

**Exploring first-time mothers' perceptions of their pregnancy, maternity leave
and post-partum return to work in Gauteng, South Africa.**

by

Zamandlovu Sizile Makola

submitted in accordance with the requirements for
the degree of

MASTER OF COMMERCE

In the subject

Business Management

at the

University of South Africa

Supervisor: Mrs E C Rudolph

Co-supervisor: Prof. Y T Joubert

2018

DECLARATION

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Degree: MCom Business Management (specialisation HRM)

I declare that **Exploring first-time mothers' perceptions of their pregnancy, maternity leave and post-partum return to work in Gauteng, South Africa** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

15 November 2018

SIGNATURE

DATE

ABSTRACT IN ENGLISH

The abstract for this study is provided in the figure below.

Exploring First-Time Mothers' Experiences of Pregnancy in the Workplace

(Gauteng, South Africa)

By: Zamandlovu Sizile Makola
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INTRODUCTION & PROBLEM STATEMENT

Despite the increase in the number of women entering the labour force, their decision to become mothers makes it difficult for them to participate in the labour market.

There are limited studies on this topic from a South African perspective. Therefore, there is a need to understand the workplace pregnancy experiences of first-time mothers in South Africa.

RESEARCH DESIGN & METHODOLOGY

- A qualitative, constructivist grounded theory study.
- Used the interpretivist and constructivist/ social constructivist paradigms.
- Used the nominal group technique for data collection.
- Ethical and trustworthiness considerations were adhered to.

LITERATURE REVIEW

Previous literature indicates that women face various challenges when they return to work from maternity leave.

There is limited qualitative data of work-life experiences of mothers in the South African workplace.

RESEARCH PURPOSE

To explore first-time mothers' experiences of pregnancy in Gauteng, South Africa.

CHARACTERISTICS OF PARTICIPANTS

African = 15 White = 4

Purposive snowballing sampling was used and 19 participants were included in the study.

FINDINGS

The first-time mothers' perceptions of their experiences included both positive and negative perceptions. This was with the exception of perceptions related to their physical changes, where they only expressed negative perceptions of their experiences. The positive perceptions of their experiences included amazement, happiness, being ready to take on the new responsibility of a child, being more health and financially conscious, opening a saving account and changing their lifestyles, better management of time and deadlines at work, being allowed time off for doctor's visits or when child was sick, reduced workload, getting help from own mother to care for child etc.

The negative perceptions included scared, confused, shocked, disappointed, ignoring own needs and putting their children's needs first and striving to appear as normal as possible, hiding their pregnancies and becoming stingier, supervisor showing lack of concern about the mother, unreasonable demands from HR, lack of money during maternity leave, competing financial demands from extended family, finding the right nanny to look after the baby when the mother returned to work etc.



KEYWORDS

first-time mothers, pregnancy, maternity, South Africa, maternity leave, workplace

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ABSTRACT IN ISIZULU

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Izingeniso nesitatimende esiyinkinga

Yize inani labesifazane abasebenzayo lenyaka, isinqumo sabo sokuba ngomama senza kube nzima kubona ukuzibandakanya emakethe yomsebenzi. Aziziningi izifundo ezikhona eNingizimu Afrika ngale nkinga. Ngakho-ke, kunesidingo sokuthi iphenywe kabanzi lenkinga yomama abasebenza bekhulelwe eNingizimu Afrika.



Inhloso yocwango

Inhloso yalesi sifundo socwango ukuhlola imibono yabomama abaqalayo ukukhulelwa ukuthi ithini imicabango nemizwe yabo ngalesi sikhathi bekhulelwa besekhefni lokubeletha kanye nokubuyela emsebenzini emuva kokubeletha eGauteng, eNingizimu Afrika.



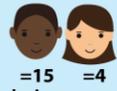
Indlela yophenyo locwango

- Locwango bekungelwe-qualitative, constructivist grounded theory.
- Umcwango walophenyo usebenzise i-constructivist paradigm kanye ne-social constructivist paradigm ukuhlola lenkinga.
- Imibono iqokelelwe ngokusebenzisa ama-nominal group technique focus groups.
- Umcwango usebenzise izindlela eziqotho futhi ezithembekalayo ukuphenya locwango, elandela imigomo yeyunivesi.



Ukubuyekeza kemibhalo esibhaliwe

Imibhalo ekhona ibonisa ukuthi abesifazane babhekene nezinsela ezahlukene uma bebuyela emsebenzini bevela ekhefni lokubeletha. Aziziningi izifundo eNingizimu Afrika ezinolwazi oluyimibono nemizwa yomama abaqalayo ukukhulelwa bebe besebenza.



Izici zababambe iqhaza kulocwango

Injongo yombonakaliso yokuqapha yasetshenziswa nabayi-19 ababambe iqhaza (abayi-15 abansundu naba-4 abamhlophe) bafakwa esifundweni.



Okutholakele

Ngaphandle kwemibono ehambelana nezinguquko zomzimba, imibono yomama abaqalayo ukukhulelwa bebe besebenza, ifakwe ezigabeni ezimbili, esezemibono emihle kanye nesezemibono emihle kanye nesezemibono elandulayo. Baveze kuphela imibono emibi abadlule kuyona ngokushintsha kwemizimba yabo. Imibono yabo emihle ibandakanye isimmagalisano sokuthwala umntwana esiswini, injabulo ukulungela ukuthatha isibophezelo esisha sokuba nengane, ukuba nempilo enhle nokuqaphela ngasezimalini, ukuvula i-akhawunti yokonga yokonga imali ebhange nokushintsha indlela abaphila ngayo, ukusebenzisa isikhathi kangcono, ukunikwa isikhathi sokuvakashela udokotela ukuyohlolwa ngesikhathi ekhulelwe noma uma umntwana egula, ukuncishiselwa umthwalo emsebenzini nokuthola usizo komama babo ukunakekela izingane zabo Imibono. elandulayo ibanganye ukwesaba, ukudideka, ukwethuka nokuphoxeka, ukuziba izidingo zabo ukuze babheke izidingo zabantwana babo kuqala, ukuzama ukubonakala njengojwayelekile njengalesi sikhathi bengakakhulelwa, ukufihla isisu kwabo, ukuba nesandla esilukhuni emalini, abaphathi babonisa ukungabi nandaba nomama, izidingo ezinganangqondo ezivela ku-HR, ukwentuleka kwezimali ngesikhathi sekhefu lokubeletha, ukuncintisana kwezidingo zezemali emndenini wabo nokuthola umsizi ofanele ozobheka ingane uma umama ebuya emsebenzini.

Amagama asemqoka

Omama abaqalayo ukukhulelwa; ukukhulelwa; ikhefu lokubeletha; emva kokubeletha; indawo yomsebenzi; iNingizimu Afrika

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ABSTRACT IN SEPEDI

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Matseno le Tlhalošo ya Bothata

Ka ntle ga koketšego ya palo ya basadi bao e lego karolo ya batho ka moka bao šomago, sephetho sa bona go ba bomme se dira gore go be boima go bona go ba karolo ya batho bao ba šomago le go nyaka mešomo. Go na le dithutelo tše e sego tše ntši go tšwa tebelelong ya Afrika Borwa ka ga taba ye. Ka gona, go na le tlhokego ya go kwešiša maitemogelo a bomme ba mathomo a boimana lefelong la mošomo.



Morero wa Dinyakišišo

Morero wa thutelo ye ya dinyakišišo ke go hlohlomiša ditemogo tša bomme ba mathomo nakong ya boimana, llifi ya botswetši le paka ