it is unclear what the consequences for employers of non-compliance are. Legislation provides for penalties through fines or imprisonment [43], but it is unknown whether any domestic-worker employers have faced such penalties for non-compliance. Other suggestions for compliance have been that the government should work with technology partners to improve the speed and ease of compliance and that incentives be provided for compliance (such as those related to taxes) [44]. There is also the potential for digital solutions, such as the development of a mobile application, to assist with improving access to the current social insurance programme, including for non-standard workers.

4.2.3. Unclear Guidance on Certain Components of Maternity Protection

Health care in SA is available free of charge to women during pregnancy and the postnatal period, but access to these benefits requires the ability to attend clinic visits. Public health systems, however, are mostly only open during working hours, do not make specific appointment times, and usually have long waiting times before patients are attended to. Furthermore, these facilities are mostly nearby women's houses, which are often far from their place of work, creating further logistical challenges in accessing healthcare during the workday. These challenges are not unique to domestic workers and are similar for women employed formally, although domestic workers and other informal workers are disproportionately affected due to geospatial inequalities in SA. In this research, domestic workers reported being able to access medical benefits (antenatal and postnatal clinic check-ups) by organising to attend the clinic on their days off work, effectively using unpaid leave for this purpose. In SA law, the *Code of Good Practice on the Protection of Employees During Pregnancy and After the Birth of a Child* recommends that arrangements be made for pregnant and breastfeeding employees to attend antenatal and postnatal clinics [45]. However, this is a recommendation in a Code of Good Practice and therefore not legally enforceable [14], and no specific guidance is provided on how these arrangements should be made (i.e., how many days or hours women should be entitled to and what type of leave it should be categorised as). This means that implementation of this recommendation is inconsistent and employer dependent, and therefore, as seen in the results of this research, often the responsibility of the woman to organise in her own time.

4.2.4. Breastfeeding Breaks and Childcare Components of Maternity Protection Should Be Accessible to Domestic Workers

Certain components of maternity protection should be amenable to being made available to domestic workers, such as the provision of breaks to breastfeed or express milk. Although one participant described potential difficulty in breastfeeding her child at work due to physical distance, it should be feasible for domestic workers to be able to express their milk while at work. Since domestic workers' place of work is a private household, it should be simple to guarantee privacy. Although some participants in this research thought there may be challenges to storing expressed breastmilk in the employer's fridge, this is something that would probably be employer dependent. Alternatively, a domestic worker could bring a small cooler box with her to work in which to store expressed breastmilk. Research from the United States in a formal work setting has shown stigma associated with women pumping breastmilk at work [46]. That many participants in our study were not even aware of breaks to breastfeed or express means that this is a component of maternity protection that has potential for improved implementation. Advocacy, awareness, and education are required on the recommendation for breastfeeding breaks in the Code of Good Practice. It would be helpful for employers and workers to be made aware of the benefits that breastfeeding could not only contribute to the health and financial situation of

domestic workers and their infants, but also potential employer benefits such as worker productivity and reduced absenteeism. This is an example of small accommodations that could contribute to improved early-life nutrition. Furthermore, advocacy is required to destigmatise breastfeeding breaks and breastmilk expression at work.

Domestic workers in this research described that childcare is expensive and access to childcare problematic. Childcare is not a component of the ILO Maternity Protection Convention, but childcare for infants and children up to three years of age is described in the ILO Maternity Protection Resource Package [2,47]. The ILO recommends that affordable, appropriate care services for children, whether in the child's home, in a childminder's home, or centre-based care, should be available as services that lighten the load of unpaid care work for working mothers. It has previously been recommended that access to quality, accessible, public childcare services is a key policy intervention that could improve the productivity and income of women working informally [48]. Childcare for domestic workers is also a component of maternity protection that can be employer dependent, since some participants in this research reported being allowed to bring their child with them to work and others indicated that it would not be deemed appropriate by the employer.

4.3. International Accountability for Maternity Protection in SA Should Be Ensured

SA has not ratified the ILO Maternity Protection Convention [49]. Ratification of the convention could provide greater pressure on government to ensure that comprehensive maternity protection is available and accessible to all workers.

4.4. Limitations

Since participants were recruited from a survey distributed from an online platform employing domestic workers, most participants were employed through the platform. The sample was not nationally representative. Less than 1% of domestic workers in SA are active on the platform [10]. Certain responses therefore reflect unique characteristics of this employment arrangement. The recruitment process also prescribed that respondents needed to be digitally literate and have access to a smartphone and internet (data or Wi-Fi), therefore biasing the sample. Neither live-in domestic workers nor foreign or migrant domestic workers were included in the sample of women interviewed during IDIs, and these are both vulnerable groups and make up a large segment of the domestic-worker population. Only domestic workers in Cape Town were included in the individual IDIs, and therefore only one urban-city and no rural domestic workers were included. Despite efforts to address researcher bias and reflexivity, it is possible that some bias remains in the interpretation of the data.

5. Conclusions

The results of this research show that domestic workers in the Western Cape are currently unable to access most components of comprehensive maternity protection. Many domestic workers are unaware of their rights and employers are ill-informed of their obligations. Improved access to all components of maternity protection would result in improved quality of care for women during pregnancy, around the time of childbirth and on return to work, and for their newborns, especially if an enabling environment for breastfeeding were created. Comprehensive maternity protection for all domestic workers could contribute to improved care with subsequent health and development benefits for a vulnerable group of working women and their children.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/ijerph20042796/s1>, File S1: Questions on Maternity Protection to Add to the Annual SweepSouth Survey on Pay and Working Conditions for Domestic Work in South Africa (2021). File S2: Question guide for individual in-depth interviews with domestic workers to determine factors influencing the accessibility of maternity-protection benefits and infant-feeding practices upon return to work.

Author Contributions: Conceptualization, C.P.-K., M.F. and T.D.; methodology, C.P.-K.; software, C.P.-K.; validation, C.P.-K., M.F. and T.D.; formal analysis, C.P.-K.; investigation, C.P.-K.; resources, C.P.-K.; data curation, C.P.-K.; writing—original draft preparation, C.P.-K.; writing—review and editing, C.P.-K., M.F., L.K. and T.D.; visualization, C.P.-K.; supervision, M.F. and T.D.; project administration, C.P.-K.; funding acquisition, C.P.-K. All authors have read and agreed to the published version of the manuscript.

Funding: This research was funded by the DSI/NRF Centre of Excellence in Food Security, grant number UID 91490. The APC was funded by the SAMRC.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki and approved by the Institutional Review Board (or Ethics Committee) of the University of the Western Cape (protocol code BM20/5/7, approved 22 June 2020).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The datasets generated and/or analysed during the current study are not publicly available to protect participant confidentiality but are available in an anonymised form from the corresponding author on reasonable request.

Acknowledgments: Catherine Kannemeyer is acknowledged for her review of and input to the final draft of the manuscript, done in a voluntary capacity without remuneration.

Conflicts of Interest: Luke Kannemeyer was employed by the company SweepSouth. The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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CHAPTER 4: DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

This chapter starts with a review of the rationale for and overall aim of this PhD research, followed by a summary of the main findings and conclusions from the research, implications for policy and practice, limitations of the research and recommendations for policy, practice, and future research.

Background and rationale for the study

Globally, 60% of workers are employed informally (around 2 billion people). In LMICs this is higher: in low-income countries, 92.1% of employed women are in informal employment while in lower-middle income countries, 84.5% of women are employed informally (ILO 2018). Many non-standard workers receive limited general labour benefits and women working in positions of non-standard employment are particularly vulnerable to receiving insufficient maternity protection. This negatively impacts optimal infant and young child feeding practices, since many women stop breastfeeding when they return to work. Improving access to comprehensive maternity protection for all women, especially those who are vulnerable (such as non-standard workers), could create a more enabling environment that supports women to be able to breastfeed upon return to work. The overall aim of this PhD research was to examine current maternity health and economic protection benefits available and accessible to non-standard employee domestic workers, in and South Africa to improve understanding of potential implications for breastfeeding practices.

Overarching findings and conclusions

Limited research priority on maternity protection for non-standard workers

The scoping review conducted as the first objective for this PhD was the first review on this topic and revealed just 17 articles published between January 2000 and May 2021 that examined availability of and access to any components of comprehensive maternity protection for female non-standard workers in LMICs and any potential implications for breastfeeding practices. Findings summarised in the scoping review are based on a limited number of studies and should therefore be interpreted with caution. Previous research has focused on individual components of maternity protection with only one study holistically addressing comprehensive maternity protection (Stumbitz et al., 2018). Between 1960 and 2000, the percentage of the workforce that were women increased significantly (World Bank, 2002). However, much research on maternity protection has focused on women working in permanent, full-time positions (Chai et al., 2018; Nguyen et al., 2022) and this is most likely because this was historically the predominant profile of the workforce, particularly in high-income countries. However, especially after the COVID-19 pandemic and subsequent lockdowns, the reliance on informal self-employment, became more common (ILO 2022). Therefore, a deeper understanding of how women engaged in non-standard employment can access maternity protection

is required. A human rights-based approach was used throughout this research. A cornerstone of applying a human rights lens is to focus on marginalized, disadvantaged, and excluded groups (OECD, 2003). The results from the scoping review show that in the context of maternity protection for non-standard workers in SA and other LMICs, the most vulnerable groups have not been given adequate consideration. Therefore, in this context, the application of a human rights-based approach to allocating research priority going forward would be appropriate.

While childcare was the most researched component of maternity protection, this was most likely due to the research and priority that has been allocated to early childhood development and not because childcare was selected as a component of maternity protection. The need for access to childcare by informal workers is not new, with reports from 15 years ago describing trade-offs that women make between childcare and work (Cassirer & Andatti, 2007). In terms of international guidance, the ILO Workers with Family Responsibilities Convention, 1981 (No. 156) states in article 5 that countries should “5(b) develop or promote community services, public or private, such as child-care and family services and facilities.” However, like the ILO Maternity Protection Convention C183 (2000), SA has also not ratified the Workers with Family Responsibilities Convention, 1981 (ILO 2022a; 2020). It is concerning that the SA government has not ratified these ILO conventions indicating weak political commitment to the standards set out in these conventions. A human rights-based approach involves the use of international human rights frameworks as a benchmark (SDC, 2019) and it would therefore be appropriate for the SA government to apply a human rights-based approach in a more meaningful manner and use the international human rights instruments and processes available. Recent legislative amendments made in the form of the Labour Laws Amendment Bill (NDoL 2017) show that the SA government appears to be prioritising parental and paternity rights before comprehensive maternity protection, and the caring responsibilities of women have been inadequately addressed.

The limited in-depth investigation through primary research into comprehensive maternity protection for non-standard workers makes it difficult to develop policies that are responsive to the specific needs of different categories of workers. However, this limited evidence should not be a reason for government inaction in implementing appropriate and required programmes.

Availability of maternity protection in national policy does not guarantee its access for non-standard workers

The thorough mapping and analysis of the maternity protection policy framework in SA done as part of the second objective of this PhD appears to be the first such documentation of a LMIC's country's

maternity protection landscape. A key finding was that the policy framework in SA is fragmented, as components of maternity protection are dispersed through many policy documents (we identified 24 documents for all women workers and 29 documents that were specific to non-standard domestic workers) and there is weak alignment within and between government departments on maternity protection. This makes it difficult for workers to understand their maternity protection entitlements, for employers to know their responsibilities and for government duty-bearers to fulfil their obligations. This is likely to be similar in other countries. Some elements of maternity protection are not clearly included in national policy in SA and therefore comprehensive maternity protection is currently not available to all non-standard workers and accessibility is problematic for various reasons, including implementation challenges.

In terms of global monitoring mechanisms, the ILO monitors maternity protection law and practice globally, however it appears that only three components of maternity protection (and not all components of comprehensive maternity protection) are monitored: length of maternity leave, amount, and source of cash payment. A 2014 report of data from 185 countries shows that 34% fully meet the ILO Maternity Protection Convention and Recommendation requirements of 14 weeks of maternity leave, at a rate of at least two-thirds of previous earnings, paid by social insurance or public funds (ILO 2014). The WHO Nutrition Landscape Information System tracks various nutrition and nutrition-related health and development data using a web-based tool. The section that monitors the compliance of countries with international labour standards on maternity protection only tracks maternity leave duration, amount and source of maternity leave cash benefits and breastfeeding breaks and breastfeeding facilities (WHO, 2022), and therefore does not consider all aspects of comprehensive maternity protection.

Even though maternity protection is available in SA, the legal enforceability of its components is questionable. For example, others (including the National Department of Health) have interpreted breastfeeding breaks in SA to be guaranteed to working women (Maponya, Janse van Rensburg, and Du Plessis-Faurie 2021; Daniels, Du Plessis, and Mbhenyane 2020; NDoH 2019) but this research confirmed that this is not the case since the recommendation is made in a Code of Good Practice which is not legally enforceable. These subtleties in legal frameworks are important to understand and can form barriers to access for maternity protection.

A key factor for the domestic work sector in SA is that for the past 20 years, there has been a Sectoral Determination for Domestic Work that was intended to facilitate inclusion of domestic workers into the national social insurance scheme. Therefore, if we consider the elements of the health policy

analysis triangle framework (see Figure 5 in Chapter 2), policy content is simply one component of the health policy framework (Walt and Gilson, 1994). The existence of appropriate content in a policy is insufficient to guarantee that the policy provisions will be available and accessible. This PhD research demonstrates that the existence of a sectoral determination in SA is insufficient in ensuring that domestic workers can access social insurance due to various implementation barriers. Capacity building of duty bearers could improve implementation of existing policy. Considering the health policy triangle framework, attention also needs to be given to the context within which maternity protection policy exists, the actors involved in, and the process followed to ensure policy implementation. If we consider the components of an enabling environment required for breastfeeding (see Figure 2 in Chapter 2), again, legislation and policy alone is insufficient and needs to be accompanied by adequate financing, monitoring and enforcement (Rollins, et al., 2016). Furthermore, consideration is needed of more feasible solutions for domestic workers to access income replacement while they are on maternity leave. These considerations would be especially valuable since others are currently motivating for maternity and parental benefits to be made available to self-employed workers in the informal economy (SALRC, 2021). This would seem a futile exercise if the result were going to be similar to what has happened in the domestic work sector and lessons should be learned between categories of non-standard workers regarding the most efficient strategies to ensure maternity protection access and not only availability.

Inaccessibility to income replacement while on maternity leave is a fundamental problem for domestic workers and has implications for breastfeeding practices

All components of comprehensive maternity protection are important and many domestic workers in SA cannot access any components of maternity protection. This is significant given that domestic workers make up 12% of the female workforce in SA. The inaccessibility of cash payments while on maternity leave was consistently raised by participants in this research as a significant barrier of access to maternity protection. A recurrent theme across all data collected as part of this PhD research was that domestic workers (and other women in non-standard employment in SA) cannot access income replacement while on maternity leave. The results in paper 5 show a very low number of domestic workers being registered for the national social insurance scheme – a prerequisite to being able to claim from it. The consequent implications of not being able to access cash payments while on maternity leave are that women shorten their maternity leave period, which means that continued breastfeeding is unlikely. Using the conceptual model of the components of an enabling environment for breastfeeding (Figure 4 in Chapter 2; Rollins et al., 2016), the inaccessibility to income replacement while on maternity leave incorporates a number of factors with the potential to positively or negatively influence breastfeeding: there are structural determinants that influence breastfeeding;

the workplace and employment is a setting that influences breastfeeding; and legislation and policy are interventions that influence breastfeeding. Therefore, strengthening these determinants, settings or interventions could improve breastfeeding practices.

The heterogeneity of non-standard employment together with unique challenges of certain types of non-standard work – such as domestic workers’ place of work being a private household – makes accessibility to maternity protection especially challenging for these workers. This also means it is difficult to monitor and enforce legislation relevant to non-standard workers and therefore difficult for government to ensure that the sector applies the regulatory frameworks. The mapping of the maternity protection policy landscape undertaken as part of the second objective of this PhD (and reported on in papers 2 and 3) should inform efforts towards greater policy coherence and comprehensive guidance on maternity protection rights and benefits, which could begin to address some of the existing gaps.

An alternative strategy to social insurance suggested to extend social protection to informal workers is the implementation of universal social assistance programmes. Social assistance may be a more appropriate option compared to social insurance, due to complexity of social insurance programmes and the many reported challenges with implementing social insurance outlined in this research and elsewhere (ILO, 2021). Social assistance may also be more attractive than focusing on social safety nets which may be more limited in scope and often focus on those outside the labour market. SA already has a comprehensive social assistance programme, including cash transfers (called ‘social grants’ in SA) for child support, old age pension and disability. There has also been work done in SA to motivate for a Universal Basic Income Guarantee (IEJ, 2021) and this is consistent with global recommendations to ensure universal social assistance (WIEGO, 2019). Some proposals in SA recommend extending and then expanding the social assistance that was provided during the COVID-19 pandemic and subsequent lockdowns, namely the Social Relief of Distress Grant (at R350 / USD 19 per month) (IEJ, 2021). This may provide some relief to domestic workers who struggle to access both social insurance and social assistance following the birth of a child and could provide some income while women are waiting to access social insurance and / or assistance. The small amount of the Social Relief of Distress Grant is, however, problematic.

The motivation for basic universal income support in SA has been growing (SPII 2022; Daily Maverick 2022) and it was described by a key informant in this research that work on universal income support has been prioritised in SA over other needs. However, recently, economists have issued a warning of the macroeconomic consequences of establishing basic income support in SA,

highlighting that, although it could be fiscally feasible to introduce universal social assistance, the potential negative economic effects of expanding social grants (debt accumulation) would outweigh the positive (social relief) (Hollander et al., 2022). These researchers suggest that structural reform of the economy and sustained economic growth is required and that additional universal social assistance could threaten SA's macroeconomic and fiscal stability (Hollander et al., 2022). In SA, research was done that demonstrated feasibility for the implementation of a maternal support grant (cash transfer during pregnancy). This was published in 2016 and has been through certain policy processes at the national government level, as described by a key informant in this research. However, it is still unclear as to whether and when the maternal support grant will be translated into policy. Such social support for domestic workers is especially relevant since many domestic workers are still being paid below the national minimum wage and domestic worker salaries do not increase at the same rate as the rising consumer price index (BusinessTech, 2022).

Over the past three years, costing studies have been conducted on implementing a maternity leave cash transfer programme for countries in various regions, including Mexico (Latin America), the Philippines and Indonesia (Asia), Brazil (South America) and Ghana (Africa). The research revealed that implementing maternity leave cash transfer programmes was financially feasible and affordable for these countries where costing was calculated (Carroll et al., 2022; Siregar et al., 2021; Ulep et al., 2021; Vilar-Compte et al., 2019). The annual cost of maternity leave cash transfers was calculated to be a small percentage of country GDPs (ranging from 0.04 – 0.5% GDP) although would still result in a significant increase in public health spending. This has however been shown to be substantially lower than the cost of not breastfeeding (0.7% of the GDP in the Philippines for example) (Ulep et al., 2021). These maternity cash transfers have not yet been implemented in any of the countries, once again demonstrating the advocacy that is required to accompany research together with political will. Researchers have also warned that implementing these proposed maternity cash transfer programmes should be accompanied by good quality monitoring and evaluation (Siregar et al., 2021).

One of the papers from the Lancet Breastfeeding Series 2023 provides an important discussion on how women's care and work responsibilities influence breastfeeding (Baker et al., 2023). There are recommendations to recognise and value breastfeeding as care work and to reduce and redistribute women's work burdens to enable breastfeeding. It is acknowledged that paid maternity leave results in improved maternal and child health outcomes, including breastfeeding (UNICEF, 2019). The research presented in the previous two paragraphs show that there are alternative strategies available to governments to ensure that paid maternity leave can be available and accessible, including to women working in positions of non-standard employment.

Limited understanding of comprehensive maternity protection by key stakeholders and domestic workers in SA

From the primary data collected during this PhD research in the third, fourth and fifth objectives (and reported on in papers 4 and 5), it was shown that both duty-bearers (in the form of stakeholders) and rights holders (domestic workers) have limited and inconsistent understanding of comprehensive maternity protection and corresponding entitlements. This is understandable given the fragmented maternity protection policy environment landscape in SA. This research revealed that domestic workers themselves, as well as the trade unions responsible for representing them are unfamiliar with all maternity protection entitlements. The entitlement to breaks to breastfeed or express breast milk was one of the components that participants (stakeholders and domestic workers) were least familiar with. Two American studies also found knowledge about breastfeeding breaks to be low (Alb et al., 2017; Anderson et al., 2019), but there has not been more primary research conducted on knowledge and awareness of the components of maternity protection. Breaks (for women to breastfeed or express their milk) could be focused on, since they are a component of maternity protection that could be made available to domestic workers with limited resources. However, this research did reveal some challenges with the feasibility of breastfeeding breaks, such as challenges related to mothers bringing infants to work with them and with storing milk.

Stakeholders described many problems with the national social insurance scheme, but a primary obstacle to access to social insurance for domestic workers appears to be the dependence on the domestic workers' employers to register and contribute to the social insurance fund so that domestic workers can claim from it. While these processes could be shifted to be more worker dependent, such a change could place additional burden on the domestic worker. WIEGO, an international civil society organisation advocating for the rights of informal workers, has suggested strategies to extend social protection to informal workers, including improved representation of informal workers, for example at tripartite structures between governments, employers and trade unions (WIEGO 2019). A useful suggestion from one stakeholder in this research was better use of employer associations, which exist in SA but currently don't have many domestic worker employers as members. Once again, the application of a human rights-based approach by all duty bearers with obligations to protect women's rights (i.e., governments, employers, and trade unions) would be beneficial. This could involve the genuine inclusion of rights holders when policy and legislation is developed by government and the development of strategic partnerships between all key stakeholders (OECD, 2003). It is important to ensure that rights holders are empowered to understand what comprehensive maternity protection

entails and that there is appropriate capacity building of duty bearers to understand and fulfil their obligations related to maternity protection.

Maternity protection access can influence breastfeeding practices of domestic workers

Data from the individual in-depth interviews with domestic workers showed that access to any maternity protection is fragile. This was found to be influenced by the limited awareness by employers and domestic workers of maternity protection entitlements. The inaccessibility of maternity protection, especially maternity leave, and breastfeeding breaks, puts domestic workers in a precarious position where they are not supported to continue breastfeeding upon return to work, often return to work early and therefore may need to resort to using infant formula, an unaffordable and sub-optimal infant feeding method. All components of maternity protection need to be available to all working women to ensure that women can combine productive, working roles with reproductive and family responsibilities. Research in urban Guatemala has shown that time allocation between the three time-uses of housework, childcare, and paid work has a strong association with gender, whereby women allocate more time to housework and childcare than men, while men spend more time in paid work (Espino et al., 2022). Women should not anticipate stopping breastfeeding to return to work (which was reported by participants in this study). Adequate maternity protection could provide the support needed for women to establish and continue breastfeeding when they return to work, which is an important consideration in SA, a country with worryingly low breastfeeding rates (NDoH et al. 2019).

Participants from this research shared a need for information on the entitlement to breastfeeding breaks. Actions to support availability of breastfeeding breaks for non-standard workers should be prioritised since they require limited resources, cost and infrastructure, and the potential outcomes of improved breastfeeding practices could have many short- and long-term benefits. Access to breastfeeding breaks could be prioritised for the short-term while the challenges related to other components of maternity protection (income replacement while on maternity leave, job security and non-discrimination, health protection, access to healthcare and support for childcare) be addressed in the long-term. For example, a comprehensive practice model to support exclusive breastfeeding in the workplace was developed for designated workplaces in the Breede Valley sub-district, Western Cape Province, South Africa (Daniels et al., 2020). While many features of this model are specific to large workplaces with many employees, a simplified version of this could be developed for women working in positions of non-standard employment. The workplace and employment are clearly key settings with the potential to positively influence breastfeeding if appropriate interventions are implemented.

Implications of improved maternity protection for domestic workers in SA

As with other human rights, the individual components of maternity protection are interrelated, interconnected and dependent on one another. For example, from the results of this research, we have seen that access to maternity leave is dependent on receiving cash benefits and job security is linked to maternity leave since if workers can access maternity leave, then they can keep their job after being absent for four months. Furthermore, participants in the research suggested that associating maternity protection rights with other labour-related rights could have benefits with respect to implementation of labour legislation. Therefore, the integration of a human rights-based approach when considering access to and availability of comprehensive maternity protection for domestic workers is essential. Improved maternity protection could have a key role in contributing to an enabling environment for breastfeeding for domestic workers.

Insights on how to improve maternity protection in SA and lessons learned from research and programme implementation in SA could be relevant to other countries (e.g., particularly other LMIC) with similar contexts.

A **key strength** of this research is the consideration of all components of comprehensive maternity protection which has not been adequately done in previous research. The focus on one sector (domestic work) has allowed an in-depth investigation to the challenges faced in accessing comprehensive maternity protection by a particular group of non-standard workers.

Limitations

The limitations for each manuscript are indicated in the corresponding papers in the results section. Overarching limitations of the whole PhD research include:

- The focus was on SA domestic workers and foreign migrant workers were not included, representing a substantial and vulnerable group.
- Live-in domestic workers were not specifically considered.
- This research focused on domestic workers but there are many other categories of non-standard workers, and primary research with other groups would most likely reveal many different issues.
- This research focused on the Western Cape province and urban areas. Other provinces and rural areas could reveal additional insights.
- The interviews conducted with stakeholders were carried out over a period of 21 months and may have resulted in participants being interviewed during quite different contexts. The delay in certain interviews was mainly due to the COVID-19 pandemic and subsequent lockdowns.

- There are general limitations of qualitative research, which was the predominant methodology used in this PhD research:
 - Despite attempts to reduce bias by ensuring reflexivity, there is the risk of subjectivity in the analysis of results.
 - Purposive sampling may have resulted in some key participants (e.g., stakeholders) not being included.
 - The results and their interpretation need to be considered within the context of the study setting.

Recommendations

Recommendations for health policy and practice

- Universal comprehensive maternity protection for all working women in positions of non-standard employment needs to be both available and accessible.
- Greater policy coherence for maternity protection is required in SA and this could be achieved through the development of one comprehensive piece of maternity protection legislation incorporating all recommendations for all categories of workers, instead of having maternity protection dispersed through several different legal documents.
- Policy amendments could be made to enhance non-standard worker access to maternity protection in SA such as transferring certain provisions (e.g., the recommendation on breastfeeding breaks) from Codes of Good Practice to Acts to ensure legal enforceability.
- The implementation of existing policy related to maternity protection should be improved. For example, the Sectoral Determination for Domestic Work, established 20 years ago has had limited impact on domestic workers' access to the national social insurance scheme. While the NDEL has primary responsibility to ensure this policy implementation, advocacy and social mobilisation is also required and could be prioritised by domestic worker unions and civil society organisations advocating for domestic worker rights.
- Greater awareness is required to improve knowledge and understanding of all components of comprehensive maternity protection entitlements by key stakeholders, employers, and workers. This could be achieved using various strategies:
 - Media campaigns and advocacy could be conducted by NDEL and CSOs on all aspects of comprehensive maternity protection. This could be done by periodically issuing media releases containing up-to-date guidance on maternity protection entitlements for various categories of non-standard workers. Strategic communication could be developed that could be distributed to domestic worker employers.

- Social media (e.g., Facebook and Twitter) could be better used to share regular, up-to-date information for employers on how to comply with relevant labour legislation, e.g., how to register and contribute to the UIF.
- Employer agencies or platforms and employer associations could be a strategic target for awareness campaigns, as their reach could influence larger numbers of workers.
- There should be specific focus with education and awareness on the importance and benefits of breastfeeding and support for expressing breastmilk at the workplace. If efforts were galvanised to transform the domestic work sector to a breastfeeding friendly environment, this could transform the experience of 12% of the female workforce that are domestic workers and support these women to be able to continue breastfeeding on return to work.
- Ensuring equal availability of and access to maternity protection for all working women may require improved formalisation of certain sectors (e.g., domestic work) including increased unionisation of the sector and strengthening or development of employer organisations / associations that cater for the needs of domestic workers.
- While all components of maternity protection are important, the availability of and access to cash payments while on maternity leave consistently came up as a strong theme where improvements are required. Some strategies to do this are:
 - It may be necessary to completely overhaul the UIF to
 - Improve efficiency, effectiveness, and implementation.
 - Remove administrative barriers
 - Reduce employer dependency of registrations and contributions
 - Simplify registration and contribution mechanisms.
 - Ensure safety nets for those who don't qualify for social insurance.
 - Payment of maternity leave should be mandatory (and can be made available through various mechanisms). For low-income earners like domestic workers, it may be necessary to ensure that 100% of previous earnings (and not 66% or two-thirds) is available through social insurance for income replacement.
 - Improved monitoring and enforcement of UIF implementation by NDEL (e.g., of Sectoral Determination, to ensure UIF and social insurance) by, for example, increasing the number, capacity, and resources of labour inspectors.
- SA should ratify the ILO MPC to improve international accountability on maternity protection obligations.
- In light of the results from this research, it would appear that the ILO MPC should be strengthened so that:

- Maternity leave is extended to 6 months to ensure consistency with optimal exclusive breastfeeding recommendations.
- There should be provisions on childcare
- There should be specific guidance on how time for antenatal and postnatal visits (medical benefits) should be organised and accounted for

Recommendations for further research

- Good quality primary research (quantitative and qualitative) is required on comprehensive maternity protection for women working in positions of non-standard employment in all regions of LMICs is required, including evaluations of employee or worker awareness and knowledge of comprehensive maternity protection, to provide a more comprehensive overall analysis of the current situation.
- Further research is required to pilot and implement improved national social insurance schemes for non-standard workers.
- Research is required to investigate the feasibility of breastfeeding breaks for domestic workers and whether the provision of breastfeeding breaks would contribute to improved and continued breastfeeding when women return to work.
- Research should be done to determine the cost and infrastructure requirements required to implement all aspects of maternity protection for non-standard workers.
- An evaluation of the components of maternity protection available and accessible for other sub-groups of non-standard workers (e.g., those who are self-employed in the informal economy, farm workers, etc.) in LMIC should be conducted.
- Future qualitative research (IDIs) could specifically follow up on positive deviance cases, such as employers who have provided domestic or non-standard workers with comprehensive maternity protection.
- Research could be conducted in countries that have implemented stronger maternity protection for non-standard workers to determine the health and development benefits that result from improved maternity protection and particularly implications for breastfeeding practices.
- The implementation of best practice models (e.g., establishment of a breastfeeding friendly workplace in the domestic work sector) could be followed up with evaluation research and it could be explored how recommendations that have been made for the formal sector could be applied to non-standard work environments.

Conclusion

The results from this PhD research show that in a country like SA, there are many challenges with maternity protection policy implementation. All components of maternity protection need to be available and accessible for domestic workers to be able to recover from childbirth, care for their new-born and establish breastfeeding. Improving access to maternity protection including ensuring breastfeeding support in the workplace could improve breastfeeding practices. This could have implications for improving the health and development of future generations. Improving access to maternity protection could result in improved quality of care for women during pregnancy, around the time of childbirth and on return to work, and for their new-borns, especially if an enabling environment for breastfeeding was created. Ensuring universal comprehensive maternity protection for working women, in positions of non-standard employment, could encourage significant health, development, social and economic benefits.



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APPENDICES

Appendix 1: Ethical approval from the University of the Western Cape

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Appendix 1a: Ethics approval from the University of the Western Cape (June 2020)



UNIVERSITY of the
WESTERN CAPE



22 June 2020

Mrs CJ Pereira
School of Public Health
Faculty of Community and Health Sciences

Ethics Reference Number: BM20/5/7

Project Title: Understanding the components of comprehensive maternity protection available and accessible to non-standard employees in the Western Cape: domestic workers as a case study.

Approval Period: 12 June 2020 – 12 June 2023

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

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

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

Permission to conduct the study must be submitted to BMREC for record-keeping.

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink, appearing to read 'Josias'.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

**Director: Research Development
University of the Western Cape
Private Bag X 17
Bellville 7535
Republic of South Africa
Tel: +27 21 959 4111
Email: research-ethics@uwc.ac.za**

NHREC Registration Number: BMREC-130416-050

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

Appendix 1b: Ethics amendment approval from the University of the Western Cape (August 2021)



UNIVERSITY of the
WESTERN CAPE



31 August 2021

Miss C Pereira-Kotze
School of Public Health
Faculty of Community and Health Sciences

Ethics Reference Number: BM20/5/7

Project Title: Understanding the components of comprehensive maternity protection available and accessible to nonstandard employees in the Western Cape: domestic workers as a case study.

Approval Period: 20 August 2021 – 20 August 2024

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

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

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

Permission to conduct the study must be submitted to BMREC for record-keeping.

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink, appearing to read 'Josias'.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

NHREC Registration Number: BMREC-130416-050

Director: Research Development
University of the Western Cape
Private Bag X 17
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Republic of South Africa
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FROM HOPE TO ACTION THROUGH KNOWLEDGE.

Appendix 2(a)(i): Participant Information Sheet for Key Informants / Stakeholders (English)



UNIVERSITY OF THE WESTERN CAPE
Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21 959 2809 Fax: 27 21 959 2872
E-mail: soph-comm@uwc.ac.za

Participant Information Sheet for Key Informants / Stakeholders

Title of Research Project: Understanding the components of comprehensive maternity protection available and accessible to non-standard employees in the Western Cape: domestic workers as a case study.

What is the study about?

The purpose of this research is to understand the maternity protection benefits that are made available by employers to non-standard employees (for example, women working in part-time positions or in the informal sector) using domestic workers as an example. The research also intends to determine whether or not domestic workers in particular are able to access these benefits from their employers and relevant government departments.

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

If you agree to participate in the study, you will take part in this research once off. You will be invited to have an individual in-depth interview with the researcher to discuss your opinions and experience regarding factors influencing the provision and accessibility of maternity protection to non-standard employees in general, and domestic workers in the Western Cape, specifically.

Would my participation in this study be kept confidential?

All data collected in this research will be kept confidential, by never referring to participants by name when the information is being analysed or written up. No identifying information will be included in the analysis and write up of the research. All information will be kept in a secure place where other people will not be able to gain access to the information. The individual in-depth interviews will be audio-recorded to allow for appropriate data analysis, but these audio-recordings will also be kept confidential and anonymous by the Principal Investigator.

What are the risks of this research?

We do not anticipate there to be major risks of taking part in this research. However, some of the questions asked might elicit an emotional response from participants. If this does happen, then the participant can withdraw from the research at any stage and will be referred for appropriate counselling, if they wish to make use of this service.

What are the benefits of this research?

It is anticipated that the results of this research will provide more in-depth understanding into the maternity protection benefits that non-standard employees and domestic workers are or are not receiving. Furthermore, the long-term vision is to be able to make recommendations to improve the availability to and accessibility of maternity protection benefits, to be able to support all women, including those working in positions of non-standard employment, to be able to continue working and breastfeeding their babies.

Do I have to be in this research, and may I stop participating at any time?

You do not have to take part in this research, you may decide to take part with your own free will. If at some point during the data collection process, you decide that you no longer want to or can take part in the research, you are free to leave without incurring any negative consequences.

Is any assistance available if I am negatively affected by participating in this study?

Yes, if you happen to have a strongly emotional reaction to any questions asked, you will be asked if you would like to withdraw from the research, and you will be referred to the nearest and most quickly available counselling services that can be offered.

What if I have questions?

If you have any specific questions about this study, you can ask Catherine (Katie) Pereira-Kotze. She is the Principal Investigator for this research and is conducting the research as part of her PhD in Public Health Degree through the University of the Western Cape. Her contact details are as follows: You can either phone 021 959 2760 and leave a message with Ms Rosant requesting that Katie phone you, or you can email 3819610@myuwc.ac.za or kpereirakotze@gmail.com

If you have any questions regarding this study and your rights as a research participant, or if you would like to report any challenges you have experienced related to the study, please contact:

Head of Department:

Prof Uta Lehmann (Director: School of Public Health)

Faculty of Community and Health Sciences

University of the Western Cape

Private Bag X17

Bellville 7535

Contact number: 021 959 2633

Email address: ulehmann@uwc.ac.za

**Dean of the Faculty of Community and Health Sciences:**

Prof Anthea Rhoda

University of the Western Cape

Private Bag X17

Bellville 7535

Contact number: 0219592150

Email address: chs-deansoffice@uwc.ac.za

Research Office of the University of the Western Cape:

Bio-Medical Research Ethics Committee

Research Development Department

University of the Western Cape

Private Bag X17

Bellville 7535

Phone number: 021 959 4111

Email address: Research-ethics@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee [REFERENCE NUMBER: BM20/5/7].

Appendix 2(a)(ii): Participant Information Sheet for Key Informants / Stakeholders (Afrikaans)



UNIVERSITEIT VAN WES-KAAP
Privaatsak X 17, Bellville 7535, Suid-Afrika
Tel: +27 21 959 2809 Fax: 27 21 959 2872
E-pos: soph-comm@uwc.ac.za
Inligtingsblad vir deelnemers

Titel van navorsingsprojek: Om die komponente van uitgebreide kraambeskerming beskikbaar en toeganklik vir nie-standaard werknemers in die Wes-Kaap te verstaan: huishulpe as 'n gevallestudie.

Waaroor gaan die studie/navorsing?

Die doel van hierdie navorsing is om die voordele vir kraambeskerming wat werkgewers aan nie-standaard werknemers beskikbaar stel, te verstaan (byvoorbeeld vroue wat in deeltydse poste of in die informele sektor werk) om huishulpe as 'n voorbeeld te gebruik. Die navorsing beoog ook om te bepaal of huishulpe in besonder toegang tot hierdie voordele van hul werkgewers en toepaslike regeringsdepartemente kan kry.

Wat sal van my gevra word as ek instem om deel te neem?

As u instem om aan die studie deel te neem, neem u eenmalig aan hierdie navorsing deel. U word uitgenooi om 'n individuele in-diepte onderhoud met die navorser om u menings en ervaring rakende faktore wat die voorsiening en toeganklikheid van kraambeskerming vir nie-standaard werknemers in die algemeen en huishulpe in die Wes-Kaap beïnvloed, te bespreek.

Sal my deelname aan hierdie studie vertroulik gehou word?

Alle gegewens wat in hierdie navorsing ingesamel is, sal vertroulik gehou word deur nooit na die deelnemers by naam te verwys as die inligting geanaliseer of opgeskryf word nie. Geen identifiserende inligting sal by die ontleding en opskryf van die navorsing ingesluit word nie. Alle inligting sal op 'n veilige plek gestoor word, wat nie toeganklik is vir ander persone nie. Die individuele in-diepte onderhoude word opgeneem om toepaslike data-ontleding moontlik te maak, maar hierdie klankopnames sal ook deur die Hoofondersoeker vertroulik en anoniem gehou word.

Wat is die risiko's van hierdie navorsing?

Ons voorsien nie dat daar groot risiko's bestaan om aan hierdie navorsing deel te neem nie. Sommige van die vrae wat gevra word, kan egter 'n emosionele reaksie by die deelnemers uitlok. As dit wel plaasvind, sal die deelnemer op enige stadium van die navorsing kan onttrek en word hy/sy na die nodige berading verwys, as hulle dit sou wou gebruik.

Wat is die voordele van hierdie navorsing?

Daar word verwag dat die resultate van hierdie navorsing 'n indiepte begrip vir die voordele vir moedersbeskerming wat nie-standaard werknemers en huishulpe ontvang of nie ontvang nie, sal wys. Die langtermynvisie is verder om in staat te wees om aanbevelinge te maak om die beskikbaarheid en toeganklikheid van voordele vir kraambeskerming te verbeter. Ook om alle vroue, insluitend diegene wat in nie-standaard-poste werk, te kan ondersteun sodat hulle kan voortgaan om hul babas te borsvoed terwyl hulle werknemig is.

Is ke verplig om aan hierdie navorsing deel te neem, en mag ek op enige tydstip ophou deelneem?

U hoef nie aan hierdie navorsing deel te neem nie en die deelname is uit u eie vrye wil. As u op 'n enige tydstip tydens die data-insamelingsproses besluit dat u nie meer aan die navorsing wil of kan deelneem nie, staan u vry om te onttrek sonder enigenegatiewe nagevolge.

Is daar hulp beskikbaar as ek negatief geraak word, deur aan hierdie studie deel te neem?

Ja, as u 'n emosionele reaksie ervaart op vrae wat gevra word, sal u gevra word of u eerder aan die navorsing wil onttrek. U sal dan verwys word na die naaste adviesdienste wat beskikbaar is.

Wat as ek vrae het?

As u spesifieke vrae het oor hierdie studie, kan u Catherine (Katie) Pereira-Kotze vra. Sy is die hoofnavorsers van hierdie navorsing en doen die navorsing as deel van haar PhD in Openbare Gesondheidsgraad deur die Universiteit van Wes-Kaapland. Haar kontakbesonderhede is soos volg: U kan 021 959 2760 skakel en 'n boodskap by Mev Rosant agterlaat waarin u versoek dat Katie u kontak. 'n E-pos kan ook gestuur word aan Katie by die volgende adresse: 3819610@myuwc.ac.za of kpereirakotze@gmail.com.

As u vrae het rakende hierdie studie, oor u regte as navorsingsdeelnemer, of as u uitdagings wat u ondervind het rakende die studie wil rapporteer, kontak:

Hoof van die Departement:

Prof Uta Lehmann (Direkteur: Skool vir Openbare Gesondheid)

Fakulteit Gemeenskaps- en Gesondheidswetenskappe

Universiteit van Wes-Kaapland

Privaatsak Bag X17

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Kontak nommer: 021 959 2633

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Dekaan van die Fakulteit Gemeenskaps- en Gesondheidswetenskappe:

Prof Anthea Rhoda

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Navorsingskantoor van die Universiteit van Wes-Kaapland:

Bio-Medical Research Ethics Committee

Research Development Department

Universiteit van Wes-Kaapland

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Email address: Research-ethics@uwc.ac.za

Hierdie navorsing is goedgekeur deur die Universiteit van Wes-Kaapland se Biomediese Navorsingsetiekkomitee [VERWYSINGSNOMMER: BM20/5/7].

Appendix 2(a)(iii): Participant Information Sheet for Key Informants / Stakeholders (Xhosa)



IYUNIVESITHI YASE NTSHONA KOLONI

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Tel: +27 21 959 2809 Fax: 27 21 959 2872

E-mail: soph-comm@uwc.ac.za

Iphepha lolwazi lokuthatha inxaxheba

Isihloko seprojekthi yophando: Ukuqonda amacandelo abanzi okhuseleko lokukhulelwa olufumanekayo kunye nolufikelekayo kubo bonke abasebenzi abangekho kwicandelo elingacwangciswanga eNtshona Koloni: kusetyenziswa abasebenzi basekhaya njengomzekelo.

Lungantoni oluphando?

Injongo yolu phando kukuqonda izibonelelo zokukhusela ukubeleka ezenziwa ngabaqeshi kubasebenzi abangafanelekanga (Umzekelo, abantu ababhinqileyo abasebenza kwindawo yethutyana okanye abakwicandelo elisemthethweni) kusetyenziswa abasebenzi basekhaya njengomzekelo. Olu phando lukwazimisele ukuqonda ukuba bayakwazi ukufikelela kwezizibonelelo ezisuka kubaqeshi nakumasebe karhulumente.

Ndiya kucelwa ukuba ndenze ntoni ukuba ndiyavuma ukuthabatha inxaxheba?

Ukuba uyavuma ukuthabatha inxaxheba kolu phando, uya kuthabatha inxaxheba kolu phando kube kanye. Uya kubuzwa uyakuba nodliwanondlebe olunzulu kunye nomphengululi ukuze uxoxe ngezimvo zakho kunye namava akho malunga nezinto ezinefuthe kumalungiselelo kunye nokufikeleleka kukhuseleko lwabakhulelweyo kwabasebenzi abangekho kwicandelo elingacwangciswanga ngokubanzi, kunye nabasebenzi basekhaya eNtshona Koloni, ngokukodwa.

Ingaba ukuthatha kwam inxaxheba kwe sisifundo phando kuya kugcinwa kuyimfihlo?

Zonke inkcukacha eziqokelelweyo kolu phando ziya kugcinwa ziyimfihlo, ngokuthi kungaze ubhekiswe kubathathi-nxaxheba ngegama xa ulwazi luhlaziywa okanye lubhalwa. Lonke ulwazi luya kugcinwa kwindawo ekhuselekileyo apho abanye abantu bengayi kuba nakho ukufikelela kulwazi. Udliwanondlebe olunzulu kushicilelwa ukuze kuvunyelwe uhlatluty lwenkcukacha, kodwa ezi zinto zishicilelweyo ziya kugcinwa ziyimfihlo kwaye zingaziwa nguMphandi oPhezulu.

Zeziphi iingozi zolu phando?

Asilindelanga ukuba kubekho umngcipheko omkhulu xa uthabatha inxaxheba kolu phando. Nangona kunjalo, eminye imibuzo ebuzwayo inokwenza iimpendulo kwiimvakalelo zabathathi-nxaxheba. Ukuba oku kuyenzeka, ke umthathi-nxaxheba angarhoxa kuphando ngalo naliphi na ixesha kwaye uya kuthunyelwa kululeko lwasemoyeni/ongqondweni olufanelekileyo.

Zeziphi iinzuzo zolu phando?

Kuyathenjwa ukuba iziphumo zolu phando ziya kuqonda ngakumbi kwizibonelelo zokukhusela ukubeleka kwabona basebenzi bangekho mgangathweni kunye nabasebenzi basekhaya okanye abangafumaniyo. Ngapha koko, umbono wexesha elide kukwazi ukwenza izindululo zokuphucula ukufumaneka nokufumaneka kwezibonelelo zokukhusela umama ukusebenza kunye nokuncancisa iintsana zabo.

Ingaba kufuneka ndibe kulo oluphando, kwaye ndingayeka ukuthatha inxaxheba nanini na?

Akunyanzelekanga ukuba uthabathe inxaxheba kolu phando, isigqibo sokuthabatha inxaxheba sesakho. Ukuba ngaxa lithile ngexesha lenkqubo yokuqokelelwa kwenkcukacha, uthathe isigqibo sokuba akusafuni okanye usafuna uthabatha inxaxheba kuphando, ukhululekile ukuba uhambe kwaye akukho manyathelo mabi azothatyathwa ngakuwe.

Ngaba lukhona naluphi na uncedo olukhoyo ukuba ndichukunyiswa kakubi kukuthatha inxaxheba kolu phando?

Ewe, ukuba kunokwenzeka ukuba ube nokuphendula okunamandla ngokwasemphefumleni kuyo nayiphi na imibuzo ebuzwayo, uya kubuzwa ukuba ungathanda ukurhoxa kuphando, kwaye uya kuthunyelwa kweyona ndawo ikufutshane kunye neenkonzelo zentuthuzelo neengecebiso ezinokufumaneka ngokukhawuleza.

Kuthekani ukuba ndinemibuzo?

Ukuba unayo nayiphi na imibuzo malunga nolu phando, unokubuza Catherine (Katie) Pereira-Kotze. Ungumphengululi oyiNtloko kolu phando kwaye uqhuba uphando njengxenye yePhD yakhe kwiZidanga zoLuntu lwezeMpilo kwiDyunivesithi yeNtshona KapaUngaqhagamishelana naye ngoluhlobo lulandelayo: Ungatsalela umnxeba 021 959 2760 kwaye ushiye umyalezo kuNkos Rosant ecela ukuba uKatie akutsalele umnxeba, okanye ungathumela i-imeyile kule dilesi 3819610@myuwc.ac.za okanye kpereirakotze@gmail.com

Ukuba unayo nayiphi na imibuzo malunga nolu phando kunye namalungelo akho njengomthathi-nxaxheba ophando, okanye ukuba ufuna ukunika ingxelo ngazo naziphi na iingxaki onazo ezinxulumene nesifundo, nceda unxibelelane:

iNtloko yeSebe:

Unjingalwazi Uta Lehmann (Umlawuli: ISikolo seMpilo yoLuntu)

Icandelo leNzululwazi yoLuntu kunye nezeMpilo

IYunivesithi yeNtshona Koloni

Private Bag X17

Bellville 7535

Inombolo yoqhagamshelwano: 021 959 2633

Idilesi yemeyile: ulehmann@uwc.ac.za

uDean of the Faculty of Community kunye neNzululwazi yezeMpilo:

Unjingalwazi Anthea Rhoda

iYunivesithi yeNtshona Koloni

Private Bag X17

Bellville 7535

Inombolo yoqhagamshelwano: 021 959 2150

Idilesi yemeyile: chs-deansoffice@uwc.ac.za

iOfisi yoPhando yeDyunivesithi yeNtshona Kapa:

Bio-Medical Research Ethics Committee

Research Development Department

IYunivesithi yeNtshona Koloni

Private Bag X17

Bellville 7535

Inombolo yoqhagamshelwano: 021 959 4111

Idilesi yemeyile: Research-ethics@uwc.ac.za

Olu phando luvunywe yiYunivesithi yeNtshona Koloni ye-Biomedical Research Ethics Committee [REFERENCE NUMBER: BM20/5/7].



Appendix 2(b)(i): Participant Information Sheet for Domestic Workers (English)



UNIVERSITY OF THE WESTERN CAPE
Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21 959 2809 Fax: 27 21 959 2872
E-mail: soph-comm@uwc.ac.za

Participant Information Sheet

Title of Research Project: Understanding the components of comprehensive maternity protection available and accessible to non-standard employees in the Western Cape: domestic workers as a case study.

What is the study about?

The purpose of this research is to understand the maternity protection benefits that are made available by employers to non-standard employees (for example, women working in part-time positions or in the informal sector) using domestic workers as an example. The research also intends to determine whether or not domestic workers in particular are able to access these benefits from their employers and relevant government departments.

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

If you agree to participate in the study, you will take part in this research once off. You will be invited to do one of the following:

- To take part in a focus group discussion, which will involve the researcher getting together a group of between 6-12 domestic workers and asking some questions around maternity benefits available and accessible to domestic workers. The group will then have a discussion around the questions asked.
- Have an individual in-depth interview with the researcher to discuss your opinions and experience regarding factors influencing the provision and accessibility of maternity protection to non-standard employees in general, and domestic workers in the Western Cape, specifically.

Would my participation in this study be kept confidential?

All data collected in this research will be kept confidential, by never referring to participants by name when the information is being analysed or written up. No identifying information will be included in the analysis and write up of the research. All information will be kept in a secure place where other people will not be able to gain access to the information. The individual in-depth interviews and focus group discussions will be audio-recorded to allow for appropriate data analysis, but these audio-recordings will also be kept confidential and anonymous by the Principal Investigator. For the focus group discussions, all participants taking part will sign a form to state that they will not share information that was discussed during the session, outside of the group.

What are the risks of this research?

We do not anticipate there to be major risks of taking part in this research. However, some of the questions asked might elicit an emotional response from participants. If this does happen, then the participant can withdraw from the research at any stage and will be referred for appropriate counselling, if they wish to make use of this service.

What are the benefits of this research?

It is anticipated that the results of this research will provide more in-depth understanding into the maternity protection benefits that non-standard employees and domestic workers are or are not receiving. Furthermore, the long-term vision is to be able to make recommendations to improve the availability to and accessibility of maternity protection benefits, to be able to support all women, including those working in positions of non-standard employment, to be able to continue working and breastfeeding their babies. There could be potential transport costs to taking part in the study to travel to the interview venue, or loss of income due to missing time from work. You will be reimbursed for any of these related expenses.

Do I have to be in this research, and may I stop participating at any time?

You do not have to take part in this research, you may decide to take part with your own free will. If at some point during the data collection process, you decide that you no longer want to or can take part in the research, you are free to leave without incurring any negative consequences.

Is any assistance available if I am negatively affected by participating in this study?

Yes, if you happen to have a strongly emotional reaction to any questions asked, you will be asked if you would like to withdraw from the research, and you will be referred to the nearest and most quickly available counselling services that can be offered.

What if I have questions?

If you have any specific questions about this study, you can ask Catherine (Katie) Pereira-Kotze. She is the Principal Investigator for this research and is conducting the research as part of her PhD in Public Health Degree through the University of the Western Cape. Her contact details are as follows: You can either phone 021 959 2760 and leave a message with Ms Rosant requesting that Katie phone you, or you can email 3819610@myuwc.ac.za or kpereirakotze@gmail.com

If you have any questions regarding this study and your rights as a research participant, or if you would like to report any challenges you have experienced related to the study, please contact:

Head of Department:

Prof Uta Lehmann (Director: School of Public Health)
Faculty of Community and Health Sciences
University of the Western Cape
Private Bag X17
Bellville 7535
Contact number: 021 959 2633
Email address: ulehmann@uwc.ac.za

Dean of the Faculty of Community and Health Sciences:

Prof Anthea Rhoda
University of the Western Cape
Private Bag X17
Bellville 7535
Contact number: 0219592150
Email address: chs-deansoffice@uwc.ac.za

Research Office of the University of the Western Cape:

Bio-Medical Research Ethics Committee

Research Development Department

University of the Western Cape

Private Bag X17

Bellville 7535

Phone number: 021 959 4111

Email address: Research-ethics@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee [REFERENCE NUMBER: BM20/5/7].



Appendix 2(b)(ii): Participant Information Sheet for Domestic Workers (Afrikaans)



UNIVERSITEIT VAN WES-KAAP

Privaatsak X 17, Bellville 7535, Suid-Afrika

Tel: +27 21 959 2809 Fax: 27 21 959 2872

E-pos: soph-comm@uwc.ac.za

Inligtingsblad vir deelnemers

Titel van navorsingsprojek: Om die komponente van uitgebreide kraambeskerming beskikbaar en toeganklik vir nie-standaard werknemers in die Wes-Kaap te verstaan: huishulpe as 'n gevallestudie.

Waaroor gaan die studie/navorsing?

Die doel van hierdie navorsing is om die voordele vir kraambeskerming wat werkgewers aan nie-standaard werknemers beskikbaar stel, te verstaan (byvoorbeeld vroue wat in deeltydse poste of in die informele sektor werk) om huishulpe as 'n voorbeeld te gebruik. Die navorsing beoog ook om te bepaal of huishulpe in besonder toegang tot hierdie voordele van hul werkgewers en toepaslike regeringsdepartemente kan kry.

Wat sal van my gevra word as ek instem om deel te neem?

As u instem om aan die studie deel te neem, neem u eenmalig aan hierdie navorsing deel. U word uitgenooi om een van die te doen:

- Neem deel aan 'n fokusgroepbespreking, wat die navorser sal insluit, om 'n groep van tussen 6 en 12 huishulpe bymekaar te bring en 'n paar vrae te vra rakende kraamvoordele wat beskikbaar is vir huishulpe. Die groep sal dan 'n bespreking hou oor die vrae wat gevra word.
- Voer 'n individuele in-diepte onderhoud met die navorser om u menings en ervaring rakende faktore wat die voorsiening en toeganklikheid van kraambeskerming vir nie-standaard werknemers in die algemeen en huishulpe in die Wes-Kaap beïnvloed, te bespreek.

Sal my deelname aan hierdie studie vertroulik gehou word?

Alle gegewens wat in hierdie navorsing ingesamel is, sal vertroulik gehou word deur nooit na die deelnemers by naam te verwys as die inligting geanaliseer of opgeskryf word nie. Geen identifiserende inligting sal by die ontleding en opskryf van die navorsing ingesluit word nie. Alle inligting sal op 'n veilige plek gestoor word, wat nie toeganklik is vir ander persone nie. Die individuele in-diepte onderhoude en fokusgroepbesprekings word opgeneem om toepaslike data-ontleding moontlik te maak, maar hierdie klankopnames sal ook deur die Hoofondersoeker vertroulik en anoniem gehou word. Vir die fokusgroepbesprekings sal alle deelnemers 'n vorm onderteken om aan te dui dat hulle nie die inligting wat tydens die sessie bespreek is, buite die groep sal bespreek nie.

Wat is die risiko's van hierdie navorsing?

Ons voorsien nie dat daar groot risiko's bestaan om aan hierdie navorsing deel te neem nie. Sommige van die vrae wat gevra word, kan egter 'n emosionele reaksie by die deelnemers uitlok. As dit wel plaasvind, sal die deelnemer op enige stadium van die navorsing kan onttrek en word hy/sy na die nodige berading verwys, as hulle dit sou wou gebruik.

Wat is die voordele van hierdie navorsing?

Daar word verwag dat die resultate van hierdie navorsing 'n indiepte begrip vir die voordele vir moedersbeskerming wat nie-standaard werknemers en huishulpe ontvang of nie ontvang nie, sal wys. Die langtermynvisie is verder om in staat te wees om aanbevelinge te maak om die beskikbaarheid en toeganklikheid van voordele vir kraambeskerming te verbeter. Ook om alle vroue, insluitend diegene wat in nie-standaard-poste werk, te kan ondersteun sodat hulle kan voortgaan om hul babas te borsvoed terwyl hulle werknemig is. Daar kan moontlike vervoerkoste wees om aan die studie deel te neem om na die onderhoudsentrum te reis, of verlies aan inkomste as gevolg van die ontbrekende tyd aan die werk. U sal vergoed word vir enige van hierdie verwante uitgawes.

Is ke verplig om aan hierdie navorsing deel te neem, en mag ek op enige tydstip ophou deelneem?

U hoef nie aan hierdie navorsing deel te neem nie en die deelname is uit u eie vrye wil. As u op 'n enige tydstip tydens die data-insamelingsproses besluit dat u nie meer aan die navorsing wil of kan deelneem nie, staan u vry om te onttrek sonder enig negatiewe nagevolge.

Is daar hulp beskikbaar as ek negatief geraak word, deur aan hierdie studie deel te neem?

Ja, as u 'n emosionele reaksie ervaart op vrae wat gevra word, sal u gevra word of u eerder aan die navorsing wil onttrek. U sal dan verwys word na die naaste adviesdienste wat beskikbaar is.

Wat as ek vrae het?

As u spesifieke vrae het oor hierdie studie, kan u Catherine (Katie) Pereira-Kotze vra. Sy is die hoofnavorsers van hierdie navorsing en doen die navorsing as deel van haar PhD in Openbare Gesondheidsgraad deur die Universiteit van Wes-Kaapland. Haar kontakbesonderhede is soos volg: U kan 021 959 2760 skakel en 'n boodskap by Mev Rosant agterlaat waarin u versoek dat Katie u kontak. 'n E-pos kan ook gestuur word aan Katie by die volgende adresse: 3819610@myuwc.ac.za of kpereirakotze@gmail.com.

As u vrae het rakende hierdie studie, oor u regte as navorsingsdeelnemer, of as u uitdagings wat u ondervind het rakende die studie wil rapporteer, kontak:

Hoof van die Departement:

Prof Uta Lehmann (Direkteur: Skool vir Openbare Gesondheid)
Fakulteit Gemeenskaps- en Gesondheidswetenskappe
Universiteit van Wes-Kaapland
Privaatsak Bag X17
Bellville 7535
Kontak nommer: 021 959 2633
E-pos adres: ulehmann@uwc.ac.za

Dekaan van die Fakulteit Gemeenskaps- en Gesondheidswetenskappe:

Prof Anthea Rhoda
Universiteit van Wes-Kaapland
Privaatsak X17
Bellville 7535
Kontak nommer: 021 959 2150
E-pos adres: chs-deansoffice@uwc.ac.za

Navorsingskantoor van die Universiteit van Wes-Kaapland:

Bio-Medical Research Ethics Committee

Research Development Department

Universiteit van Wes-Kaapland

Privaatsak X17

Bellville 7535

Kontak nommer: 021 959 4111

Email address: Research-ethics@uwc.ac.za

Hierdie navorsing is goedgekeur deur die Universiteit van Wes-Kaapland se Biomediese Navorsingsetiekkomitee [VERWYSINGSNOMMER: BM20/5/7].



Appendix 2(b)(iii): Participant Information Sheet for Domestic Workers (Xhosa)



IYUNIVESITHI YASE NTSHONA KOLONI

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21 959 2809 Fax: 27 21 959 2872

E-mail: soph-comm@uwc.ac.za

Iphepha lolwazi lokuthatha inxaxheba

Isihloko seprojekthi yophando: Ukuqonda amacandelo abanzi okhuseleko lokukhulelwa olufumanekayo kunye nolufikelekayo kubo bonke abasebenzi abangekho kwicandelo elingacwangciswa eNtshona Koloni: kusetyenziswa abasebenzi basekhaya njengomzekelo.

Lungantoni oluphando?

Injongo yolu phando kukuqonda izibonelelo zokukhusela ukubeleka ezenziwa ngabaqeshi kubasebenzi abangafanelekanga (Umzekelo, abantu ababhinqileyo abasebenza kwindawo yethutyana okanye abakwicandelo elisemthethweni) kusetyenziswa abasebenzi basekhaya njengomzekelo. Olu phando lukwazimisele ukuqonda ukuba bayakwazi ukufikelela kwezizibonelelo ezisuka kubaqeshi nakumasebe karhulumente.

Ndiya kucelwa ukuba ndenze ntoni ukuba ndiyavuma ukuthabatha inxaxheba?

Ukuba uyavuma ukuthabatha inxaxheba kolu phando, uya kuthabatha inxaxheba kolu phando kube kanye. Uya kumenywa ukuba wenze enye yezi zinto zilandelayo:

- Thatha inxaxheba kwingxoxo yeqela ekugxilwe kulo, neliza kubandakanya umphandi ngokudibanisa iqela labasebenzi basekhaya abaphakathi kwe-6 ukuya kwe-12 abuze imibuzo malunga nezibonelelo zokukhulelwa ezikhoyo kwaye ziyafikeleleka kubasebenzi basekhaya, kwaye neqela libenengxoxo malunga nemibuzo ebuzwayo.
- Uyakuba nodliwanondlebe olunzulu kunye nomphengululi ukuze uxoxe ngezimvo zakho kunye namava akho malunga nezinto ezinefute kumalungiselelo kunye nokufikeleleka kukhuseleko lwabakhulelweyo kwabasebenzi abangekho kwicandelo elingacwangciswa ngokubanzi, kunye nabasebenzi basekhaya eNtshona Koloni, ngokukodwa.

Ingaba ukuthatha kwam inxaxheba kwe sisifundo phando kuya kugcinwa kuyimfihlo?

Zonke inkcukacha eziqokelelweyo kolu phando ziya kugcinwa ziyimfihlo, ngokuthi kungaze ubhekiswe kubathathi-nxaxheba ngegama xa ulwazi luhlaziywa okanye lubhalwa,. Lonke ulwazi luya kugcinwa kwindawo ekhuselekileyo apho abanye abantu bengayi kuba nakho ukufikelela kulwazi. Udliwanondlebe olunzulu kunye neengxoxo zeqela ziya kushicilelwa ukuze kuvunyelwe uhlalutyo lwenkcukacha, kodwa ezi zinto zishicilelweyo ziya kugcinwa ziyimfihlo kwaye zingaziwa nguMphandi oPhezulu. Kwiingxoxo zeqela, bonke abathathi-nxaxheba baya kutyikitya ifomu bechaza ukuba abayi kwabelana ngolwazi oluxoxwe ngexesha leseshoni.

Zeziphi iingozi zolu phando?

Asilindelanga ukuba kubekho umngcipheko omkhulu xa uthabatha inxaxheba kolu phando. Nangona kunjalo, eminye imibuzo ebuzwayo inokwenza iimpendulo kwiimvakalelo zabathathi-nxaxheba.

Ukuba oku kuyenzeka, ke umthathi-nxaxheba angarhoxa kuphando ngalo naliphi na ixesha kwaye uya kuthunyelwa kululeko lwasemoyeni/ongqondweni olufanelekileyo.

Zeziphi iinzuzo zolu phando?

Kuyathenjwa ukuba iziphumo zolu phando ziya kuqonda ngakumbi kwizibonelelo zokukhusela ukubeleka kwabona basebenzi bangekho mgangathweni kunye nabasebenzi basekhaya okanye abangafumaniyo. Ngapha koko, umbono wexesha elide kukwazi ukwenza izindululo zokuphucula ukufumaneka nokufumaneka kwezibonelelo zokukhusela umama ukusebenza kunye nokuncancisa iintsana zabo. Kunokubakho iindleko zothutho ekuthatheni inxaxheba esifundweni ukuya kwindawo yodliwanondlebe, okanye ilahleko yomvuzo ngenxa yokulahleka kwexesha emsebenzini. Uya kubuyiselwa ngazo naziphi na iindleko ezinxulumene noko.

Ingaba kufuneka ndibe kulo oluphando, kwaye ndingayeka ukuthatha inxaxheba nanini na?

Akunyanzelekanga ukuba uthabathe inxaxheba kolu phando, isigqibo sokuthabatha inxaxheba sesakho. Ukuba ngaxa lithile ngexesha lenkqubo yokuqokelelwa kwenkcukacha, uthathe isigqibo sokuba akusafuni okanye usafuna uthabatha inxaxheba kuphando, ukhululekile ukuba uhambe kwaye akukho manyathelo mabi azothatyathwa ngakuwe.

Ngaba lukhona naluphi na uncedo olukhoyo ukuba ndichukunyiswa kakubi kukuthatha inxaxheba kolu phando?

Ewe, ukuba kunokwenzeka ukuba ube nokuphendula okunamandla ngokwasemphefumleni kuyo nayiphi na imibuzo ebuzwayo, uya kubuzwa ukuba ungathanda ukurhoxa kuphando, kwaye uya kuthunyelwa kweyona ndawo ikufutshane kunye neenkondo zentuthuzelo neengebiso ezinokufumaneka ngokukhawuleza.

Kuthekani ukuba ndinemibuzo?

Ukuba unayo nayiphi na imibuzo malunga nolu phando, unokubuzisa Catherine (Katie) Pereira-Kotze. Ungumphengululi oyiNtloko kolu phando kwaye uqhuba uphando njengenxalenye yePhD yakhe kwiZidanga zoLuntu lwezeMpilo kwiDyunivesithi yeNtshona KapaUngaqhagamishelana naye ngoluhlobo lulandelayo: Ungatsalela umnxeba 021 959 2760 kwaye ushiye umyalezo kuNkos Rosant ecela ukuba uKatie akutsalele umnxeba, okanye ungathumela i-imeyile kule dilesi 3819610@myuwc.ac.za okanye kpereirakotze@gmail.com

Ukuba unayo nayiphi na imibuzo malunga nolu phando kunye namalungelo akho njengomthathi-nxaxheba ophando, okanye ukuba ufuna ukunika ingxelo ngazo naziphi na iingxaki onazo ezinxulumene nesifundo, nceda unxibelelane:

iNtloko yeSebe:

Unjingalwazi Uta Lehmann (Umlawuli: ISikolo seMpilo yoLuntu)

Icandelo leNzululwazi yoLuntu kunye nezeMpilo

IYunivesithi yeNtshona Koloni

Private Bag X17

Bellville 7535

Inombolo yoqhagamshelwano: 021 959 2633

Idilesi yemeyile: ulehmann@uwc.ac.za

uDean of the Faculty of Community kunye neNzululwazi yezeMpilo:

Unjingalwazi Anthea Rhoda
iYunivesithi yeNtshona Koloni
Private Bag X17
Bellville 7535
Inombolo yoqhagamshelwano: 021 959 2150
Idilesi yemeyile: chs-deansoffice@uwc.ac.za

iOfisi yoPhando yeDyunivesithi yeNtshona Kapa:

Bio-Medical Research Ethics Committee
Research Development Department
IYunivesithi yeNtshona Koloni
Private Bag X17
Bellville 7535
Inombolo yoqhagamshelwano: 021 959 4111
Idilesi yemeyile: Research-ethics@uwc.ac.za

Olu phando luvunywe yiYunivesithi yeNtshona Koloni ye-Biomedical Research Ethics Committee.
[REFERENCE NUMBER: BM20/5/7].



**Appendix 3(a)(i): Participant Informed Consent Form for Key Informants / Stakeholders
(English)**



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21 959 2809 Fax: 27 21 959 2872

E-mail: soph-comm@uwc.ac.za

Participant Informed Consent Form

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

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

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

Participant's name:

Participant's signature:

Date:



**Appendix 3(a)(ii): Participant Informed Consent Form for Key Informants / Stakeholders
(Afrikaans)**



UNIVERSITEIT VAN WES-KAAP

Privaatsak X 17, Bellville 7535, Suid-Afrika

Tel: +27 21 959 2809 Fax: 27 21 959 2872

E-pos: soph-comm@uwc.ac.za

Ingeligte Toestemming vir Deelnemer

Die studie is aan my beskryf in 'n taal wat ek verstaan. My vrae oor die studie is beantwoord. Ek verstaan wat my deelname gaan behels, en stem vrywillig in om deel te neem aan die navorsing. Ek verstaan dat my identiteit aan niemand bekend gemaak sal word nie. Ek verstaan dat ek enige tyd aan die studie kan onttrek sonder om 'n rede te gee en sonder vrees vir negatiewe gevolge of verlies aan voordele.

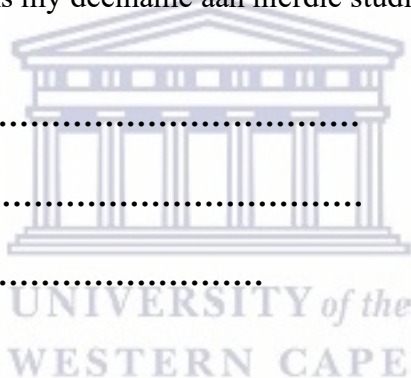
___ Ek stem in om tydens my deelname aan hierdie studie ge-audiotap te word.

___ Ek stem nie saam om tydens my deelname aan hierdie studie 'n oudio-band te hê nie.

Deelnemer se naam:

Deelnemer se handtekening:

Datum:



**Appendix 3(a)(iii): Participant Informed Consent Form for Key Informants / Stakeholders
(isiXhosa)**



IYUNIVESITHI YASE NTSHONA KOLONI

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21 959 2809 Fax: 27 21 959 2872

E-mail: soph-comm@uwc.ac.za

iFomu Yothatho-Nxaxheba Kwisifundo

Isifundo sicacisiwe kum ngolwimi endiluvayo nendilwaziyo. Imibuzo yam malunga nesifundo iphendulwe. Ndiyaqonda ukuba ukuthatha inxaxheba kwam kuya kubandakanya ntoni, kwaye ngokuzithandela ndiyavuma ukuthatha inxaxheba kuphando oluzikhetheleyo nenkululeko yokuzikhethela. Ndiyaqonda ukuba ubumna bam abuzokuchazelwa mntu. Ndiyaqonda ukuba ndingarhoxa esifundweni nangaliphi na ixesha ngaphandle kokunika isizathu kwaye ngaphandle koloyiko lokuba kungakho iziphumo ezimbi ngakum okanye ndilahlekelwe sisbonelelo.

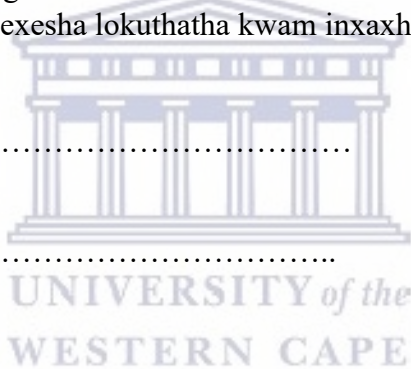
___ Ndiyavuma ukurekhodwa ngexesha lokuthatha inxaxheba kwam kolu phando.

___ Andivumi ukurekhodwa ngexesha lokuthatha kwam inxaxheba kolu phando.

Igama lomthathi-nxaxheba:

Igama utyikityo:

Umhla:



Appendix 3(b)(i): Participant Informed Consent Form for Domestic Workers (English)



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21 959 2809 Fax: 27 21 959 2872

E-mail: soph-comm@uwc.ac.za

Participant Informed Consent Form

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

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

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

Participant's name:

Participant's signature:

Date:



Appendix 3(b)(ii): Participant Informed Consent Form for Domestic Workers (Afrikaans)



UNIVERSITEIT VAN WES-KAAP

Privaatsak X 17, Bellville 7535, Suid-Afrika

Tel: +27 21 959 2809 Fax: 27 21 959 2872

E-pos: soph-comm@uwc.ac.za

Ingeligte Toestemming vir Deelnemer

Die studie is aan my beskryf in 'n taal wat ek verstaan. My vrae oor die studie is beantwoord. Ek verstaan wat my deelname gaan behels, en stem vrywillig in om deel te neem aan die navorsing. Ek verstaan dat my identiteit aan niemand bekend gemaak sal word nie. Ek verstaan dat ek enige tyd aan die studie kan onttrek sonder om 'n rede te gee en sonder vrees vir negatiewe gevolge of verlies aan voordele.

___ Ek stem in om tydens my deelname aan hierdie studie ge-audiotap te word.

___ Ek stem nie saam om tydens my deelname aan hierdie studie 'n oudio-band te hê nie.

Deelnemer se naam:

Deelnemer se handtekening:

Datum:



Appendix 3(b)(iii): Participant Informed Consent Form for Domestic Workers (isiXhosa)



IYUNIVESITHI YASE NTSHONA KOLONI

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21 959 2809 Fax: 27 21 959 2872

E-mail soph-comm@uwc.ac.za

iFomu Yothatho-Nxaxheba Kwisifundo

Isifundo sicacisiwe kum ngolwimi endiluvayo nendilwaziyo. Imibuzo yam malunga nesifundo iphendulwe. Ndiyaqonda ukuba ukuthatha inxaxheba kwam kuya kubandakanya ntoni, kwaye ngokuzithandela ndiyavuma ukuthatha inxaxheba kuphando oluzikhethelayo nenkululeko yokuzikhethela. Ndiyaqonda ukuba ubumna bam abuzokuchazelwa mntu. Ndiyaqonda ukuba ndingarhoxa esifundweni nangaliphi na ixesha ngaphandle kokunika isizathu kwaye ngaphandle koloyiko lokuba kungakho iziphumo ezimbi ngakum okanye ndilahlekelwe sisbonelelo.

___ Ndiyavuma ukurekhodwa ngexesha lokuthatha inxaxheba kwam kolu phando.

___ Andivumi ukurekhodwa ngexesha lokuthatha kwam inxaxheba kolu phando.

Igama lomthathi-nxaxheba:

Igama utyikityo:

Umhla:



Appendix 4: The Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	Pg 1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	Pg 1-2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	Pg 2-3
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	Pg 3
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	Pg 3
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	Pg 3
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	Pg 3-4
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	Pg 3-4
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	Pg 4
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	Pg 4
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	Pg 4
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	Pg 4
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	Pg 4
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	Pg 5

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	Pg 5-8
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N/A
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	Pg 17-18
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	Pg 5-8
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	Pg 8-10
Limitations	20	Discuss the limitations of the scoping review process.	Pg 10
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	Pg 10
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	Pg 11

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 2018;169:467–473. doi: [10.7326/M18-0850](https://doi.org/10.7326/M18-0850).

Appendix 5: Interview guide for Individual Semi-structured Interviews with Key / Informants Stakeholders, to understand current maternity protection benefits available to Non-standard Employee Domestic Workers in the Western Cape

Stakeholder description

Sector: _____

Type / name of organisation: _____

Position within organisation: _____

Questions:

1. What is your understanding of “maternity protection benefits” that women should be able to access in South Africa, when they are working and then have a baby? (*Prompt/Probe: Can you list the benefits that women should receive when they are pregnant and following the birth of a child?*)
2. Can you name and describe any specific policies or legislation (laws) that exist to ensure that women are able to access maternity protection?
3. What role do you believe/think you have in ensuring that women to access maternity protection benefits?
4. What role do you believe/think that your organisation has in ensuring that women can access maternity protection benefits?
5. What do you think is the general understanding and awareness with regard to maternity protection benefits that women should receive in your organisation?
6. What do you think the similarities and differences are with regard to maternity protection benefits that should be available for women who are employed in full-term, permanent positions compared to women employed in forms of non-standard employment (part-time or contract positions, for example domestic workers)? (*Prompt/probe: Do you think that the benefits should be the same or different? How so?*)
7. If you think of female domestic workers specifically, what maternity protection benefits do you think they are legally entitled to, currently in South Africa?
8. Can you describe how you think the legal entitlements that female domestic workers should receive are currently being implemented? (*Probe/prompt: Are female domestic workers accessing the maternity protection that they should be able to? If yes / no, why or why not?*)
9. What type of maternity protection do you think that female domestic workers should be able to access, considering that they are a group with varying employment contracts and arrangements?
10. Based on your knowledge and experience, can you think of anything that could or should be implemented to improve the access of maternity protection by female domestic workers, specifically or do you feel that this is good as it is? (*Probe/prompt: Keep same as it? Improve the implementation of the existing policy or legislation? Keep policy as is? Update existing policy / legislation to include....? Keep involvement of Department of Labour? Involve other sectors such as....?*)

Appendix 6: Online questions to determine knowledge, attitudes, and practices regarding maternity protection of Domestic Workers

Questions on Maternity Protection to add to the Annual Sweep South survey on Pay and Working Conditions for Domestic Work in South Africa (2021)

The following questions relate to working conditions for domestic workers who are pregnant, breastfeeding or following the birth of a baby. Even if you have not been pregnant or had a baby while working as a domestic worker, please answer these questions to indicate what you think would happen in the following situations.

This set of four questions are being asked as part of the research Katie Pereira-Kotze is doing as part of her PhD in Public Health degree, through the University of the Western Cape. The aim of this research is to understand what domestic workers in the Cape Town area know about what maternity health and economic benefits should be made available to them by their employers. This will help her better understand how this may affect how they are able to feed their babies. The information from these questions in the survey will only be shared with the researchers and they will use it to describe what maternity benefits domestic workers are able to get) at the moment. The information received will be used to make recommendations on how maternity protection for domestic workers can be improved.

1. **Do you think that a domestic worker who is pregnant at the moment is allowed to receive any of the following benefits?** *(Please click on any answers you think would apply.)*
 - a) Paid time off work during her pregnancy to attend pregnancy (antenatal) clinic visits.
 - b) Unpaid time off work during her pregnancy to attend pregnancy (antenatal) clinic visits.
 - c) Have her employer make changes to the tasks she has to carry out during her work so as not to cause any harm to her or her baby during her pregnancy. (For example, not have to lift heavy objects or bend over towards the end of her pregnancy.)
 - d) She should not be allowed to lose her job just because she is pregnant or will be having a baby.
 - e) She should not be discriminated against because she is pregnant or will be having a baby (For example, her pay should not be reduced because she is pregnant, if starting with a new employer, the employer should not state that she cannot fall pregnant).
 - f) Don't know.

2. **If you, or a domestic worker in a similar position to you, were to fall pregnant and have a baby, what maternity benefits do you think you or she would be able to receive?** *(Please choose one answer.)*
 - a) No maternity leave, or less than 6 weeks leave (after the baby is born).
 - b) Some maternity leave (more than 6 weeks and less than four months of leave after the baby is born).
 - c) Four months of unpaid maternity leave.
 - d) Four months of partially paid maternity leave.
 - e) Four months of maternity leave and can claim from the UIF.
 - f) Four months of full paid maternity leave (organised by the employer).
 - g) Don't know what is allowed.

- 3. Do you think that when a domestic worker returns to work after maternity leave, she is allowed to**
- a) Take paid time off work to attend baby (postnatal) clinic visits?
 - b) Take unpaid time off work to attend baby (postnatal) clinic visits?
 - c) Take daily breastfeeding breaks (at least one break during the working day to either express breast milk or breastfeed the baby)?
 - d) Bring her baby to work with her?
 - e) None of the above.
 - f) Don't know.
4. If you have been pregnant or had a baby in the last 3 years, would you be interested in taking part in a follow-up interview with us to discuss in more detail what maternity benefits a pregnant woman or a mother who has just had a baby is able to receive, as well as your breastfeeding experience?
- a) Yes
 - b) No.



Appendix 7: Question guide for Individual In-depth Interviews with Domestic Workers to determine factors influencing the accessibility of maternity protection benefits, and the infant feeding practices upon return to work.

COVID screening protocol and safety measures

- Meet participants outside admin entrance.
- Participants and researcher to be screened every day by SAMRC before entering building (temperature, COVID symptoms) – issued a sticker which is to be visible throughout the day.
- Have the window and door open at all times (before, during and after interviews).
- Ensure time (at least 10-15 minutes) after one participant leaves and the next participant arrives.
- Have sufficient masks available for each participant and participants to always wear a mask, from entry to the building and at all times when in the building (including during the interview).
- Participants to wash their hands before entering the interview room.
- Hand sanitiser available for each participant to use upon entering the interview room.
- Wipe down surface of desk with paper towel and disinfectant between each participant.
- Interviewer and interviewee to sit 1.5 metres apart.

COVID screening questions

Call participants the day before the interview to ask the following questions before coming for the interview:

- Do you currently have COVID-19? (Have you tested positive for COVID-19 in the past 7 days?)
- Do you live with someone who has either tested positive for COVID-19 or had symptoms of COVID-19 in the past 14 days?
- Are you or any member of your household waiting for a COVID-19 test result?
- In the last 10 days, have you had contact with someone with a suspected or confirmed diagnosis of COVID-19?
- Have you had fever in the last 14 days?
- Have you had cough in the last 14 days?
- Have you had difficulty breathing in the last 14 days?

References:

- <https://www.health.gov.za/covid19/assets/downloads/faq/Screening%20and%20testing.pdf>
- <https://www.airports.co.za/Documents/Domestic%20Screening%20%20Questionnaire.pdf>

Before starting interview: Mask, sanitiser, Participant Information Sheet, Informed Consent Form (sign)

Question Guide for IDIs with domestic workers

1. When did you have your baby?
2. How many people were you working for when you had the baby?
3. When did you tell your employers that you were pregnant?
4. What was their response?
5. Were you able to take maternity leave? How long? Paid or unpaid?
6. How did you feed your baby after birth? (or while you were on maternity leave?)
7. How did you feed your baby when you went back to work?
8. *(Prompt: did you breastfeed, did you give infant formula, did you give both?)*
9. Why do you think you fed your baby in that way?

Today, we have are going to be talking about maternity benefits.

10. What do you understand by the term maternity protection benefits?

Maternity protection is a set of benefits that should be made available to women when they are working and pregnant or breastfeeding. Comprehensive maternity protection includes health protection at the workplace, a minimum period of maternity leave, certain cash and medical benefits, job security, non-discrimination, daily breastfeeding breaks.

11. Have you heard of these types of benefits before, and if so, which ones are you familiar with? Have you heard of the right to breastfeeding breaks?
12. Can you think of when you were pregnant and breastfeeding, and what type of benefits, if any, you received from your employer during that time?
13. If you did receive benefits from your employer, how were you able to use those benefits? *(Prompt: for example, if your employer contributed to the UIF, were you able to successfully claim from the UIF).*
14. If you were given maternity protection benefits, why do you think that your employer made those benefits available to you?
15. If you did not receive any maternity protection benefits, why do you think that your employer did not make these benefits available to you?
16. What kinds of factors do you think would make it easier for an employer of a domestic worker to provide you with maternity protection benefits?
17. What do you think would make it practical for a domestic worker to be able to exclusively breastfeed her baby for 6 months, and even continue breastfeeding for longer than that?
18. If you had to go back to work and wanted to carry on breastfeeding, would you express your breastmilk and leave it with whoever was caring for your baby to feed your baby while you were working?

Appendix 8: Reviewer comments and author responses for published paper 1

Journal editor and reviewer comments for Paper 1, Maternity protection entitlements for non-standard workers in low-and-middle-income countries and potential implications for breastfeeding practices: a scoping review of research since 2000

2/18/23, 3:56 PM

Gmail - International Breastfeeding Journal: Decision on your manuscript



Catherine Pereira-Kotze <catherinejanepereira@gmail.com>

International Breastfeeding Journal: Decision on your manuscript

1 message

International Breastfeeding Journal <nagapriya.nagarajan@springernature.com>

Sat, Nov 12, 2022 at 5:45 AM

To: catherinejanepereira@gmail.com

Ref: Submission ID b5484c0b-57e2-4d57-9726-ea74ce3698e2

Dear Dr Pereira-Kotze,

Firstly, I'd like to apologise for the delay in getting back to you. The editor who was looking after your manuscript has become unwell, leading to a delay and then there was the usual delays in securing reviewers.

Your manuscript, "Maternity protection benefits for non-standard workers in low-and-middle-income countries and potential implications for breastfeeding practices: A scoping review", has now been assessed.

We invite you to revise your paper, taking into account the points raised and the general guidelines below. When your revision is ready, please submit it via:

<https://submission.springernature.com/submit-revision/b5484c0b-57e2-4d57-9726-ea74ce3698e2>

To support the continuity of the peer review process, we recommend returning your manuscript to us within 14 days. If you think you will need additional time, please let us know by replying to this email.

Kind regards,

Lisa Amir
Editor
International Breastfeeding Journal

Editor-in-Chief comments:

1. References in the text should be in square brackets. If using a software program, you can select a style like BMC Pregnancy & Childbirth.
2. Figure 1 - typo in PRIMSA. Please upload the figure separately. Just the title of the figure should be included near the end of the manuscript.
3. Reference list.

No need for month of publication.

No need to say "[Internet]" everywhere.

If journal is not listed on PubMed, please use the full title

#12. Hirani., Premji. Neonatal, Pediatric and Child Health Nursing.

#13. Chai et al. Should be BMJ Glob Health - not Heal.

Please use sentence case for title of articles, #14. The development benefits. . . . If this is a journal, there is no need to say "available from".

#22. Sentence case for title of article. Also another pesky "Heal" instead of Health.

#29. Another "Heal". And this is a BMC journal - so no issue number - please delete the "1".

#32. IBJ - no issue number - please delete the "1".

#33, 34, 36. Ditto.

Please double-check all references are correct before resubmitting.

Table 1 - please add the reference numbers for the list of publications (as well as author and year). No need for authors' initials. You could just use first author's name if you like.

SUBMISSION INSTRUCTIONS FOR REVISED PAPERS

Once you have revised your paper, the submitter Catherine Pereira-Kotze can use the following link to submit it:

<https://submission.springernature.com/submit-revision/b5484c0b-57e2-4d57-9726-ea74ce3698e2>

In order to process your paper, we require:

<https://mail.google.com/mail/u/0/?ik=f06ecc254f&view-pt&search=all&permthid=thread-f%3A1749267988888467048%7Cmsg-f%3A1749267988...> 1/4

• A point-by-point response to the comments, including a description of any additional experiments that were carried out and a detailed rebuttal of any criticisms or requested revisions that you disagreed with.

This must be uploaded as a 'Point-by-point response to reviewers' file. All changes to the manuscript must be highlighted or indicated by using tracked changes.

At this stage, please also ensure that you have replaced your initial-submission image files with production quality figures. These should be supplied at 300 dpi resolution for .jpeg and .tiff or as .eps files. Figures should not include Figure number labels in the image.

Please ensure you conform to our authorship policies, also outlined here: <http://internationalbreastfeedingjournal.biomedcentral.com/submission-guidelines>

If you have been asked to improve the language or presentation of your manuscript and would like the assistance of paid editing services, then our expert help at Springer Nature Author Services can help you improve your manuscript through services including English language editing, developmental comments, manuscript formatting, figure preparation, translation, and more.

To find out more and get 15% off your order then click the link below.

https://authorservices.springernature.com/go/sn/?utm_source=SNAPP&utm_medium=Revision+Email&utm_campaign=SNAS+Referrals+2022&utm_id=ref2022

Please note that use of an editing service is neither a requirement nor a guarantee of publication. Free assistance is available from our resources page: <https://www.springernature.com/go/researchers/campaigns/english-language-forauthors>

REVIEWER REPORTS

Reviewer Comments:

Reviewer 1

Overall comments:

Congratulations to the authors for completing and documenting this scoping review to assess the published evidence in English since 2000 on availability and access to maternity protection entitlements for non-standard workers in low-and-middle-income countries and potential implications for breastfeeding. The scoping review follows the recognized methodology by Joanna Briggs Institute and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). The scoping review is relevant as countries had two decades to follow up on the 2000 ILO's Maternity Protection Convention and progress on extending maternity protection entitlements for women working in the informal sector. The manuscript is also well-written and can be accepted for publication in the current format.

Minor suggestions for consideration by the authors during a final round of editing and proofreading:

Title: Consider adding a timeframe such as "since 2000" or "since the 2000 ILO's Maternity Protection Convention."

Terminology: Consider using right-based language when possible in the title and manuscript throughout and replace "benefits" with "entitlements", "rights" or similar normative terminology. ILO is not consistently doing this and the same applies to countries not recognizing socioeconomic rights in the same way as civil rights, so some mixed language is expected when citing the evidence.

Page 2, line 38: Consider replacing "Optimal breastfeeding practices" with "recommended breastfeeding practices".

Page 3, line 73-74: Consider adding other references such as Dylan Walters et al or original research articles with updated numbers based on evidence for other conditions that brings the mortality for women closer to 100,000 and includes more details on financial costs of inaction.

Page 3, line 74-75. Consider normative language for breastfeeding and throughout the manuscript since the word "benefit" presents breastfeeding not as the biological norm of feeding infants and young children.

Page 4, line 89-91: Consider also adding infant mortality and maternal depression references related to the health protection research on maternity leave mentioned.

Page 4, line 100-107: Consider elaborating for the reader on the importance of proximity of mother and infant for breastfeeding, and thus the gap in policy alignment of the recommended duration of six months for exclusive breastfeeding with the paid maternity leave period (mentioned first time in the discussion)

Page 4/5, line 135-139: This is an important comment for the reader to understand the focus on the right-holders to

<https://mail.google.com/mail/u/0/?ik=f06e0c254f&view-pt&search=all&permthid=thread-f%3A174926798888467048%7Cmsg-f%3A1749267988...> 2/4

breastfeeding versus duty bearers and the need for using sexed language when it is relevant. You might want to add a reference related to this point.

Page 10, line 280: Consider using more women and child-centered language and replace "delivering" with "giving birth to a child" here and other places. It is mostly done already in the paper, and you might have a special reason for not doing it here.

Page 13, Line 333. Remove double spacing before new sentence.

Limitations: Consider also adding that you did not include any grey literature and most of the evidence is probably in this format. An alternative approach could have been to check some key websites of normative agencies and civil society organisations known to focus on maternity protection.

Recommended research to be conducted could be to look at grey literature and published original research in other languages than English. That should be relatively easy to do these days, at least at level 1, with the translation functions by google, Microsoft and specific Apps.

Page 18, Line 485-486: Consider specifying that the publications referred to are original research in peer-reviewed journals and in English, to highlight the limitations and avoid generalisation.

Reviewer 2

I thank the opportunity to review this timely a relevant scope review focused on maternity protection benefits available and accessible to "non-standard workers" in LMICs and its connection to breastfeeding. While the topic is very relevant, the review has some areas of improvement that would need to be address. Please find my comments below.

Background

Line 91 – I would strongly encourage authors to define informal employment and acknowledge that the definition varies across settings.

Line 93 – I would also encourage the authors to clarify for the audience what is the difference between informal and non-standard employment as well as the measurement challenges that this encompasses. It is also important to justify why did you pick the use the term non-standard vs informal.

Line 100 – I would suggest erasing the first sentence, as the topic has already been addressed in the prior paragraphs.

Methods

Was the protocol registered?

Did you get any support form librarians to define the search? If yes, I would definitely include this in the methods. If not, this might actually be a limitation (I do not feel strongly about this, is just a suggestion).

Sentences in lines 135-139 needs to be revised. I think the "Therefore" is not the best connector between sentences.

Line 142 (point 1): Did the search algorithms varied according to the type of search engine? Different search engines might need differential Boolean algorithms. Can you please specific? Also, did you test the validity of your search strategy?

Keep in mind that there is a language limitation in the scope review that might be excluding papers form LMICs. Make sure to address this in the limitations section of the discussion.

Line 165: please find the citation for the software Endonte.

Results

I am also puzzled about why authors did not include reasons around exclusion of abstracts. If data is available would be great to have it.

Line 244: be consistent in using actual numbers versus written numbers.

Section on study characteristics. Visually it would be very helpful to include a map.

Can you present some data about the types of methods used in the reviewed literature? This will actually allow understanding gaps in terms of the approaches. In addition, be very explicit about how the papers connect to/ inform breastfeeding.

While the results are relevant, I believe further packaging is needed, as presented there seems to be a lot of summarizing of specific papers. Can you further compress the trends in the literature? For example, see some of the following recent published reviews in the breastfeeding field to better understand the type of "packaging" I am suggesting.

Vilar-Compte, Mireya, et al. "Breastfeeding at the workplace: a systematic review of interventions to improve workplace environments to facilitate breastfeeding among working women." *International journal for equity in health* 20.1 (2021): 1-21.

Segura-Pérez, Sofía, et al. "Risk factors for self-reported insufficient milk during the first 6 months of life: A systematic review." *Maternal & Child Nutrition* (2022): e13353.

Some alternatives to aid this would be topic specific or method specific tables or diagrams.

Discussion

Key aspects that should be highlighted:

- where are the geographic or methodological gaps in the literature? (even if it is not a systematic review, you have a lot of room to further discuss methodological questions)
- why do we need this evidence to foster policy changes in the area of gender equity, social justice and/or breastfeeding support, protection and promotion?

An aspect that should be acknowledge in the discussion is that LMIC encompass a very heterogenous sample in terms of the percentage of "informal workers". For example, while in countries like Brazil is about 40% of the female workforce, in others countries like Ghana is around 90%. Intervening for maternity protection might be very different in such different settings.

Please also keep in mind my prior comment about the limitations imposed by the language of the search.

Editor-in-Chief comments

Editor's comment	Authors' response
1. References in the text should be in square brackets. If using a software program, you can select a style like BMC Pregnancy & Childbirth.	We have changed the formatting of the references.
2. Figure 1 - typo in PRIMSA. Please upload the figure separately. Just the title of the figure should be included near the end of the manuscript.	Thank you, typo has been corrected. Figure has been saved and uploaded separately and title of figure inserted after conclusions.
3. Reference list. No need for month of publication. No need to say "[Internet]" everywhere. If journal is not listed on PubMed, please use the full title #12. Hirani., Premji. Neonatal, Pediatric and Child Health Nursing. #13. Chai et al. Should be BMJ Glob Health - not Heal. Please use sentence case for title of articles, #14. The development benefits . . . If this is a journal, there is no need to say "available from". #22. Sentence case for title of article. Also another pesky "Heal" instead of Health. #29. Another "Heal". And this is a BMC journal - so no issue number - please delete the "1". #32. IJ - no issue number - please delete the "1". #33, 34, 36. Ditto. Please double-check all references are correct before resubmitting.	Thank you, we have addressed all of the referencing issues and have tried to ensure consistency with new references added to the revised version.
Table 1 - please add the reference numbers for the list of publications (as well as author and year). No need for authors' initials. You could just use first author's name if you like.	Thank you, we have made the suggested changes to Table 1.

Reviewer 1 comments

Reviewer's comment	Authors' response
Overall comments: Congratulations to the authors for completing and documenting this scoping review to assess the published evidence in English since 2000 on availability and access to maternity protection entitlements for non-standard workers in low-and-middle-income countries and potential implications for breastfeeding. The scoping review follows the recognized	Thank you very much for the positive feedback.

Reviewer's comment	Authors' response
<p>methodology by Joanna Briggs Institute and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). The scoping review is relevant as countries had two decades to follow up on the 2000 ILO's Maternity Protection Convention and progress on extending maternity protection entitlements for women working in the informal sector. The manuscript is also well-written and can be accepted for publication in the current format.</p>	
<p>Minor suggestions for consideration by the authors during a final round of editing and proofreading:</p>	
<p>Title: Consider adding a timeframe such as "since 2000" or "since the 2000 ILO's Maternity Protection Convention."</p>	<p>Thank you for the suggestion, we have edited the title to include a time frame. Pg 1, lines 2-3.</p>
<p>Terminology: Consider using right-based language when possible in the title and manuscript throughout and replace "benefits" with "entitlements", "rights" or similar normative terminology. ILO is not consistently doing this and the same applies to countries not recognizing socioeconomic rights in the same way as civil rights, so some mixed language is expected when citing the evidence.</p>	<p>Thank you for the suggestion and explanation. We have done this throughout – except for where the word benefit has been used to refer to something other than rights or entitlements and also except for in the section that describes the search strategy, where the term benefit was used.</p>
<p>Page 2, line 36: Consider replacing "Optimal breastfeeding practices" with "recommended breastfeeding practices".</p>	<p>This has been changed. Pg 2, line 36.</p>
<p>Page 3, line 73-74: Consider adding other references such as Dylan Walters et al or original research articles with updated numbers based on evidence for other conditions that brings the mortality for women closer to 100,000 and includes more details on financial costs of inaction.</p>	<p>We have updated the mortality for women statistics, and included a sentence describing financial cost, referencing Walters et al. Thank you for this suggestion. Pg 3, Lines 76-79</p>
<p>Page 3, line 74-75. Consider normative language for breastfeeding and throughout the manuscript since the word "benefit" presents breastfeeding not as the biological norm of feeding infants and young children.</p>	<p>We have revised the wording of this sentence to be more appropriate. Pg 3, lines 79-81.</p>
<p>Page 4, line 89-91: Consider also adding infant mortality and maternal depression references related to the health protection research on maternity leave mentioned.</p>	<p>We have added infant mortality and maternal depression and associated references. Pg 4, Lines 97-98.</p>
<p>Page 4, line 100-107: Consider elaborating for the reader on the importance of proximity of mother and infant for breastfeeding, and thus the gap in policy alignment of the recommended duration of six months for exclusive breastfeeding with the paid maternity leave period (mentioned first time in the discussion)</p>	<p>We have added 2 sentences to address this. Pg 5, Lines 123-126.</p>

Reviewer's comment	Authors' response
Page 4/5, line 135-139: This is an important comment for the reader to understand the focus on the right-holders to breastfeeding versus duty bearers and the need for using sexed language when it is relevant. You might want to add a reference related to this point.	We have added text to address this comment. Pg 6, Line 160.
Page 10, line 260: Consider using more women and child-centered language and replace “delivering” with “giving birth to a child” here and other places. It is mostly done already in the paper, and you might have a special reason for not doing it here.	We have made the change as suggested, thank you. Pg 11, Line 273.
Page 13. Line 333. Remove double spacing before new sentence.	Done, thank you. Pg 13, Line 346.
Limitations: Consider also adding that you did not include any grey literature and most of the evidence is probably in this format. An alternative approach could have been to check some key websites of normative agencies and civil society organisations known to focus on maternity protection.	We have added the exclusion of grey literature as a limitation. Pg 19, Line 490.
Recommended research to be conducted could be to look at grey literature and published original research in other languages than English. That should be relatively easy to do these days, at least at level 1, with the translation functions by google, Microsoft and specific Apps.	We have added a recommendation on this. Pg 18, Line 479.
Page 18, Line 465-466: Consider specifying that the publications referred to are original research in peer-reviewed journals and in English, to highlight the limitations and avoid generalisation.	We have made the addition as suggested, thank you. Pg 19, Line 494.

Reviewer 2 comments

Reviewer's comment	Authors' response
I thank the opportunity to review this timely a relevant scope review focused on maternity protection benefits available and accessible to “non-standard workers” in LMICs and its connection to breastfeeding. While the topic is very relevant, the review has some areas of improvement that would need to be address. Please find my comments below.	Thank you very much for the constructive feedback.
Background Line 91 – I would strongly encourage authors to define informal employment and acknowledge that the definition varies across settings.	We have included a definition of informal employment. Pg 4, lines 101-108.
Line 93 – I would also encourage the authors to clarify for the audience what is the difference between informal and non-standard employment as well as the	We have defined non-standard employment, justified its use, and added a sentence to acknowledge the measurement challenges.

Reviewer's comment	Authors' response
measurement challenges that this encompasses. It is also important to justify why did you pick the use the term non-standard vs informal.	Pg 4, lines 101-109.
Line 100 – I would suggest erasing the first sentence, as the topic has already been addressed in the prior paragraphs.	This sentence has been removed. Pg 5, line 119.
Methods Was the protocol registered?	No, the protocol was not registered, we have added this to the sentence about the protocol. Pg 6, line 140-141.
Did you get any support from librarians to define the search? If yes, I would definitely include this in the methods. If not, this might actually be a limitation (I do not feel strongly about this, is just a suggestion).	Yes, we did get librarian support to define the search and have added a sentence to describe this. Pg 7, line 182-184.
Sentences in lines 135-139 needs to be revised. I think the “Therefore” is not the best connector between sentences.	We have removed ‘therefore’ and added some text for clarity. Pg 6, lines 159-160.
Line 142 (point 1): Did the search algorithms varied according to the type of search engine? Different search engines might need differential Boolean algorithms. Can you please specific? Also, did you test the validity of your search strategy?	We have added a sentence to describe that the search terms were adapted to meet the requirements of the different search engines. Pg 7, line 179-180. The process described in step 1 was to validate the search strategy. Pg 7, lines 166-170.
Keep in mind that there is a language limitation in the scope review that might be excluding papers from LMICs. Make sure to address this in the limitations section of the discussion.	We have added a specific sentence to address this in the limitations. Pg 19, line 490-491.
Line 165: please find the citation for the software Endnote.	We have added a citation to the EndNote software programme. Pg 8, line 190.
Results I am also puzzled about why authors did not include reasons around exclusion of abstracts. If data is available would be great to have it.	We have added two sentences to the methods section to justify the exclusion of abstracts. Pg 8, lines 195-199.
Line 244: be consistent in using actual numbers versus written numbers.	The convention we have used is that numbers below 10 should be written out in full text, unless it is “n=” in which case the number is used, and we have been consistent with this convention.
Section on study characteristics. Visually it would be very helpful to include a map.	We have included Figure 2 as a map visualising the location of the included studies. This is referred to on Pg 9 line 236 and new figure is attached.
Can you present some data about the types of methods used in the reviewed literature? This will actually allow understanding gaps in terms of the approaches. In addition, be very explicit about how the papers connect to/ inform breastfeeding.	We have added a sentence to describe the types of methods using in the reviewed literature. We have indicated the connection to breastfeeding. Pg 9, lines 237-240.

Reviewer's comment	Authors' response
<p>While the results are relevant, I believe further packaging is needed, as presented there seems to be a lot of summarizing of specific papers. Can you further compress the trends in the literature? For example, see some of the following recent published reviews in the breastfeeding field to better understand the type of "packaging" I am suggesting.</p> <p>Vilar-Compte, Mireya, et al. "Breastfeeding at the workplace: a systematic review of interventions to improve workplace environments to facilitate breastfeeding among working women." <i>International journal for equity in health</i> 20.1 (2021): 1-21.</p> <p>Segura-Pérez, Sofia, et al. "Risk factors for self-reported insufficient milk during the first 6 months of life: A systematic review." <i>Maternal & Child Nutrition</i> (2022): e13353.</p> <p>Some alternatives to aid this would be topic specific or method specific tables or diagrams.</p>	<p>We have added two paragraphs to the results section and two tables (Tables 2 and 3) to better synthesise the findings.</p> <p>Pg 10, lines 250-267.</p>
<p>Discussion</p> <p>Key aspects that should be highlighted:</p> <ul style="list-style-type: none"> -where are the geographic or methodological gaps in the literature? (even if it is not a systematic review, you have a lot of room to further discuss methodological questions -why do we need this evidence to foster policy changes in the area of gender equity, social justice and/or breastfeeding support, protection and promotion? 	<p>We have added a paragraph on this at the end of the discussion, highlighting future research.</p> <p>Pg 18-19, lines 479-485.</p>
<p>An aspect that should be acknowledge in the discussion is that LMIC encompass a very heterogenous sample in terms of the percentage of "informal workers". For example, while in countries like Brazil is about 40% of the female workforce, in other countries like Ghana is around 90%. Intervening for maternity protection might be very different in such different settings.</p>	<p>We have added a short paragraph to acknowledge and incorporate this.</p> <p>Pg 17, lines 448-452.</p>
<p>Please also keep in mind my prior comment about the limitations imposed by the language of the search.</p>	<p>We have added a specific sentence to address this in the limitations.</p> <p>Pg 19, line 490-491.</p>



Catherine Pereira-Kotze <catherinejanepereira@gmail.com>

International Breastfeeding Journal: Decision on your manuscript

1 message

International Breastfeeding Journal <nagapriya.nagarajan@springernature.com>

Sat, Jan 7, 2023 at 3:10 AM

To: catherinejanepereira@gmail.com

Ref: Submission ID b5484c0b-57e2-4d57-9726-ea74ce3888e2

Dear Dr Pereira-Kotze,

Re: "Maternity protection entitlements for non-standard workers in low-and-middle-income countries and potential implications for breastfeeding practices: A scoping review of research since 2000"

We're delighted to let you know that your manuscript has been accepted for publication in International Breastfeeding Journal.

Prior to publication, our production team will check the format of your manuscript to ensure that it conforms to the journal's requirements. They will be in touch shortly to request any necessary changes, or to confirm that none are needed.

Checking the proofs

Once we've prepared your paper for publication, you will receive a proof. At this stage, please check that the author list and affiliations are correct. For the main text, only errors that have been introduced during the production process, or those that directly compromise the scientific integrity of the paper, may be corrected.

As the corresponding (or nominated) author, you are responsible for the accuracy of all content, including spelling of names and current affiliations.

To ensure prompt publication, your proofs should be returned within two working days.

Publication policiesAcceptance of your manuscript is conditional on all authors agreeing to our publication policies at: <https://www.springernature.com/gp/policies/editorial-policies>**Licence to Publish and Article Processing Charge**

As the corresponding author of an accepted manuscript, your next steps will be to complete an Open Access Licence to publish on behalf of all authors, confirm your institutional affiliation, and arrange payment of your article-processing charge (APC). You will shortly receive an email with more information.

Once again, thank you for choosing International Breastfeeding Journal, and we look forward to publishing your article.

Kind regards,

Lisa Amir
Editor
International Breastfeeding Journal

Appendix 9: Reviewer comments and author responses for published paper 2

Journal Editor and Reviewers comments for Paper 2, Legislation and Policies for the Right to Maternity Protection in South Africa: A Fragmented State of Affairs

6/23/22, 5:42 PM

Gmail - Journal of Human Lactation - Decision on Manuscript ID JHL-21-09-260



Catherine Pereira-Kotze <catherinejanepereira@gmail.com>

Journal of Human Lactation - Decision on Manuscript ID JHL-21-09-260

1 message

Journal of Human Lactation <onbehalf@manuscriptcentral.com>

Sat, Oct 16, 2021 at 2:42 PM

Reply-To: jheditorinchief@gmail.com

To: catherinejanepereira@gmail.com

Cc: jhlmanagingeditor@gmail.com, catherinejanepereira@gmail.com, mieke.faber@mrc.ac.za, dcooper@uwc.ac.za

16-Oct-2021

Dear Ms. Pereira-Kotze,

I write you in regards to manuscript # JHL-21-09-260 entitled "Legislation and Policies for the Right to Maternity Protection in South Africa: Disorganised and Dispersed" which you submitted to the Journal of Human Lactation.

Reviewers appreciated the importance of this topic and that it would be of interest to the lactation community. However, they also felt that it was not scholarly, well organized or clearly written. In view of the reviewers' critiques at the bottom of this letter, we are unable to accept your manuscript for publication in the Journal of Human Lactation. Although in its current form it is a rejection, we are very interested in receiving a re-envisioning of this manuscript that reflects a more critical and scholarly analysis. I hope you will broaden your authorship team, adding these skills and resubmit.

Thank you for considering the Journal of Human Lactation for the publication of your research. I hope the outcome of this specific submission will not discourage you from the submission of future manuscripts.

Joan E. Dodgson, PhD, MPH, RN, FAAN
Editor-in-Chief
Journal of Human Lactation

Reviewer: 1

Comments to the Author

Thanks for this interesting paper. Here are my suggestions/comments.

Might you consider making your analysis and recommendations more gender inclusive? An increasing number of pregnant and lactating parents do not identify as women and yet need legal support. Additionally, non-birthing and non-lactating parents (be they adoptive or intended parents or primary or equal caregiving parents partnered with a birthing/lactating parent) should also have rights such as paid parental leaves, leaves to accompany their partner to pre- and post-natal medical appointments, lactation support and education sessions, among other entitlements necessary to foster gender equality in infant- and child-care. See, e.g., Fontana, David and Schoenbaum, Naomi, Unsexing Pregnancy (March 11, 2019). Columbia Law Review, Vol. 119, 2019, Available at SSRN: <https://ssrn.com/abstract=3350592>

It would be helpful to say more about why you decided to pick the ILO recommendations as a baseline for your research. Some domestic legal systems have gone beyond ILO by providing broader parental protections and an explanation of why these are not considered would be useful. Additionally, ILO standards only focus on working women, raising the question whether all parents should benefit from legal protections or only working parents. By broadening the focus beyond the employed, parents who are self-employed, employed informally, or non-employed (but overwhelmed with housework and caregiving responsibilities) would still be able to access benefits.

On methodology: did you include case law in your research? Judicial decisions are an important source of law on maternity rights and litigation often reveals the practical issues in the path of parents.

Page 12: It's awkward to classify the Constitution under the category of "legislation" as lawyers/legal scholars consider constitutional standards to be distinct from regular legislation.

Finally, it would be useful to discuss whether there are discrepancies in access to maternity rights in SA in terms of race, ethnicity, education, socio-economic backgrounds.

Reviewer: 2

<https://mail.google.com/mail/u/0/?ik=f06e0c254f&view=pt&search=all&permthid=thread-f%3A1713783988256573591%7Cmsg-f%3A1713783988...> 1/2

Comments to the Author

General Comments: The purpose of this paper is to describe the legal and policy landscape of South Africa's maternity protection and compare it to global recommendations. The authors use a qualitative approach to analyze documents, conduct key informant interviews, and synthesize published literature.

I think there is value in this paper, but it needs serious improvements before publication. I offer a handful of constructive critiques below.

Specific Comments:

1. There are far too many acronyms (some undefined) throughout the paper. I appreciate the desire to make the prose more efficient, but it is almost impossible to keep track of these. The authors should seriously consider eliminating as many as possible from the paper. They are a distraction.
2. The general structure of the paper also makes it difficult to follow. The typology for maternity protection is helpful, but the discussion of these typological elements gets muddled. I recommend that the authors make a better effort to highlight each of these elements individually (but embedded within the appropriate section) using an alphanumeric scheme. This addition will make a stronger connection between Table 2 and the writing... which is essential.
3. Only three key informants? Really? Three is certainly better than zero, but this is a tiny group that likely fails to capture the breadth of expertise and experience regarding maternity protections in South Africa.
4. The Ernst & Young (2019) citation is curious to me. This group is an accounting firm (mainly). I don't understand the context of this report or its heavy use by the authors in the discussion section. In fact, the authors' conclusions seem to mimic those provided by Ernst and Young. More importantly, this report does not appear to be publicly accessible to readers.
5. Much of the discussion section uses anecdotal evidence to evaluate protection policies and make subsequent recommendations. This is not good practice and I certainly would hesitate to suggest, for example, "Many women report that they do not have a private space to express breastmilk upon return to work, resulting in women resorting to breastfeeding in toilets, cars or locking offices to express milk." The authors cite Head (2017) regarding a culture of non-acceptance, but the authors have no first-hand accounts of this or any evidence to support these statements. While nobody would doubt that this occurs in the workplace... even in countries with progressive breastfeeding policies... the authors simply don't have any rigorous empirical evidence to confirm such practices.
6. The recommendations made by the authors are helpful, but these are certainly not novel or new. South Africa needs to make progress here – but couldn't one make the same recommendations for any place that is struggling with maternity protections?

Associate Editor

Comments to the Author:
(There are no comments.)

Comments	Author responses
<p>Editor</p> <p>Reviewers appreciated the importance of this topic and that it would be of interest to the lactation community. However, they also felt that it was not scholarly, well organized or clearly written. In view of the reviewers' critiques at the bottom of this letter, we are unable to accept your manuscript for publication in the Journal of Human Lactation. Although in its current form it is a rejection, we are very interested in receiving a re-envisioning of this manuscript that reflects a more critical and scholarly analysis. I hope you will broaden your authorship team, adding these skills and resubmit.</p>	<p>Thank you for the feedback on the importance of the topic and suggestions for improvements. We have reviewed the whole document and made several changes to improve the academic writing and critical analysis throughout the paper. As recommended, we have also broadened our authorship team to include a professor of labour and social security law who has provided important legal inputs.</p>
<p>Reviewer 1</p>	
<p>Might you consider making your analysis and recommendations more gender inclusive? An increasing number of pregnant and lactating parents do not identify as women and yet need legal support. Additionally, non-birthing and non-lactating parents (be they adoptive or intended parents or primary or equal caregiving parents partnered with a birthing/lactating parent) should also have rights such as paid parental leaves, leaves to accompany their partner to pre- and post-natal medical appointments, lactation support and education sessions, among other entitlements necessary to foster gender equality in infant- and child-care. See, e.g., Fontana, David and Schoenbaum, Naomi, Unsexing Pregnancy (March 11, 2019). Columbia Law Review, Vol. 119, 2019, Available at SSRN: https://ssrn.com/abstract=3350592</p>	<p>We acknowledge that gender inclusivity is an important component of maternity protection. An additional paragraph (number 6) has been added to the Discussion to bring attention to this issue (page 23-24).</p>
<p>It would be helpful to say more about why you decided to pick the ILO recommendations as a baseline for your research. Some domestic legal systems have gone beyond ILO by providing broader parental protections and an explanation of why these are not considered would be useful.</p>	<p>We agree that the ILO recommends minimum protections and that some countries have gone beyond the ILO recommendations. We chose ILO since it would be more applicable to low- and-middle-income-country settings that are struggling to put in place even the minimum requirements. We have added a paragraph (3, page 4-5) to the Background to justify use of the ILO recommendations. We have also added consideration of CEDAW to the interpretation of maternity protection in SA, and therefore in certain parts we now refer to 'international standards' and not only ILO recommendations.</p>
<p>Additionally, ILO standards only focus on working women, raising the question whether all parents should benefit from legal protections or only working parents. By broadening the focus beyond the employed, parents who are self-employed, employed informally, or non-employed (but overwhelmed with housework and caregiving responsibilities) would still be able to access benefits.</p>	<p>Thank you for the comment regarding self-employed, employed informally, or non-employed. We agree that this is very important. A paragraph has been added to the end of the Discussion (just before the recommendations, page 24) to address the issue of protection for informal or self-employed women. This will be addressed in more depth by a second paper on</p>

Comments	Author responses
	this research. We feel there is insufficient space to deal with this adequately in this paper.
On methodology: did you include case law in your research? Judicial decisions are an important source of law on maternity rights and litigation often reveals the practical issues in the path of parents.	Thank you for this comment, we agree that case law would be helpful. However, due to the word count limit for this manuscript and the limited cases on this issue, we have been unable to include description of relevant case law.
Page 12: It's awkward to classify the Constitution under the category of "legislation" as lawyers/legal scholars consider constitutional standards to be distinct from regular legislation.	Thank you for the feedback. This classification has been changed and we have put the Constitution in its own category (in the text and the 2 tables).
Finally, it would be useful to discuss whether there are discrepancies in access to maternity rights in SA in terms of race, ethnicity, education, socio-economic backgrounds	Have added a sentence to the last paragraph of the Discussion (page 24) to say that there is no existing research on whether access to maternity protection differs based on socio-economic status.
Reviewer 2	
Specific Comments:	
1. There are far too many acronyms (some undefined) throughout the paper. I appreciate the desire to make the prose more efficient, but it is almost impossible to keep track of these. The authors should seriously consider eliminating as many as possible from the paper. They are a distraction.	Thank you for the feedback. All acronyms have been removed in the text and tables, except for ILO and SA which are commonly known and used often throughout the manuscript.
2. The general structure of the paper also makes it difficult to follow. The typology for maternity protection is helpful, but the discussion of these typological elements gets muddled. I recommend that the authors make a better effort to highlight each of these elements individually (but embedded within the appropriate section) using an alphanumeric scheme. This addition will make a stronger connection between Table 2 and the writing... which is essential.	In the results section, the different categories of documents have been numbered, and we have used this numbering throughout the results section and added to the sub heading which components of maternity protection are included and described.
3. Only three key informants? Really? Three is certainly better than zero, but this is a tiny group that likely fails to capture the breadth of expertise and experience regarding maternity protections in South Africa.	While this is a small sample it was purposively selected to represent each of the three national departments with responsibility for an aspect of maternity protection. A sentence has been added to the paragraph on sample that these three key informants were included for "their knowledge and experience working directly with national maternity protection policy in SA". This is also addressed in the limitations section.
4. The Ernst & Young (2019) citation is curious to me. This group is an accounting firm (mainly). I don't understand the context of this report or its heavy use by the authors in the discussion section. In fact, the authors' conclusions seem to mimic those provided by Ernst and Young. More importantly, this report does not appear to be publicly accessible to readers.	A sentence has been added to the Methods section describing that the research by Ernst and Young was commissioned by the National Department of Employment and Labour (page 8). The reason we have referred to it quite a bit is that it is the most recent and comprehensive primary research that has been conducted on maternity protection in SA. However, we have

Comments	Author responses
	<p>also now included reference to other SA research in addition to the Ernst & Young report.</p> <p>This report is publicly available on the NDEL website – in the original submission, weblink was not included in the references (this was an oversight), but it has now been added in.</p>
<p>5. Much of the discussion section uses anecdotal evidence to evaluate protection policies and make subsequent recommendations. This is not good practice and I certainly would hesitate to suggest, for example, “Many women report that they do not have a private space to express breastmilk upon return to work, resulting in women resorting to breastfeeding in toilets, cars or locking offices to express milk.” The authors cite Head (2017) regarding a culture of non-acceptance, but the authors have no first-hand accounts of this or any evidence to support these statements. While nobody would doubt that this occurs in the workplace... even in countries with progressive breastfeeding policies... the authors simply don’t have any rigorous empirical evidence to confirm such practices.</p>	<p>These sentences have been removed and more has been added to the Discussion that references peer-reviewed publications (5th paragraph of the Discussion).</p>
<p>6. The recommendations made by the authors are helpful, but these are certainly not novel or new. South Africa needs to make progress here – but couldn’t one make the same recommendations for any place that is struggling with maternity protections?</p>	<p>Thank you for this comment. We have reviewed the recommendations and while they are likely to be applicable to many similar settings, they do highlight the fact that in 2021 despite 21 years since the latest ILO recommendations, an upper-middle income country like SA is still not providing comprehensive maternity protection. Progress in implementing progressive policy and legally enforceable actions is required for SA to reach the SDGs, several of which rely on application of strong maternity protection.</p>



Catherine Pereira-Kotze <catherinejanepereira@gmail.com>

Journal of Human Lactation - Decision on Manuscript ID JHL-21-12-347

1 message

Journal of Human Lactation <onbehalf@manuscriptcentral.com>

Mon, Jan 10, 2022 at 5:14 PM

Reply-To: jheditorinchief@gmail.com

To: catherinejanepereira@gmail.com

Cc: jhlmanagingeditor@gmail.com, catherinejanepereira@gmail.com, kmalherbe@uwc.ac.za, mieke.faber@mrc.ac.za, Tanya.doherty@mrc.ac.za, dcooper@uwc.ac.za

10-Jan-2022

Dear Ms. Pereira-Kotze,

Manuscript ID JHL-21-12-347 entitled "Legislation and Policies for the Right to Maternity Protection in South Africa: A fragmented state of affairs" has been reviewed. This is a timely topic that I think will be of interest to our readers. However, major revisions are needed. Please see the reviewers' comments and the Revision Checklist below. As you revise, please pay close attention to our Author Directions (attached) and APA format (<https://apastyle.apa.org/>), as there are numerous places where this manuscript does not adhere to them. JHL follows these strictly and does not publish articles that do not adhere completely.

When submitting your revised manuscript, you are required to respond point by point to the comments made by the Associate Editor and reviewer(s) in the "Author's Response" box provided on the SAGE track Web site. You also can use this box to document any changes you made to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the Associate Editor and reviewer(s). Include the page and line numbers of your original manuscript and include any added text.

Highlight the changes to your original manuscript within the new document by using bold or colored text. **IMPORTANT:** do not use the "Track Changes" tool as this allows your name to be seen by reviewers.

To submit your revised manuscript, log into <https://mc.manuscriptcentral.com/jhl> and enter the Author Center, where you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision." Your manuscript number will have been appended to denote this revision.

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

For timely publication of your manuscripts, your revision should be uploaded as soon as possible. If it is not possible for you to submit your revision within 45 days after you receive this email, we may have to consider your paper as a new submission. If you are not able to make these revisions within this timeframe, please contact us before creating a new submission. Should you need an extended deadline or have any questions while revising, please contact us at jhlmanagingeditor@gmail.com.

Once again, thank you for submitting your manuscript to the Journal of Human Lactation and I look forward to receiving your revision.

Sincerely,
Joan E. Dodgson, PhD, MPH, RN, FAAN
Editor-in-Chief
Journal of Human Lactation
jheditorinchief@gmail.com

Reviewer(s)' Comments to Author:

Reviewer: 1

Comments to the Author
Please see my comments attached.

Reviewer: 2

Comments to the Author
Methodology to review current laws/policies/guidelines is clear, and could easily be replicated elsewhere. Interview

<https://mail.google.com/mail/u/0/?ik=f06ecc254f&view-pt&search=all&permthid=thread-f%3A1721588650424949109%7Cmsg-f%3A1721588650...> 1/2

commentary making the letter of the law come alive was very helpful. Reminds us how laws indeed impact real live human beings.

Reviewer: 3

Comments to the Author

Review: Legislation and Policies for the Right to Maternity Protection in South Africa: A fragmented state of affairs






General Comments: The purpose of this paper is to describe the legal and policy landscape of South Africa's maternity protection and compare it to global recommendations. The authors use a qualitative approach to analyze documents, conduct key informant interviews, and synthesize published literature.

The authors improved this paper. Good work! However, it needs some minor revisions before publication.

Specific Comments:

1. The authors have done a better job with the acronyms. Several are still missing from their "abbreviation" list, including CEDAW, EBF, and a few others. Basically, if you are using them in the paper, put them in the abbreviations list.
2. The general structure of the paper is better, but the typology for maternity protection remains strange. The alphanumeric scheme is a step in the right direction, but having these labeled as subsections in the paper (referencing Table 2) is still weird. I recommend that the authors discuss each of these components, embedding their references to the Table 2 sections (alphanumeric) "within" the prose. One only needs to look at #3 (National Policy) to see that the revised (and current) use of this structure is odd. The title of the subsection is almost as long as the description. Be creative and tidy this material up...
3. My concern about using only three key informants remains. Again, this is certainly better than zero, but this is a tiny group that likely fails to capture the breadth of expertise and experience regarding maternity protections in South Africa... even if they were carefully selected.
4. The Eamst & Young (2019) citation remains curious to me. The authors' conclusions still seem to mimic those provided by Ernst and Young. While the authors provide a link to this report in the references section, it remains unavailable (at least to me) when one tries to connect to the report.
5. The recommendations made by the authors are helpful, but these are certainly not novel or new. South Africa needs to make progress here – but couldn't one make the same recommendations for any place that is struggling with maternity protections? Further, recommendations are easy to make... can the authors provide any prescriptive guidelines for helping accomplish these recommendations (e.g., frameworks, policy changes, etc.)? For example, how does a country like SA integrate maternity protection policy across government departments? Will this require a national effort? Or, is it something more mundane? Please be specific with your recommended strategies.

5 attachments

-  **Author-Directions-Qualitative-Research.pdf**
202K
-  **Dodgson-Reflexivity.pdf**
139K
-  **Revision-Checksheet--JHL-21-12-347.docx**
37K
-  **data-analysis-structure-table.docx**
236K
-  **JHL Comments South Africa Maternity Protections.pdf**
29K

Author responses to Reviewers' and Editor's comments received 10 January 2022

Comments	Author responses
<p>Editor Manuscript ID JHL-21-12-347 entitled "Legislation and Policies for the Right to Maternity Protection in South Africa: A fragmented state of affairs" has been reviewed. This is a timely topic that I think will be of interest to our readers. However, major revisions are needed. Please see the reviewers' comments and the Revision Checklist below. As you revise, please pay close attention to our Author Directions (attached) and APA format (https://apastyle.apa.org/), as there are numerous places where this manuscript does not adhere to them. JHL follows these strictly and does not publish articles that do not adhere completely.</p>	<p>Thank you. We have made changes based on the three Reviewers' comments, the Author Checklist for Revisions and the Author Directions and we hope we have addressed all feedback. All additions appear in red text. There were many changes made to spelling and punctuation and these have not been highlighted in different coloured text (for readability). Similarly, text that has been removed is not indicated.</p>
<p>Reviewer 1 I have one key overarching comment: Do the authors wish to be politically aspirational or politically practical? For example, concluding that the South African government and policy makers should implement a laundry list of new paid benefits for pre- and post-natal women is well and good but reflects a naiveté about political change. For example, calling on policymakers to legislate paid maternity leave for all women for 6 months, whether such women have paid into the social services program, ignores the entire structure of social services in South Africa. Further, making such a call without mention of cost lacks a certain political sophistication. I would argue that the authors should explore offering a set of tiered recommendations which could include practical recommendations to market and educate employers and employees about the current laws (for example by working with "Civil Society Organisations" in SA to ensure access to the benefits which EXIST today, among other things) and then perhaps to present the larger, aspirational goals. I offer additional comments in the "recommendations" section of this review.</p>	<p>We would like to be politically practical and have made quite a few changes to the recommendations section (Pg 19-20) to address this. Thank you for the feedback.</p>
<p>Key Messages: As required by the JHL Manuscript Submission guidelines for Key messages, messages one and two identify the gap in knowledge base the study aims to elucidate and the final message explains to the reader the "significance of the study". I found the Key Messages clear.</p>	<p>Thank you.</p>
<p>Abstract: P. 2, line 27, please clarify to which "guidelines" you refer</p>	<p>We have removed this level of detail from the abstract and simply refer to national policy documents (Pg 1). In the Methods section of the article, this is now expanded on (Table 2) to describe the different kinds of policy documents including guidelines.</p>
<p>p. 2, line 29, correct incomplete sentence "This...."</p>	<p>Replaced the word 'this' with 'the document analysis'. (Pg 1)</p>

Comments	Author responses
p. 2, lines 40 and 42, place a subject in the sentences in the place of “This”.	Line 40: replaced the word ‘this’ with ‘the fragmented policy environment’. Line 42: replaced the word ‘this’ with ‘the confusion regarding maternity protection rights’ (Pg 1)
p. 2, line 54, provide greater detail on which “measures” you recommend.	The words ‘legislative and implementation’ have been added before ‘measures’ to provide clarity. (Pg 1)
<p>Background:</p> <p>p. 6, line 36 – The authors have introduced us to two concepts: Social security (benefits) and social assistance (benefits). Then, the authors use a term “social insurance” at line 36. Please clarify for the reader that the term “social insurance” refers to insurance which yields social security cash benefits. (This is the type of benefit available when an employee has “paid” into the system.)</p>	Have incorporated this text into the sentence. (Pg 2)
<p>Methods:</p> <p>p. 9, line 15 – The authors include a catch-all group of “guidelines” here again and define them as “recommendations”. For the recommendations to be included in a scholarly article on law and policy, they should be made by governmental agencies. For example, guidelines offered by a partisan, political private organization would not be appropriate. More information on “whom” made the recommendations is important here. (Perhaps reference your chart here).</p>	This sentence has been moved to the Sample section (Pg 5-6), on advice from the journal editor. The word ‘guidelines’ has been expanded to ‘national policies and guidelines’ and the following has been added in parentheses, after the word guidelines - (e.g., Codes of Good Practice, national Declaration, national guideline, national booklet and national position paper – see Table 1). (Pg 5) Furthermore, ‘national guidelines’ have been defined as a code in the Data Analysis Structure table that has been added. (Table 2)
<p>Later (on page 14 we learn of which guidelines you consulted which included a Trade Union position paper). This trade union is the largest of three operating in SA, and why its recommendations were included is not clear. Please consider adding data on how many of SA’s female workers are in this Trade Union, if that is, in fact, why this particular Trade Union’s recommendations were included in the study. Otherwise, it seems an inappropriate source.</p>	The Trade Union position paper was included because the trade union that published it (COSATU) is the biggest trade union federation in SA and the only one with a maternity protection position paper. This trade union is in an alliance with the governing party and therefore its views are influential when it comes to determining government policy. Trade union guidelines can potentially form part of collective agreements thereby shaping the applicable law. This information has been added to the second paragraph of the Discussion (Pg 15). There is not publicly available information on how many female workers are members of COSATU.
<p>Discussion:</p> <p>The authors repeatedly refer to “lack of knowledge and awareness of rights” as a core issue in South Africa (p. 18, line 49 and again on p. 20 at lines 17 where the authors explain it is lack of education and awareness on the parent’s part which rests in delays of payment of some claims.) Yet, the authors then jump to a big, unsupported conclusion that the cash benefit “route” in SA fails to meet ILO requirements. If there are policies in place and laws which undergird those policies, but many women fail to</p>	Thank you for this comment. Additional, specific recommendations have been added to the recommendations section to address this (Pg 19-20).

Comments	Author responses
access the benefits the law affords, the authors should explore solutions which redress the issues they discovered.	
p. 20, lines 33-38 - If fulfilling all ILO requirements results in better breastfeeding outcomes as the authors have posited and four countries do fulfill the requirements, then please offer to the reader the corresponding initiation and duration rates of breastfeeding for these countries to support your thesis.	We have included data on breastfeeding rates from these countries (Pg 17).
p. 22, lines 33 et seq. - The authors reference a Green Paper and its promises but then do not include a recommendation for advocacy for the recommendations contained therein in the recommendations section. Why not?	Thank you for this comment, a number of recommendations have been added to the Recommendations section (Pg 19-20), some of which are based on the Green Paper.
<p>Recommendations:</p> <p>p. 22, lines 47 et seq. - This paragraph appears to be a high-level summary. The authors have missed the opportunity to make detailed, significant and achievable recommendations. For example, what should be done with the Green Paper? Should the government partner with Civil Society Organisations to educate employees and employers about the legislative rights of workers? Should pregnant mothers have a hotline they can access to obtain help in filling out their applications for employment benefits? What about proliferation of one of the several marketing and educational brochures created by the National Department of Health? Could that move the needle on education and outcomes? This manuscript moves from expository to change-making if such recommendations were to be incorporated.</p>	Thank you for these suggestions, these have been incorporated and the recommendations section has been strengthened and made a lot more specific (Pg 19-20).
<p>Final thoughts:</p> <p>This is a compelling start to an important call for policy change. With discussion into specific recommendations for change within the current system, this manuscript could offer policymakers a call to action in its own right! Good luck!</p>	Thank you very much for the feedback.
Reviewer 2	
Methodology to review current laws/policies/guidelines is clear, and could easily be replicated elsewhere. Interview commentary making the letter of the law come alive was very helpful. Reminds us how laws indeed impact real live human beings.	Thank you for the feedback.
Reviewer 3	
<p>General Comments:</p> <p>The purpose of this paper is to describe the legal and policy landscape of South Africa's maternity protection and compare it to global recommendations. The authors use a qualitative approach to analyze documents, conduct key informant interviews, and synthesize published literature. The authors improved this paper. Good work! However, it needs some minor revisions before publication.</p>	Thank you.
Specific Comments:	The journal has indicated the following in its feedback:

Comments	Author responses
<p>1. The authors have done a better job with the acronyms. Several are still missing from their “abbreviation” list, including CEDAW, EBF, and a few others. Basically, if you are using them in the paper, put them in the abbreviations list.</p>	<p><i>“Delete the abbreviations page. JHL does not use this format. All abbreviations need to be spelled out the first time they are used in the text.”</i> Therefore, the abbreviation list has been removed.</p>
<p>2. The general structure of the paper is better, but the typology for maternity protection remains strange. The alphanumeric scheme is a step in the right direction, but having these labeled as subsections in the paper (referencing Table 2) is still weird. I recommend that the authors discuss each of these components, embedding their references to the Table 2 sections (alphanumeric) *within* the prose. One only needs to look at #3 (National Policy) to see that the revised (and current) use of this structure is odd. The title of the subsection is almost as long as the description. Be creative and tidy this material up...</p>	<p>The first part of the Results (the sub-section entitled ‘The Maternity Protection Policy Landscape in SA’ has been restructured according to the components of maternity protection. This has been indicated in red text in the revised manuscript (Pg 17-20).</p>
<p>3. My concern about using only three key informants remains. Again, this is certainly better than zero, but this is a tiny group that likely fails to capture the breadth of expertise and experience regarding maternity protections in South Africa... even if they were carefully selected.</p>	<p>Thank you for this comment. We have added a sentence to the Sample section of the Methods stating: “Although only three key informants were purposively identified, these informants were selected as important SA stakeholders for maternity protection including one informant from each of the departments involved in setting maternity protection policies.” (Pg 6). The purpose of the key informant interviews was to explore the findings from the document review with individuals who had developed the policies. It was therefore used to triangulate the desk review findings. The primary data collection was the desk review. We hope this addresses the reviewer’s comment</p>
<p>4. The Earnst & Young (2019) citation remains curious to me. The authors’ conclusions still seem to mimic those provided by Ernst and Young. While the authors provide a link to this report in the references section, it remains unavailable (at least to me) when one tries to connect to the report.</p>	<p>We have cited this because it is the most recent and comprehensive primary research (and commissioned by the Department of Employment and Labour) that has been conducted on maternity protection in SA.</p>
<p>5. The recommendations made by the authors are helpful, but these are certainly not novel or new. South Africa needs to make progress here – but couldn’t one make the same recommendations for any place that is struggling with maternity protections? Further, recommendations are easy to make... can the authors provide any prescriptive guidelines for helping accomplish these recommendations (e.g., frameworks, policy changes, etc.)? For example, how does a country like SA integrate maternity protection policy across government departments? Will this require a national effort? Or, is it something more mundane? Please be specific with your recommended strategies.</p>	<p>Thank you for this comment and the suggestions, we have strengthened the recommendations section and made more specific recommendations (Pg 19-20). We have now suggested statutory reforms (which will bind all government departments and will be a national effort).</p>



Catherine Pereira-Kotze <catherinejanepereira@gmail.com>

Journal of Human Lactation - Decision on Manuscript ID JHL-21-12-347.R1

1 message

Journal of Human Lactation <onbehalf@manuscriptcentral.com>

Wed, Feb 16, 2022 at 1:40 AM

Reply-To: jhleditorinchief@gmail.com

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15-Feb-2022

Dear Ms. Pereira-Kotze,

Your manuscript ID JHL-21-12-347.R1 entitled "Legislation and Policies for the Right to Maternity Protection in South Africa: A fragmented state of affairs" has been re-reviewed. We are pleased to inform you that your manuscript has been accepted for publication pending some necessary revisions, which are predominantly organizational. The manuscript is long too, so we have indicated where to trim it. There are still places where this manuscript adheres to our Author Directions (attached previously) and the APA Style Manual 7th Edition (<https://apastyle.apa.org/>). Please find attached the Revision Checklist, which details the required formatting and other clarification/corrections needed for this manuscript to be publication ready.

To revise your manuscript, log into <https://mc.manuscriptcentral.com/jhl> and enter your Author Center, where you will find your manuscript title listed under "Manuscripts with Decisions." Click on "Create a Revision." Your manuscript number will have been appended to denote a revision.

Please also highlight the changes to your original manuscript within the new document by using bold or colored text. **IMPORTANT: do not use the "Track Changes" tool as this allows your name to be seen by reviewers.**

Once the revised manuscript is prepared, you can upload it and submit it through the Author Center.

When submitting your revised manuscript, you are required to respond point by point to the comments made by the Associate Editor and reviewer(s) in the "Author's Response" box provided on the SAGE track Web site. You can use this box to document any changes you have made to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the Associate Editor and reviewer(s). Include the page and line numbers from your original manuscript and include any added text. Please do not upload your responses in a separate file.

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

For timely publication, of your manuscripts, your revision should be uploaded as soon as possible. If it is not possible for you to submit your revision within 14 days after you receive this email, we may have to consider your paper as a new submission. If you are not able to make these revisions within this time frame, please contact us before creating a new submission. Should you need an extended deadline, please contact us at jhlmanagingeditor@gmail.com.

As an international journal, JHL works to make its publication as accessible as possible with Native language abstracts. We would like you to submit your abstract in your Native language (if not English), as soon as possible.

Once again, thank you for submitting your manuscript to the Journal of Human Lactation and I look forward to receiving your revision.

Joan E. Dodgson, PhD, MPH, RN, FAAN
Editor-in-Chief
Journal of Human Lactation
jhleditorinchief@gmail.com

 Revision-Checklist-JHL-21-12-347.R1.docx

37K

Author responses to Reviewers' and Editor's comments received on 16 February 2022**Author Checklist for Revisions****QUALITATIVE RESEARCH**

Directions: Each item that is marked needs to be completely addressed in your revision. If you have questions, see our Author Directions and the *APA Manual 7th Ed* (<https://apastyle.apa.org/>)

Comments	Response
Overarching Requirements for All Manuscripts	
Use 7 th edition APA capitalization, italics and punctuation rules and APA approved abbreviations	Have tried to address these issues throughout the manuscript and references – hope all has been addressed.
All sections of the manuscript need to contain the information outlined in the author directions. Please pay close attention to the author directions as you revise your manuscript and ensure that all information is in the appropriate section. For example, some of the information in the discussion section may be more appropriate in other sections. Further, please only use the main sections that the author directions outlines namely, the recommendations section should be part of the discussion section, not on its own.	Have moved the recommendations to the discussion section.
To avoid plagiarism quotes shorter than 40 words need to be within the narrative and have quotation marks; quotes longer than 40 words need to be indented and without quotation marks. Both types of quoted need to have the appropriate in-text citation (author(s) name, publication year, page number(s))	Quotes have been appropriately formatted.
<i>Language Usage: Fix all instances in the manuscript</i> Clearly define 'breastfeeding' using one of the standard definition systems (Noel-Weiss, 2012)	Have added in a definition of breastfeeding to the section on Setting and Context sub-section of the Methods.
<i>Grammatical issues: Fix all instances in the manuscript</i> <u>Anthropomorphism</u> : Stating that inanimate objects have taken actions that only people can do. For example, studies show or findings show. For example page 2 line 15 "this study aimed..." Fix throughout	Have corrected this example and hope that all other issues have been resolved.
SPECIFIC SECTIONS OF A QUALITATIVE RESEARCH MANUSCRIPT	
<i>JHL follows a prescribed format for all research manuscripts for several reasons, including consistency for our non-researcher readers and our international readers.</i> Title: Ok Keywords: Ok Key Messages: Delete Key Message #3 (see below). Shorten Key Message #2	This has been done
Abstract (250 words) Do not use abbreviations in the Abstract (except APA formatted statistical notations) Methods: Use the revised Design statement below as the	Have removed the abbreviations from the Abstract. Have revised Methods.

Comments	Response
first sentence in this abstract.	
<p>Methods</p> <p>Research Design</p> <p>Start this section with a statement of the research design using research terminology, your study is a “prospective cross sectional comparative policy analysis with key stakeholder interviews”. Please also make sure that you change this in the abstract as well as they need to be the same.</p> <p>Second sentence needs to be a rationale for the design. Your current second sentence is not a rational and belongs in data collection. Please move this and add a rational.</p>	This has been corrected.
<p>Setting and Relevant Context</p> <p>In the data collection section the fact that the interviewer is white was brought up, this implies that race is being viewed as a relevant socioeconomic factor. However, race is not addressed in the relevant context setting.</p> <p>As this is a paper on policy documents, please give a brief context about how these different levels of policy are issued or changed.</p>	<p>We have removed the description of the interviewer as white, since we do not think it has made a difference to responses, since the key stakeholders were of a similar socio-economic status.</p> <p>A short paragraph has been added to this sub-section to address context for policies.</p>
<p>Sample</p> <p>Must have inclusion and exclusion criteria for both the document sample and the stakeholder sample. If no documents were excluded, this needs to be stated.</p> <p>Please provide total sample size ($N = xx$)</p> <p>This section needs to be organized in a way that is consistent with the aims of your study. As your study has two aims, both need to be addressed in this section.</p>	<p>Have added a sentence saying that no documents were excluded.</p> <p>Total sample size has been added to the two sub-sections of the sample (for the document review and key informant interview sections).</p> <p>The sub-headings in the section have now been changed to be:</p> <ul style="list-style-type: none"> - The maternity protection legal and policy landscape in SA - Comparison of maternity protection in SA to global recommendations
<p>Data collection</p> <p>Include how participants’ confidentiality was maintained and how data were kept secure</p> <p>This section needs to be organized in a way that is consistent with the aims of your study. As your study has two aims, both need to be addressed separately in this section.</p>	<p>Have added a sentence to address confidentiality.</p> <p>The data collection section has been changed and different sub-headings are now used.</p>
<p>Data Analysis:</p> <p>This section needs to be organized in a way that is consistent with the aims of your study. As your study has two aims, both need to be addressed separately in this section.</p>	This has been changed and different sub-headings are now used.

Comments	Response
<p>Results Organize this section according to study aims, with the first header being Characteristics of the Sample (followed by each aim separately) Consider creating a table that contains the results related to your second aim as this would most likely more clearly convey the information to a reader.</p>	<p>Have added another subheading for the section that deals with the global recommendations, so there are now 3 main sub-headings in the Results, starting with the Characteristics of the Sample.</p> <p>Have created a table 4 that contains this information.</p>
<p>Discussion The way that your components of maternity protection are grouped and presented is inconsistent between the written results section and table 3. Please make sure there is consistency throughout the manuscript. Provide possible directions for future research belongs here, not in the limitations section</p>	<p>Table 3 has been adjusted to be consistent with the way in which the results have been written. Possible directions for future research has been moved.</p>
<p>Limitations Do not include study strengths in this section, they belong in the Discussion section Remove everything after the second sentence.</p>	<p>This has been done.</p>
<p>References: The following Journal is from a publisher that has been flagged as predatory. Please remove this reference in accordance with our policy on predatory references. Gobind, J., & Ukpere, W. I. (2012). Labour pains: Lessons from South Africa for women employees and their employers. <i>African Journal of Business Management</i>, 6(46), 11549–11557. doi: 10.5897/AJBM12.1389</p>	<p>This reference has been removed.</p>
<p>Tables: Are not APA format, please revise accordingly Footnote explanations for all abbreviations used in the table – see APA formatting. For example, ILO in table 2</p>	<p>This has been spelled out in full, and the abbreviation has been removed in Table 2. For Table 4, footnote explanations have been provided.</p>



Catherine Pereira-Kotze <catherinejanepereira@gmail.com>

Journal of Human Lactation - Decision on Manuscript ID JHL-21-12-347.R2

1 message

Journal of Human Lactation <onbehalf@manuscriptcentral.com>

Fri, Apr 8, 2022 at 2:19 PM

Reply-To: jhleditorinchief@gmail.com

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08-Apr-2022

Dear Ms. Pereira-Kotze,

Your manuscript ID JHL-21-12-347.R2 entitled "Legislation and Policies for the Right to Maternity Protection in South Africa: A fragmented state of affairs" has been re-reviewed. We are pleased to inform you that your interesting and important manuscript has been accepted for publication pending some necessary revisions, so that this manuscript adheres to our Author Directions (attached) and the APA Style Manual 7th Edition (<https://apastyle.apa.org/>). Please find attached the Revision Checklist, which details the required formatting and other clarification/corrections.

Please refer to our Author Instructions attached to this message.

To revise your manuscript, log into <https://mc.manuscriptcentral.com/jhl> and enter your Author Center, where you will find your manuscript title listed under "Manuscripts with Decisions." Click on "Create a Revision." Your manuscript number will have been appended to denote a revision.

Please also highlight the changes to your original manuscript within the new document by using bold or colored text. IMPORTANT: do not use the "Track Changes" tool as this allows your name to be seen by reviewers.

Once the revised manuscript is prepared, you can upload it and submit it through the Author Center.

When submitting your revised manuscript, you are required to respond point by point to the comments made by the Associate Editor and reviewer(s) in the "Author's Response" box provided on the SAGE track Web site. You can use this box to document any changes you have made to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the Associate Editor and reviewer(s). Include the page and line numbers from your original manuscript and include any added text. Please do not upload your responses in a separate file.

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

For timely publication, of your manuscripts, your revision should be uploaded as soon as possible. If it is not possible for you to submit your revision within 14 days after you receive this email, we may have to consider your paper as a new submission. If you are not able to make these revisions within this time frame, please contact us before creating a new submission. Should you need an extended deadline, please contact us at jhlmanagingeditor@gmail.com.


As an international journal, JHL works to make its publication as accessible as possible with Native language abstracts. We would like you to submit your abstract in your Native language (if not English), as soon as possible.

Once again, thank you for submitting your manuscript to the Journal of Human Lactation and I look forward to receiving your revision.

Joan E. Dodgson, PhD, MPH, RN, FAAN
Editor-in-Chief
Journal of Human Lactation
jhleditorinchief@gmail.com

- JHL has a strict policy about not publishing any references from journals published by publishers deemed predatory by the international publishing community (see JHL (2020), 36 (2), pp. 219–220). One of your references falls into this category; it is listed below. It needs to be removed and replaced if there is a need. Remove: Gobind, J., & Ukpere, W. I. (2012). Labour pains: Lessons from South Africa for women employees and their employers. *African Journal of Business Management*, 6(46), 11549–11557. doi: 10.5897/AJBM12.1389

- indent all paragraphs
- JHL does not use the term 'breast milk' rather human milk or mother's milk. Change all instances.
- Check author directions for what belongs in the Sample section and revise accordingly. Some of this content belongs in other sections.
- It is unclear if the data structure table applies to the themes from the key informant interviews, which needs to be defined and should be in a table too.
- The wording about reflexivity is not appropriate. Reflexivity is a process that needs to be addressed throughout the conducting the research. Revise this content.
- Tables are not APA formatted

 Author-Directions-Qualitative-Reseach.pdf
202K



Author responses to Editor's comments received 8 April 2022

Comments	Author responses
Editor	
<p>JHL has a strict policy about not publishing any references from journals published by publishers deemed predatory by the international publishing community (see JHL (2020), 36 (2), pp. 219–220). One of your references falls into this category; it is listed below. It needs to be removed and replaced if there is a need. Remove: Gobind, J., & Ukpere, W. I. (2012). Labour pains: Lessons from South Africa for women employees and their employers. <i>African Journal of Business Management</i>, 6(46), 11549–11557. doi: 10.5897/AJBM12.1389</p>	<p>Apologies for the oversight as this comment has been received before from the journal. The reference is no longer cited in the manuscript and the reference in the reference list has been removed.</p>
<p>Indent all paragraphs</p>	<p>All paragraphs have now been indented.</p>
<p>JHL does not use the term 'breast milk' rather human milk or mother's milk. Change all instances.</p>	<p>The term breast milk as used in the Setting and Relevant Context section has been changed to human milk.</p>
<p>Check author directions for what belongs in the Sample section and revise accordingly. Some of this content belongs in other sections.</p>	<p>Some content that was in the Sample section has been moved to the Data Collection section, and all appropriate information for the Sample section as per the Author Directions has been included.</p>
<p>It is unclear if the data structure table applies to the themes from the key informant interviews, which needs to be defined and should be in a table too.</p>	<p>The last part of the original table 2 (the coding on health policy analysis) is what I used for the key informant interviews, so have moved that to a separate table (now table 2). Therefore, there is now an extra table (Table 3) with the structure for the document analysis and have updated the table numbering throughout.</p>
<p>The wording about reflexivity is not appropriate. Reflexivity is a process that needs to be addressed throughout the conducting the research. Revise this content.</p>	<p>The wording has been changed to accurately reflect what was done and a sentence on reflexivity has also been added to the analysis section.</p>
<p>Tables are not APA formatted.</p>	<p>Have revised all tables so that they are all in APA formatting</p>



Catherine Pereira-Kotze <catherinejanepereira@gmail.com>

Journal of Human Lactation - Decision on Manuscript ID JHL-21-12-347.R3

1 message

Journal of Human Lactation <onbehalfof@manuscriptcentral.com>

Sun, May 29, 2022 at 9:34 PM

Reply-To: jhleditorinchief@gmail.com

To: catherinejanepereira@gmail.com

Cc: jhlmanagingeditor@gmail.com, catherinejanepereira@gmail.com, kmalherbe@uwc.ac.za, mieke.faber@mrc.ac.za, dcooper@uwc.ac.za, Tanya.doherty@mrc.ac.za

29-May-2022

Dear Ms. Pereira-Kotze,

It is our pleasure to accept your manuscript entitled "Legislation and Policies for the Right to Maternity Protection in South Africa: A fragmented state of affairs" in its current form for publication.

Shortly, you will receive an email requesting transfer of copyright, and competing interest information, all of which should be completed and returned electronically. Please complete this as soon as possible, to enable your paper's speedy passage through our production center. If you have any questions, do not hesitate to contact us at jhlmanagingeditor@gmail.com.

Once your article is published online at <https://journals.sagepub.com/home/jhl>, we hope you will consider promoting your article on social media. You may easily do this by clicking the Share icon on the left of the screen when viewing your article. Please follow us on Twitter at @JHL_Lactation and on Facebook at "Journal of Human Lactation". You will find posts and tweets about our newly published material.

Thank you for your fine contribution. We hope you will continue to submit your work to the Journal of Human Lactation.

Joan E. Dodgson, PhD, MPH, RN, FAAN
Editor-in-Chief
Journal of Human Lactation

Appendix 10: Associated media coverage for published paper 2

Following publication of the first article and issuing of two Opinion Editorials (Op-Eds) (one specifically to the Daily Maverick and one to all media through the Centre of Excellence in Food Security Communications Manager, to coincide with World Breastfeeding Week, the following media coverage from this paper was achieved:

- 17 July 2022: Daily Maverick / Maverick Citizen – Workplace Rights Op-Ed: SA’s fragmented maternity protection landscape: Why benefits should be available to all working women
<https://www.dailymaverick.co.za/article/2022-07-17-sas-fragmented-maternity-protection-landscape-why-benefits-should-be-available-to-all-working-women/>

The Daily Maverick is a South African daily online publication and weekly print newspaper, with approximately 8 million readers per month.¹²

- 21 July 2022: Live TV interview on eNCA (national South African news channel) with Tumelo Mothotoane on maternity protection in South Africa
<https://www.youtube.com/watch?v=mh1WsVD4n-A>

eNCA is a South African independent TV channel and online news brand and is SA’s most watched 24-hour news channel. eNCA’s digital division has 1.5 million monthly users.³

- 5 August 2022: Video reel entitled “Improved maternity protection means improved breastfeeding” shared on the DSI-NRF Centre of Excellence in Food Security YouTube channel – to coincide with World Breastfeeding Week (1-7 August annually):

<https://www.youtube.com/watch?v=1cOwluPiQIc>

This video has been watched 387 times as of 25 September 2022.

- 13 August 2022: Weekend Argus – “Growing demand by working mothers for lactation room at place of employment” <https://www.iol.co.za/weekend-argus/news/growing-demand-by-working-mothers-for-lactation-room-at-place-of-employment-35d17a20-952e-463a-a0e4-b86717f0e7ff>

The Weekend Argus is a weekly (weekend) newspaper published in the Western Cape province.⁴

¹ <https://www.dailymaverick.co.za/about/>

² <https://www.dailymaverick.co.za/article/2020-08-17-maverick-insider-how-one-counterintuitive-move-changed-the-future-of-daily-maverick/>

³ [https://www.enca.com/about-](https://www.enca.com/about-enca#:~:text=Staffed%20by%20a%20dedicated%20team,and%20portability%20of%20online%20news.)

[enca#:~:text=Staffed%20by%20a%20dedicated%20team,and%20portability%20of%20online%20news.](https://www.enca.com/about-enca#:~:text=Staffed%20by%20a%20dedicated%20team,and%20portability%20of%20online%20news.)

⁴ <https://www.independentmedia.co.za/our-brands/newspapers/weekend-argus/>

Appendix 11: Reviewer comments and author responses for published paper 3

Journal Editor and Reviewers comments for Paper 3, Maternity protection for female non-standard workers in South Africa: the case of domestic workers

7/4/22, 10:42 AM

Gmail - BMC Pregnancy and Childbirth: Decision on your manuscript



Catherine Pereira-Kotze <catherinejanepereira@gmail.com>

BMC Pregnancy and Childbirth: Decision on your manuscript

1 message

BMC Pregnancy and Childbirth <bmcpregnancyandchildbirth@biomedcentral.com>
To: catherinejanepereira@gmail.com

Mon, Jul 4, 2022 at 10:25 AM

Ref: Submission ID 911209c6-1622-408a-857b-948788doc11b

Dear Dr Pereira-Kotze,

Re: "Maternity protection for female non-standard workers in South Africa: the case of domestic workers"

We are pleased to let you know that your manuscript has now passed through the review stage and is ready for revision. Many manuscripts require a round of revisions, so this is a normal but important stage of the editorial process.

Editor comments

We have received the reviewers' comments and suggestions. Please respond to all queries appropriately. In addition, I would like to make the following suggestions:

1. Theme 3: Some non-standard workers in SA have unique challenges in accessing maternity protection. However, there is only one subtheme.

Suggestion—either combine with the second theme if appropriate or add subthemes regarding the challenges.

2. Please describe how triangulation was performed. Explain how you triangulate the multiple data sources too.

To ensure the Editor and Reviewers will be able to recommend that your revised manuscript is accepted, please pay careful attention to each of the comments that have been pasted underneath this email. This way we can avoid future rounds of clarifications and revisions, moving swiftly to a decision.

Once you have addressed each comment and completed each step listed below, please log in here with the same email you used to submit your manuscript to upload the revised submission and final file:

<https://submission.nature.com/submit-revision/911209c6-1622-408a-857b-948788doc11b>

Alternatively, please visit <https://researcher.nature.com/your-submissions> to upload your revised submission and to track progress of any other submissions you might have.

CHECKLIST FOR SUBMITTING YOUR REVISION

1. Please upload a point-by-point response to the comments, including a description of any additional experiments that were carried out and a detailed rebuttal of any criticisms or requested revisions that you disagreed with. This must be uploaded as a 'Point-by-point response to reviewers' file.

Please note that we operate a transparent peer review process, where we publish reviewers' reports with the article, together with any responses that you make to reviewers or the handling Editor.

2. Please highlight all the amends on your manuscript or indicate them by using tracked changes.

3. Check the format for revised manuscripts in our submission guidelines, making sure you pay particular attention to the figure resolution requirements:

<https://bmcpregnancychildbirth.biomedcentral.com/submission-guidelines>

Finally, if you have been asked to improve the language or presentation of your manuscript and would like the assistance of paid editing services, we can recommend our affiliates, Nature Research Editing Service: <https://authorservices.springernature.com/language-editing/> and American Journal Experts: <https://www.aje.com/go/springernature>

Please note that use of an editing service is neither a requirement nor a guarantee of publication. Free assistance is available from our resources page: <https://www.springernature.com/gp/researchers/campaigns/english-language-forauthors>

<https://mail.google.com/mail/u/0/?ik=1d6ecc254f&view=pt&search=all&permthid=thread-f%3A1737413589240933299%7Cmsg-f%3A1737413589...> 1/3

To support the continuity of the peer review process, we recommend returning your manuscript to us within 14 days. If you think you will need additional time, please let us know and we will aim to respond within 48 hours.

Kind regards,

Zaharah Sulaiman
Editorial Board Member
BMC Pregnancy and Childbirth

Reviewer Comments:

Reviewer 1

This qualitative study and manuscript used a combination of document analysis and key informant interviews as well as synthesis from published literature to describe maternity protection entitlements available and accessible to women in positions of non-standard employment in South Africa, investigating domestic workers as a case study. I would like to congratulate the authors with this concise and well written manuscript describing the study.

Based on my peer-review, this study is original and relevant, and could be accepted for publication with minimal revisions. I have provided a more detailed response below with some suggestions for the authors consideration:

ABSTRACT: Page 2 line 28: Consider using normative and socio-economic rights-based language for maternity protection and replace "benefits" with "entitlements" in this sentence and throughout the manuscript unless this is not representing the specific policies, provisions, citations, and understanding referred to. Right-based language is used in the conclusion and some places like in the results with "maternity protection rights". Similarly, "cash benefits" can be considered to be replaced with for example "cash payments". Page 2 line 45: Consider deleting South Africa in this sentence and also reduce it in sentences throughout the manuscript when the location or context is already introduced to the reader and explicit.

BACKGROUND: This section is concise and well written with the key data needed and presented by sex to understand the situation and challenge better. Non-standard worker is also well defined including with the ILO description making it easier for the reader to understand and relate with the special focus on domestic workers.

METHODS: The methods are described well and illustrated. See some potential limitations identified to the methodology to be considered for further elaboration under discussions.

RESULTS: The results are presented well in the text, tables and with quotes. It is noted that other social protection policies and schemes relevant for maternity protection was not in the list of the 29 policies obtained including the Child Support Grant and scheme. Likewise, no implementation guidelines are included which might cause some of the problems identified in the study and further described in under discussions. Page 10 line 214 has a typo with "a problematic".

DISCUSSIONS: The discussion is well structured and includes updated references. One related study from Asia and the Philippines was mentioned. A similar study was conducted for Indonesia: <https://doi.org/10.1188/s12939-021-01431-4>. The author does not need to reference this paper, but I wanted to make them aware of similar research also from other ASEAN member states. Some additional limitations to the study was identified and might be considered to elaborate on by the authors. Immigrant non-standard workers / domestic workers might be common in South Africa including from countries such as Malawi and Zimbabwe. Key informants did not include staff from the provincial level departments, and representatives from labour confederations / unions that might also have an important role to play for adoption, monitoring, and enforcement of maternity protection policies. Likewise, stakeholders with current low interest but high influence could become critical stakeholders such as parliament members, committees and political parties. Did the authors conduct or use any available stakeholder analysis to inform this selection of opinion leaders similar to the approach mentioned and referenced in related research: <https://doi.org/10.1093/cdn/nzaa093>. I am not suggesting that the authors should reference this specific study but it can guide some language around the limitation.

I have no comments or additional suggestions for the the references and supplementary file.

Reviewer 2

The paper investigates the nature and scale of maternity leave for domestic workers in South Africa. The paper is conceptualised well and a decent attempt has been made to provide an overview of the methods. Discussion is also adequate.

The authors could think about the following issues:

1. What this means for informal work globally (the SA consequences are well articulated)
2. In this regard the discussion and conclusion could be expanded slightly

Comments	Author responses
Editor	
<p>We have received the reviewers' comments and suggestions. Please respond to all queries appropriately. In addition, I would like to make the following suggestions:</p>	<p>Thank you, we have done so.</p>
<p>1. Theme 3: Some non-standard workers in SA have unique challenges in accessing maternity protection. However, there is only one subtheme. Suggestion-either combine with the second theme if appropriate or add subthemes regarding the challenges.</p>	<p>Thank you for this suggestion, we have combined what was the third theme with the second theme as suggested.</p>
<p>2. Please describe how triangulation was performed. Explain how you triangulate the multiple data sources too.</p>	<p>We have added some detail to explain the triangulation in the second last sentence of the 'Data analysis' section. Pg 8 Line 190.</p>
Reviewer 1	
<p>This qualitative study and manuscript used a combination of document analysis and key informant interviews as well as synthesis from published literature to describe maternity protection entitlements available and accessible to women in positions of non-standard employment in South Africa, investigating domestic workers as a case study. I would like to congratulate the authors with this concise and well written manuscript describing the study.</p> <p>Based on my peer-review, this study is original and relevant, and could be accepted for publication with minimal revisions. I have provided a more detailed response below with some suggestions for the authors consideration:</p>	<p>Thank you for the feedback.</p>
<p>ABSTRACT: Page 2 line 28: Consider using normative and socio-economic rights-based language for maternity protection and replace "benefits" with "entitlements" in this sentence and throughout the manuscript unless this is not representing the specific policies, provisions, citations, and understanding referred to. Right-based language is used in the conclusion and some places like in the results with "maternity protection rights".</p>	<p>Thank you for the suggestion to take more consideration regarding the terms used. Part of the reason why we had used the term 'benefits' is that the ILO Maternity Protection Resource Package commonly uses the word 'benefits' to refer to certain components of maternity protection. We have consulted separately with two South African lawyers - a labour lawyer and a public health lawyer – regarding use of the terms 'benefits', 'rights' and 'entitlements' in the South African legal context. They have advised that the term 'benefits' is commonly used in SA (including in legal documents) and that in SA, maternity benefits are considered to be statutory benefits.</p>

Comments	Author responses
	<p>We do want the manuscript to make sense for an international audience. Therefore, in certain places, we have kept the term 'benefits' but in other places where appropriate we have simply removed the word 'benefits' or 'entitlements' and simply referred to 'maternity protection' (Pg 2 line 50, Pg 4, line 108, Pg 15, line 360, Pg 20 Line 496, Pg 21 line 523, Pg 24 line 614, Pg 25 line 643).</p> <p>On Pg 10 line 227, Pg 15 line 361 and Pg 16 line 386, we have changed 'rights' to 'entitlements'.</p> <p>On Pg 21 line 530 we have changed 'benefits' to 'entitlements'.</p>
<p>Similarly, "cash benefits" can be considered to be replaced with for example "cash payments". Page 2 line 45.</p>	<p>We have changed all instances of 'cash benefits' to 'cash payments' throughout the manuscript.</p>
<p>Consider deleting South Africa in this sentence and also reduce it in sentences throughout the manuscript when the location or context is already introduced to the reader and explicit.</p>	<p>We have removed 'South Africa' here and from a few other sentences in the manuscript where it seems unnecessary.</p>
<p>BACKGROUND: This section is concise and well written with the key data needed and presented by sex to understand the situation and challenge better. Non-standard worker is also well defined including with the ILO description making it easier for the reader to understand and relate with the special focus on domestic workers.</p>	<p>Thank you for the feedback.</p>
<p>METHODS: The methods are described well and illustrated. See some potential limitations identified to the methodology to be considered for further elaboration under discussions.</p>	<p>Thank you, we have added some additional wording to the limitations section. Pg 26 lines 634-638.</p>
<p>RESULTS: The results are presented well in the text, tables and with quotes.</p> <p>It is noted that other social protection policies and schemes relevant for maternity protection was not in the list of the 29 policies obtained including the Child Support Grant and scheme. Likewise, no implementation guidelines are included which might cause some of the problems identified in the study and further described in under discussions.</p>	<p>Thank you for the comment. Although some women earning low incomes access the Child Support Grant (CSG) while on maternity leave because they can't access other cash payments, the CSG is not intended as a maternity protection programme. We sought to specifically include policies focusing on maternity protection and therefore feel that the CSG policy (available for all caregivers of children 0-18 yrs who meet certain criteria) is not appropriate for inclusion in the list of maternity protection policies.</p> <p>Regarding implementation guidelines, in Table 1, there are a sub-group of documents that have been categorised as 'Guidelines' and we</p>

Comments	Author responses
	therefore feel that we have included the relevant implementation guidelines in the list of documents.
Page 10 line 214 has a typo with “a problematic”.	Thank you, have removed the typo.
<p>DISCUSSIONS: The discussion is well structured and includes updated references.</p> <p>One related study from Asia and the Philippines was mentioned. A similar study was conducted for Indonesia: https://doi.org/10.1186/s12939-021-01431-4. The author does not need to reference this paper, but I wanted to make them aware of similar research also from other ASEAN member states.</p>	<p>Thank you.</p> <p>Thank you for the reference to the Indonesian study, we will bear that in mind for future writing.</p>
<p>Some additional limitations to the study was identified and might be considered to elaborate on by the authors. Immigrant non-standard workers / domestic workers might be common in South Africa including from countries such as Malawi and Zimbabwe.</p> <p>Key informants did not include staff from the provincial level departments, and representatives from labour confederations / unions that might also have an important role to play for adoption, monitoring, and enforcement of maternity protection policies. Likewise, stakeholders with current low interest but high influence could become critical stakeholders such as parliament members, committees and political parties. Did the authors conduct or use any available stakeholder analysis to inform this selection of opinion leaders similar to the approach mentioned and referenced in related research: https://doi.org/10.1093/cdn/nzaa093. I am not suggesting that the authors should reference this specific study but it can guide some language around the limitation.</p>	<p>Thank you, we have added some additional wording to the limitations section.</p> <p>Yes, migrant non-standard and domestic workers are common in SA – we have added a sentence to the limitations to acknowledge this. Pg 26 lines 646-648.</p> <p>Thank you for the feedback regarding the key informants. The purpose for this paper was to focus on the document review and analysis (we have swapped around the order of information in the Sample and Data collection sub-sections of the Methods and also added some text to both of these sub-sections to reflect this) and a small number of key informant interviews were conducted with national government representatives to provide interpretation and context to national level policy documents. We have added the term ‘key opinion leader’ to the limitations. Pg 25 line 644.</p> <p>We have interviewed a wider group of stakeholders and the results from those interviews are being written up in a separate stakeholder engagement paper.</p>
I have no comments or additional suggestions for the references and supplementary file.	Thank you.
Reviewer 2	
The paper investigates the nature and scale of maternity leave for domestic workers in South Africa. The paper is conceptualised well and a decent attempt has been made to provide an overview of the methods. Discussion is also adequate.	Thank you.
The authors could think about the following issues:	Thank you for the suggestion, we have added an additional paragraph to the Discussion section

Comments	Author responses
1. What this means for informal work globally (the SA consequences are well articulated) 2. In this regard the discussion and conclusion could be expanded slightly	(Pg 25 lines 618-629) and have added a sentence to the Conclusion to reflect potential global consequences. Pg 25-26 lines 645-646.





Catherine Pereira-Kotze <catherinejanepereira@gmail.com>

BMC Pregnancy and Childbirth: Decision on your manuscript

1 message

BMC Pregnancy and Childbirth <bmcpregnancyandchildbirth@biomedcentral.com> Wed, Jul 27, 2022 at 10:00 AM
To: catherinejanepereira@gmail.com

Ref: Submission ID 911209c6-1622-408a-857b-946768d0c11b

Dear Dr Pereira-Kotze,

Re: "Maternity protection for female non-standard workers in South Africa: the case of domestic workers"

We're delighted to let you know that your manuscript has been accepted for publication in BMC Pregnancy and Childbirth.

Editor comments

The authors have attended to all the questions and suggestions satisfactorily. I am pleased to inform you that your manuscript has been accepted for publication in BMC Pregnancy and Childbirth.

Prior to publication, our production team will check the format of your manuscript to ensure that it conforms to the standards of the journal. They will be in touch shortly to request any necessary changes, or to confirm that none are needed.

Checking the proofs

Once we've prepared your paper for publication, you will receive a proof. At this stage, please check that the author list and affiliations are correct. For the main text, only errors that have been introduced during the production process, or those that directly compromise the scientific integrity of the paper, may be corrected.

Please make sure that only one author communicates with us and that only one set of corrections is returned. As the corresponding (or nominated) author, you are responsible for the accuracy of all content, including spelling of names and current affiliations.

To ensure prompt publication, your proofs should be returned within two working days.

Publication policiesAcceptance of your manuscript is conditional on all authors agreeing to our publication policies at: <https://www.biomedcentral.com/getpublished/editorial-policies>

Please note that we operate a transparent peer review process, where we publish reviewers' reports with the article, together with any responses that you may have made to reviewers or the handling Editor.

Article Processing ChargeYou will shortly receive an email asking you to confirm your institutional affiliation and arrange payment of your article-processing charge (APC), if applicable. To find out more about APCs, visit our support portal: <https://support.springernature.com/en/support/solutions/8000138386>

Once again, thank you for choosing BMC Pregnancy and Childbirth, and we look forward to publishing your article.

Kind regards,

Zaharah Sulaiman
Editorial Board Member
BMC Pregnancy and Childbirth**Reviewer Comments:****Reviewer 1**

I have reviewed the updated manuscript and I have no further comments or suggestions beyond congratulating the authors. Thank you for also being so responsive to the suggestions from the peer-review, including the detailed

<https://mail.google.com/mail/u/0/?ik=106ecc254f&view=pt&search=all&permthid=thread-F%3A1739495761330242800%7Cmsg-F%3A1739495761...> 1/2

7/27/22, 3:39 PM

Gmail - BMC Pregnancy and Childbirth: Decision on your manuscript

responses and for even checking with legal advisors regarding the right-based language used in the SA legislation. Adequate justification has also been provided to some of the suggestions I had that could not be accommodated. I recommend this paper to be published without any further revisions.

Reviewer 2

I think the paper is fine

P.S. If you wish to co-submit a data note to be published in BMC Research Notes (<https://bmcresearchnotes.biomedcentral.com/about/introducing-data-notes>) you can do so by visiting our submission portal <http://www.editorialmanager.com/resnl/>. Data notes support open data (<https://www.springernature.com/gp/open-research/open-data>) and help authors to comply with funder policies on data sharing. Please note that this additional service is entirely optional.

<https://mail.google.com/mail/u/0/?ik=f06ecc254f&view=pt&search=all&permthid=thread-f%3A1739495761330242800%7Cmsg-f%3A1739495761...> 2/2

Appendix 12: Associated media coverage for published paper 3

An opinion editorial was written for the Conversation Africa and published:

- 21 September 2022: The Conversation Africa – “12% of working women in South Africa are domestic workers – yet they don't receive proper maternity leave or pay”

https://theconversation.com/12-of-working-women-in-south-africa-are-domestic-workers-yet-they-dont-receive-proper-maternity-leave-or-pay-189766?fbclid=IwAR2F0lHSg8hTjQBJUknMPjM0XY4f08Dh7wbZqNzDYjdM95QW9rjef_DcekQ

The Conversation Africa is an independent source of news and views from academics and researchers, published for public consumption.⁵

- 27 September 2022: Live TV interview on eNCA (national South African news channel) with Masego Rahlaga on maternity protection for domestic workers:

<https://www.youtube.com/watch?v=jDR00c3gTu8>

- 28 September 2022: Salaamedia radio interview – “Domestic workers make up 12% of working women in South Africa” <https://www.youtube.com/watch?v=jqHpGnhkRLY>

Salaamedia is a fairly new (established in 2015) multimedia news agency located in Johannesburg, SA.⁶



⁵ <https://theconversation.com/africa/who-we-are>

⁶ <https://salaamedia.com/about-us/>

Appendix 13: Reviewer comments and author responses for published paper 5

Journal Editor and Reviewers' comments for Paper 5, Access to Maternity Protection and Potential Implications for Breastfeeding Practices of Domestic Workers in the Western Cape of South Africa

2/18/23, 4:19 PM

Gmail - [IJERPH] Manuscript ID: ijerph-2120222 - Major Revisions (Due 20 January) - Please use the attachment for revisions



Catherine Pereira-Kotze <catherinejanepereira@gmail.com>

[IJERPH] Manuscript ID: ijerph-2120222 - Major Revisions (Due 20 January) - Please use the attachment for revisions

1 message

IJERPH Editorial Office <ijerph@mdpi.com>

Wed, Jan 4, 2023 at 8:53 AM

Reply-To: mila.hou@mdpi.com

To: Catherine Pereira-Kotze <catherinejanepereira@gmail.com>

Cc: Mieke Faber <mieke.faber@mrc.ac.za>, Luke Kannemeyer <luke@sweepSouth.com>, Tanya Doherty <tanya.doherty@mrc.ac.za>, IJERPH Editorial Office <ijerph@mdpi.com>

Dear Mrs. Pereira-Kotze1,

Thank you again for your manuscript submission:

Manuscript ID: ijerph-2120222

Type of manuscript: Article

Title: Access to maternity protection and implications for breastfeeding practices of domestic workers in South Africa

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Received: 9 December 2022

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Submitted to section: Women's Health,

https://www.mdpi.com/journal/ijerph/sections/women_health

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20 January 2023

International Journal of Environmental Research and Public Health Author responses to Reviewer and Editor Comments received 7 January 2023

Reviewer 1 Comments and Suggestions for Authors

We would like to thank the reviewer for all comments and feedback, which have assisted in strengthening this manuscript.

Reviewer comment: This research addresses an important topic and takes an excellent approach to the study.

Author response: Thank you for the feedback.

The introduction needs to have a section which details who is eligible for what benefits in South Africa (more than just noting the system is fragmented) in order to understand the survey results in context.

We have added a paragraph to the introduction (Pg 2, lines 81-88) as well as Table 1 (Pg 3) which summarises the maternity protection entitlements for working women in SA to address this gap.

The methods need to address why so few people received individual interviews.

We have added Figure 1 (Pg 5) which shows a flow chart of how we reached the two different samples, with a box indicating that after eligibility criteria were applied and availability and willingness determined, we were left with a sample of 13 domestic workers that were selected. We have also added lines 161-163 to the section on participant sampling and selection to describe why so many were not included in interviews.

Results: The individual interviews should be used to illuminate points in the survey results and generate hypotheses for future research rather than as substantial freestanding results given that only 13 interviews were carried out.

We feel that the individual interviews provide sufficient depth to be presented as freestanding results and that with qualitative data collection in the form of individual interviews the focus is not on the total number of interviews, but rather the scope and depth of the data obtained. We hope that Figure 1 and the further clarity provided in section 2.2 (participant sampling and selection) – Pg 5, Lines 160-165) clearly shows how the results from the two different data sources complement each other.

Discussion: needs to more clearly distinguish between whether the results suggest domestic workers had benefits but were unaware of them, did not receive benefits because of employers or because they had not paid into the system etc in order to get to the implications.

We think that the reasons are a combination of this, and have added a sentence to the first paragraph of the discussion to reflect this (see Pg 15, lines 561-565).

Reviewer 2 Comments and Suggestions for Authors

We would like to thank the reviewer for all comments and feedback, which have assisted in strengthening this manuscript.

Reviewer comment: This manuscript presents a mixed-method cross-sectional study on access to comprehensive maternity protection and the implications for breastfeeding practices among South African domestic workers in the Western Cape using data from a quantitative online survey of domestic workers employed through an online platform and individual in-dept interviews conducted in Cape Town.

The manuscript is well-structured and articulated and is covering a topic requiring much more attention from research to evidence-based policy formulation and enforcement. As we celebrate

over a century of the maternity protection convention and subsequent updates, it is obvious that this has been a neglected field now to be illuminated both globally and in South Africa.

Although the sample is not nationally representative for South Africa or the diversity of the informal workforce, it is a useful contribution to the literature and evidence-base for the country, regionally, and globally using the example of domestic workers recruited via an online portal. The methodology is therefore novel and tapping into the opportunities of the massive digital transformation.

The manuscript is based on my comprehensive assessment ready for acceptance in the current format, but I have provided some detailed feedback for the authors considerations and to be potentially addressed during the final proofreading.

Author response: Thank you for the feedback.

Title: Consider replacing “domestic workers in South Africa” with “national domestic workers in the Western Cape of South Africa” since this is not a nationally representative sample.

We have revised the title, thank you for the suggestion. (Pg 1, Line 3-4).

Page 1, line 40-41: Consider also including the 2030 WHA target for exclusive breastfeeding to align with the SDGs.

We have added the 2030 WHA target to this sentence (Pg 2, Line 49-50).

Page 1, line 44 and throughout the paper: Consider using “protection” as the plural form instead of “protections” to align with other literature on the topic (ref: Global Breastfeeding Collective led by UNICEF and WHO).

We have changed all instances of the word “protections” to “protection”.

Consider replacing “breast milk” with “breastmilk” in one word throughout the paper to also align with updated recommended terminology from UNICEF and WHO.

Thank you for the suggestion, we have replaced all instances of the term “breast milk” with “breastmilk”.

Page 3, line 138: Consider referring to CPK as the first author for better understanding and then the abbreviation in brackets. I thought at first it was a technology or tool referred to for conducting the interviews. Alternatively, say “one researcher” and then the abbreviated name in brackets as done later in the paper.

Wording has been changed to state “All interviews were conducted by the first author (CPK)...”. (Pg 5, Line 180)

Results / table 1: Do you mean by gender or by sex?

We have changed this to state sex instead of gender. (This now Table 2, Pg 7)

An important message in the text could come out clearer in the abstract and / or conclusion and also some related proposed solution: Domestic workers need to know their rights and individual employers needs to know their obligations to fulfil them. Could social and behaviour change communication campaigns be considered a solution to address this? Or for this group it might work with a better digital solution to access the needed information since they are already recruited through an online portal. Consider elaborating more on practical and policy solutions based on the data and literature.

Thank you for the suggestion, we have added a section to the third paragraph in the discussion section that elaborates more on practical solutions (Pg 16, lines 602-610). We have added a sentence to the Conclusion paragraph (Pg 19, Lines 768-770). It is not possible to add more to the Abstract, as it is already on the word limit.

In the discussion, consider also elaborating on the difference between social insurance and social assistance schemes as a solution for informal workers including any guidance from ILO or other normative agencies. My understanding and experience from country policy advocacy is that ILO

would primarily recommend social assistance over social insurance (volunteer contribution scheme) for informally employed workers, but the context might be different in South Africa. Thank you for the suggestions, we have added a section to the discussion to address this (Pg 17, Lines 646-652 and lines 668-670).

This discussion could potentially also elaborate further on the finding related to complicated and time-consuming procedures to access cash payments (related to my comment on potential for digital solutions in line with the country's digital transformation agenda, if available).

Thank you, we have added a suggestion to the discussion to reflect this (Pg 18, Lines 687-690).

Congratulations to the co-authors of this excellent manuscript and thank for considering some of my suggestions above in the finalization of this publication.

Thank you very much for your helpful feedback and suggestions.

Reviewer 3 Comments and Suggestions for Authors

We would like to thank the reviewer for all comments and feedback, which have assisted in strengthening this manuscript.

General comment:

In general, I find the results presented in this article very interesting. The issue of maternity protection for domestic workers is certainly an important topic and deserves to be addressed by authorities and further investigated.

I therefore congratulate the authors for this important work.

However, there are several aspects that need to be improved to make the article clearer and the results more impactful.

Author response: Thank you for the feedback.

In particular, the title of the article and the objectives do not reflect the results presented. Indeed, the protection of breastfeeding at work is one of the elements investigated by the authors but does not appear to be the central element. The questionnaire does not directly question this practice and the interviews investigated the workers' experience of the different maternity entitlements (from pregnancy to the return to work after the birth). I therefore recommend that the authors review the consistency between objectives and results.

Thank you for this comment. We have edited the wording of title to state "Access to maternity protection and potential implications for breastfeeding practices..." (Pg 1, Line 2)

We have modified the wording of the aim, to include the following underlined words: "this study aimed to explore perceptions of and accessibility to maternity protection among domestic workers in the Western Cape and South Africa, and the potential implications of maternity protection access for breastfeeding practices." (Pg 1, Line 16-17 and Pg 4, Line 119-121.)

Further comments can be found below.

First paragraph of the Introduction: The authors describe a range of maternity protection measures. This is fine, but it would be important to target and spell out more clearly in the text the specific legal measures in terms of breastfeeding at work, as it appears to be the central element of the paper. In particular, specific measures concerning the protection of breastfeeding workers could also be mentioned (cf. C183 - Maternity Protection Convention, 2000 (No. 183), art 10; R191 - Maternity Protection Recommendation, 2000 (No. 191)).

These clarifications will also allow us to better specify the link made by the authors: "Availability of and access to all components of comprehensive maternity protection could therefore contribute to improved breastfeeding practices". As it is notably the policies that address breastfeeding at work that are at stake here.

Thank you for the suggestion. We have added a summary of the breastfeeding recommendations made by the Maternity Protection Convention and Recommendation and references to these documents. (Pg 1, Lines 38-43).

Line 56: I would suggest giving a sub-title for the section presenting platform work and the pro and cons of this employment intermediary.

Thank you for the suggestion, however there are no other sub-titles for sections in the Introduction, and it is the style of this journal that the Introduction does not have any additional sub-headings.

Lines 71-72: A little more information is needed to understand the different levels of labour protections granted. Maybe giving some example will help the reader to understand what is possible to do and what problems is possible to overcome.

We have added a paragraph to the introduction (Pg 2, lines 81 – 88) as well as Table 1 (Pg 3) which summarises the maternity protection entitlements for working women in SA to address this gap.

Line 74: It will be interesting to have a clear proportion of women working in domestic work in SA. I see this information is given in line 84. I advise to gather this information to avoid repetition.

We have moved the information that was in line 84 to come after what was in line 74, so that all the information around numbers of domestic workers appears together, thank you for the suggestion. Pg 3, Lines 103-106.

Line 79: In SA do employers have clear obligations regarding maternity protection and breastfeeding at work as formulated in Labor laws? If yes, it would be interesting to have more details regarding their legal obligations. If no, that should be clearly indicated in the manuscript.

This has now been summarised in what has been added in Table 1 (Pg 3) and we hope that this sufficiently addresses the reviewer's comment.

Line 82: I would also specify that breastfeeding is proved to improve newborn health (see recommendation from the WHO). The authors should add this information as promoting breastfeeding goes beyond reaching individual breastfeeding goals.

We have added to this sentence the benefits to infant and young child health and development that could result from recommended breastfeeding practices (Pg 3, Lines 114-116).

Lines 97-99: I advise to present the rates in descending order.

The rates are in descending order and the first 4 values add up to 100%. Then we have indicated the % of women who were domestic workers as a separate sentence (and separate value) to make this clearer. (Pg 4, line 132).

Line 102-103: Wouldn't it be more interesting to have the number of women working in the domestic sector?

The data available does not disaggregate the number of domestic workers by province, but only presents the number of people working in private households, by province, so that is the most specific information that we can get for the Western Cape province. (Pg 4, lines 136-137)

Section 2.2: I invite the authors to present a flowchart for better understand the selection of the study population.

Thank you for the suggestion. We have added Figure 1 (Pg 5) which is a flowchart illustrating the participant sampling and selection process.

Lines 127-128: the sentence is not clear.

We have reworded the sentence (Pg 4, lines 160-161) and hope that this, combined with Figure 1 (Pg 5) ensure adequate clarity.

Line 131-132: Why the authors decided to explore the perceptions of domestic workers regarding maternity protection entitlements whereas the study aim is to explore accessibility to maternity protection and the implications of maternity protection access for breastfeeding practices? To what extent do workers' perceptions meet this objective? Shouldn't the objective of the study be more related to exploring workers' perceptions of the maternity protection measures they feel they should benefit from?

The link between the three questions and the aim of the study needs to be clarified. Indeed, the first question investigate the knowledge of participants upon maternity benefit, which are allowed for pregnant workers. The second question explore maternity benefits that participants think they should benefit from. Finally the third one, explore one again their knowledge regarding benefits which are allowed in the postnatal period.

We have edited the aim to reflect that the questionnaire also included questions regarding domestic worker perceptions of access to maternity protection (Pg 1, Line 16-17 and Pg 4, Line 119-121.) and have edited the description of the questionnaire to reflect this too (Pg 5, Line 172).

Line 132: Supplementary material 1 / Appendix A is not available.

In the review process, I had access only to Supplementary material 1: Question guide for Individual In-depth Interviews with Domestic Workers to determine factors influencing the accessibility of maternity protection benefits, and the infant feeding practices upon return to work.

Nevertheless, I think that the questions in bold presented in table 2 represent the three questions.

We apologise for this oversight. We have now added Supplementary material 1 (Pg 20, Line 811 – Pg 21 Line 877) as the three questions on maternity protection that were added to the online survey. Supplementary material 2 (Pg 21, line 879 – Pg 23, Line 965) is now the Question Guide for the Individual In-depth Interviews with Domestic Workers.

Line 136: understanding of English language should be integrated in the inclusion criteria for IDIs.

We have added 'able to communicate in English' to the inclusion criteria. Pg 4 Line 156.

Line 144: I advise the authors to specify here the six components of maternity protection. As I understand, the authors used the six components of maternity protection as a framework for analysis. Thus, the analysis was conducted more in a deductive rather than an inductive approach. Usually thematic analysis is undertaken following an inductive approach, thus the qualitative analysis needs to be better explained.

We have added in the components of maternity protection and clarified that a deductive approach was used (Pg 5, Lines 186-189).

Line 168: The reference is missing.

We have added reference 28 to indicate where the conversion from ZAR to USD was obtained, including the date of conversion. (Pg 6, Line 209).

Section 3.2: In general, the reader does not know what the letters and numbers in brackets at the end of the extracts mean. Perhaps it would be interesting to define the women who participated by indicating whether they work for private clients or not. Example; "XXXX" (worker for a private client).

We have changed the letter D to DW to indicate domestic worker and have added the description to each participant quote throughout section 3.2 of the results. We have kept the participant number (code) so that readers know when there is a response from the same participant. We have also added the numbers of workers that worked privately and for the platform to the socio-demographics of the results (Pg 9 lines 274-276)

Section 3.2.1: In the socio-demographic characteristics, I would suggest to add in which month after delivery the interview takes place.

We have added a sentence describing the participants' children's ages. (Pg 8, line 268-270).

Line 228: Did employer really made changes or they lowered their expectations and workload? Because it seems that they were rather understanding but did not propose proactive changes in the women's working environment.

We have changed the wording of this sentence to reflect understanding by employers and reductions in workload. (Pg 9, line 283-284).

Lines 255-256: This should be clearly indicate also in the "Introduction" section. It will be helpful to have a section dedicated to public services and measures for pregnant and breastfeeding workers in SA in the "Introduction" section.

There is now a description of this provided in Table 1 (Pg 3) that has been added to the Introduction, where 'medical benefits' is described.

Line 260-262: Do employer risk getting a fine, as they did not comply with the law? Or can women file a report on work inspection? Or other institutions?

We have added some content to the discussion on this (Pg 17, lines 681-684)

Lines 321-322: Please rework the sentence as it is not clear.

We have reworded this sentence. (Pg 11, Lines 358-360).

Lines 365-369: the quotes from participants discourses should be in *italic* to be consistent with the rest of the manuscript.

We have ensured that all participant quotes are in italics throughout the manuscript.

Lines 408-409: It would be nice to have a reference regarding the monthly value of Child Support Grant. It is the same for all women? are there any differences?

We have indicated that the value provided is for all women and have added a reference (number 29) for the value of the Child Support Grant. (Pg 13, line 476-477).

Discussion section: I suggest organizing the discussion in several paragraphs and sub-headings in order to better structure the authors' discourse and make it clearer for the reader.

We have added sub-headings to the discussion section, and also added and rearranged some content in certain sections of the discussion which hopefully make the structure and flow of information a bit better.

Line 518: Please list all the national languages in SA within brackets.

We have listed the 11 official languages of SA in brackets. (Pg 16, lines 599-600).

Line 522: I also have the impression that not only do they not have access to all the components, but also that this phenomenon is spread throughout the perinatal period: from pregnancy to the first years of the child's life.

We have added this to the sentence for clarity and completeness. (Pg 16, line 615-616).

Lines 535-540: I find this result very interesting. In SA, maternity protection entailments exist, but their implementation is hindered by the constraints and the occupational reality of domestic workers. The authors could elaborate on this aspect by bringing in reflections on the constraints encountered in top-down policies and the need to also recognize bottom-up aspects.

Thank you for the reflections, we have added content to the discussion to incorporate this. Pg 17, lines 637-643)

Lines 545-549: what are the economic, social, etc. consequences of women using social assistance instead of maternity benefits? More information is needed to grasp the short-term and long-term effects.

We have added a sentence to describe one of the implications of accessing social assistance in place of social insurance. (Pg 17, lines 658-661).

Lines 554-557: I invite the authors to explain what the consequences are for employers in the event of non-compliance with the law. For example, following a visit by the labour inspectorate, what could the consequences be?

We have added a description of the penalties described in SA law, but also indicated that it is unknown how common it is for domestic worker employers to experience these penalties. (Pg 17, Lines 681-684).

Line 585: this result is very interesting. It is often the women workers themselves who have to carry the burden of their own protection.

Thank you for this reflection, we agree.

Reviewer 4 Comments and Suggestions for Authors

We would like to thank the reviewer for all comments and feedback, which have assisted in strengthening this manuscript.

Corrections to make to this article on domestic workers in South Africa:

Reviewer comment: In line 25, “especially if an enabling environment for breastfeeding was created.” “was” should be changed to “were.” (This is a subjunctive use of the word “were” and is appropriate to use in this phrase.)

Author response: Thank you, we have made the suggested change. (Pg 1, Line 29)

In lines 35-36, “The workplace and employment **is a key setting** where adequate legislation, policy, financing, and monitoring...” “is a key setting” should be changed to “**are key settings**”

We have made the suggested change. (Pg 1, line 43)

In line 64, “In SA, 63 domestic workers reported **to** joining a platform to seek employment opportunities” should be changed to “domestic workers reporting joining a platform”

We have made the suggested change. (Pg 2, Line 72)

In lines 110-117, this part is confusing:

“From this distribution strategy, 4635 domestic workers working in SA completed the online survey. For this study we were given access to responses from the 2625 domestic workers who were the participants that consented to answering three questions about maternity protection. For the IDIs, participants were recruited from amongst those who had completed the online survey. Of the 4635 South African respondents that completed the full online survey, 2717 indicated interest in participating in a follow-up interview to answer questions about maternity protection. Of the 2717 interested respondents, 1740 reported to having delivered a baby in the past three years.”

What is confusing about this part is that the authors say that **4635** domestic workers completed the online survey, but that they were only given access to responses from **2625** domestic workers. But then they go on to say that: “Of the **4635** South African respondents that completed the full online survey, 2717 indicated interest in participating in a follow-up interview to answer questions about maternity protection.” So if they were only given access to **2625** responses, then how can they then still say: “Of the **4635** South African respondents..” This just doesn’t make sense, and needs further explanation.

Thank you for this feedback. We have now added Figure 1 (Pg 5) to illustrate the participant sampling and selection process. We have also revised the wording in section 2.2 (Pg 4). We hope that these changes address this comment and that the participant sampling and selection process is now clearer.

In lines 128-129, this also doesn’t make sense: “For the online survey, a link was sent to participants via WhatsApp and SMS (short message service, or text message) and they were able to complete the survey data-free on their smartphone or a computer.” What do the authors mean by “data-free”? Please clarify!

We have added (i.e., without needing to pay for internet access) to describe the meaning of data-free. (Pg 5, line 170-171)

In lines 147-148: “. A reflexivity journal was kept **through** the analysis process documenting any personal characteristics of the researcher that may have influenced analysis.” “through” should be changed to “throughout” and “may have influenced analysis” should be changed to “may have influenced their analyses.”

We have made the suggested change. (Pg 6, lines 191-192).

In line 155: “Privacy, confidentiality, and anonymity **was** ensured.” should be changed to “were ensured.”

We have made the suggested change. (Pg 6, line 199).

In lines 173-179: “When asked what maternity benefits they thought they should be entitled to receive, 26.2% thought they **would** have four 174 months of full paid maternity leave organised by the employer, 21.5% felt they **could** get four months of maternity leave and claim from the unemployment insurance fund (UIF), 176 20.8% thought they **would** get some (between 6 weeks and 4 months) maternity leave and 177 20% thought they **would** receive four months of partially paid maternity leave (Table 2). 178 Only 5.8% of respondents thought they **would** receive either no maternity leave or four months of unpaid maternity leave and 5.8% did not know.” In these lines, all words that I have marked in yellow highlights should be changed to **“should.”**

In lines 182-186: “15.7% felt they **would** be able to have unpaid leave to attend postnatal clinic visits, 18.3% thought they **would** be entitled to daily breastfeeding or expressing breaks and 6.7% thought they **would** be able to bring 184 their baby to work with them. A total of 10.6% of respondents felt they **would** not be able to access any additional maternity protection benefits and 9.3% did not know which other maternity benefits they **would** be able to access.” Same as above—all words in yellow should be changed to **“should.”**

We have made the suggested changes, thank you. (Pg 6, lines 219-232)

In line 213: “All 13 domestic workers interviewed were **female** black African women” should be changed to: “were Black African women.” There is no need to put “female” in the same phrase as “women,” and **“Black”** should always be capitalized.

We have made the suggested change. (Pg 8, line 266)

In lines 228-229: “So, I said, no, I'm not gonna kill my baby. I'm gonna have my baby, and then I'm **gonna close it**. It's a mistake. I know it's a mistake, but I'm not gonna abort.” (D9) What does this interlocutor mean by “I'm gonna close it”? The authors should either explain what she means, or just delete the part in yellow and add three dots (. . .) to indicate that something has been left out. In other words, unless the authors decide to explain what she means by “I'm gonna close it,” this sentence should read: “I'm gonna have my baby . . . It's a mistake.”

We have added an explanation – “[perform a sterilisation procedure]” to describe what is meant by ‘I'm gonna close it’ to provide the full meaning of the quotation. (Pg 11, line 349).

In line 365: “One participant described not taking maternity leave: **“I didn't take maternity leave... Because they don't have anything to contribute to me. So, I must go to work.”** (D4) The part in yellow should be italicized, just as all the other quotes from the study participants are.

We have italicised the quote. Thank you for picking this up. (Pg 13, line 432-434)

In lines 367-369: “One participant was unsure as to whether she was entitled to maternity leave: **“I don't think, I think we have the maternity leave, but I don't think so. They deactivate you on the platform. That's just only thing I know. You don't get nothing.”** (D10) The quote in yellow should also be in italics.

We have italicised the quote. (Pg 13, lines 435-437)

In lines 462-463: “One participant described that the **creches** close to where a domestic worker lives are more affordable than **creches** close to where they work: “So the **crèches** in town.” The authors need to explain what is meant by the word “crèches” and also to put the accent on the “e” consistently every time that term is used.

We have corrected the spelling of crèches and provided the following explanation in parentheses to describe what a crèche is “(a nursery or day care centre where infants and young children are cared for during the working day)”. (Pg 14, lines 534-536)

Lines 481-482: “However, another participant disagreed with this saying: **“I don't think you can work nicely when the baby is around.”** (D9) This quotation too should be in italics.

We have italicised the quote. (Pg 15, line 555-556)

Line 495: “Participants provided some suggestions for improving domestic workers' access to maternity protection.” This sentence should start with “As described above, participants.....”

We have made the suggested change. Pg 15, lines 573)

Line 553: “In Philippines, many women...” This should be changed to “In **the** Philippines, many women..”

Thank you for the correction, we have made the suggested change. (Pg 17, line 657)

Lines 562-564: “Other suggestions for compliance have been that government work with technology partners to improve the speed and ease of compliance and that there are incentives provided (such as those related to tax) for compliance [34].” This sentence should be changed to: “Other suggestions for compliance have been that **the** government **should** work with technology partners to improve the speed and ease of compliance and that there are incentives provided **for compliance** (such as those related to **taxes**.)”

Thank you, we have made the suggested changes. (Pg 17, line 684-687)

Lines 598-599 : “Advocacy, awareness, and education **is** required on the recommendation for breastfeeding breaks in the Code of Good Practice.” This sentence should be changed to “Advocacy, awareness, and education **are** required...”

We have made the suggested change. (Pg 18, line 727)

Lines 608-609: “but childcare for infants and children up to three years of age **are** described in the ILO Maternity Protection Resource Package [37, 38].” This phrase should be changed to: “up to three years of age **is** described in...”

We have made the suggested change. (Pg 18, line 736)

Line 641: “and for their **new-borns**, especially if an enabling environment for breastfeeding was created.” This phrase should read: “and for their **newborns**, especially if an enabling environment for breastfeeding **were** created.” (This is a subjunctive use of the word “were” and is appropriate to use in this phrase.)

We have made the suggested change. (Pg 19, line 772-773).

And finally, there are a lot of commas that need to be added to this article, but I’m sure that the copyeditor can take care of those.

Thank you for pointing this out. We will wait on feedback from the copyeditor.



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Catherine Pereira-Kotze <catherinejanepereira@gmail.com>

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Dear Mrs. Pereira-Kotze1,

Thank you again for your manuscript submission:

Manuscript ID: ijerph-2120222

Type of manuscript: Article

Title: Access to maternity protection and implications for breastfeeding practices of domestic workers in South Africa

Authors: Catherine Pereira-Kotze1 *, Mieke Faber, Luke Kannemeyer, Tanya Doherty

Received: 9 December 2022

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(IV) Any revisions made to the manuscript should be marked up using the "Track Changes" function if you are using MS Word/LaTeX, such that changes can be easily viewed by the editors and reviewers.

(V) Please provide a short cover letter detailing your changes for the editors' and referees' approval.

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Please do not hesitate to contact us if you have any questions regarding the revision of your manuscript or if you need more time. We look forward to hearing from you soon.

Kind regards,
Ms. Isobel Luan
Section Managing Editor
E-Mail: isobel.luan@mdpi.com

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27 January 2023

IJERPH Author responses to Reviewer Comments received 26 January 2023

Reviewer 3 Revised Comments and Suggestions for Authors

We would like to thank the reviewer for the prompt and helpful comments on the revised manuscript. The revised changes are tracked and have also been highlighted in yellow for ease of reference.

Reviewer feedback: I would like to thank the authors for their extensive editing work.

Author response: Thank you very much.

Here are a few more minor comments:

Lines 189-190: As the authors used the six components of comprehensive maternity protection as a framework for analysis, a priori the themes should correspond with these components. However, as the authors became familiar with the content of the interviews, they may have identified and developed sub-themes. Thus, I invite the authors to modify the following sentence, as the initial themes are not generated “Next, initial themes were generated, which were reviewed, developed, and refined”.

Thank you for the feedback that assists with clarifying the analysis process. We have edited these two sentences to now read:

“Using a deductive approach, information was coded according to the components of comprehensive maternity protection: health protection, maternity leave, cash and medical benefits, employment protection, non-discrimination, breastfeeding breaks and childcare support. As the authors became familiar with the interview content, sub-themes were developed and refined, and then linked to the main themes (Table 3).” (Pg 6, lines 189-192)

Line 382: I suggest modifying the sub-headings as follows “Difficulties for domestic workers to access paid maternity leave”

Thank you, we have made the suggested change. (Pg 11, line 384).

Lines 561-565: I propose to modify the sentence as follows: “From our results, it seems that the inaccessibility of maternity protection for domestic workers is due to a variety of reasons, including limited knowledge and awareness of both domestic workers and their employers regarding entitlements, as well as systemic problems with the implementation of **these provisions** entitlements.”

Thank you, we have made the suggested change. (Pg 15, line 566-567).

Line 645: I suggest modifying the sub-headings as follows “4.2.1 There are Challenges in the implementation of social insurance in SA”.

Thank you, we have made the suggested change. (Pg 17, line 647)

Line 672: I suggest modifying the sub-headings as follows “4.2.2 There are Limitations to the enforcement of maternity protection legislation in SA”

Thank you, we have made the suggested change. (Pg 17, line 674)

Line 675: It seems that a spelling error has occurred “Inspections at households may be complex to organise17rganize, due to reasons previously reported on”

Thank you, we have made the suggested change. (Pg 17, line 678).

Line 691: I suggest modifying the sub-headings as follows “4.2.3 There is Unclear guidance on certain components of maternity protection”

Thank you, we have made the suggested change. (Pg 17, line 693)



Catherine Pereira-Kotze <catherinejanepereira@gmail.com>

[IJERPH] Manuscript ID: ijerph-2120222 - Accepted for Publication

1 message

IJERPH Editorial Office <ijerph@mdpi.com>

Wed, Feb 1, 2023 at 1:09 PM

Reply-To: Mila Hou <mila.hou@mdpi.com>, IJERPH Editorial Office <ijerph@mdpi.com>

To: Catherine Pereira-Kotze <catherinejanepereira@gmail.com>

Cc: Mieke Faber <mieke.faber@mrc.ac.za>, Luke Kannemeyer <luke@sweepsouth.com>, Tanya Doherty <tanya.doherty@mrc.ac.za>, IJERPH Editorial Office <ijerph@mdpi.com>, Mila Hou <mila.hou@mdpi.com>

Dear Mrs. Pereira-Kotze,

Congratulations on the acceptance of your manuscript, and thank you for submitting your work to IJERPH:

Manuscript ID: ijerph-2120222

Type of manuscript: Article

Title: Access to maternity protection and implications for breastfeeding practices of domestic workers in South Africa

Authors: Catherine Pereira-Kotze¹*, Mieke Faber, Luke Kannemeyer, Tanya Doherty

Received: 9 December 2022

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luke@sweepsouth.com, tanya.doherty@mrc.ac.za

Submitted to section: Women's Health,

https://www.mdpi.com/journal/ijerph/sections/women_health

Improving Quality of Care for Women and Newborns

https://www.mdpi.com/journal/ijerph/special_issues/Care_for_Womenhttps://susy.mdpi.com/user/manuscripts/review_info/3cd83ed85e687653288d3f89e3e35f3f

We will now edit and finalize your paper, which will then be returned to you for your approval. Within the next couple of days, an invoice concerning the article processing charge (APC) for publication in this open access journal will be sent by email from the Editorial Office in Basel, Switzerland.

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Kind regards,

Mr. Weldon Luo

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Appendix 14: Associated media coverage for published paper 5

An opinion editorial was written for the Daily Maverick and published:

- 15 February 2023: Five ways to improve domestic workers' maternity protection:
<https://www.dailymaverick.co.za/article/2023-02-15-five-ways-to-improve-domestic-workers-maternity-protection/>

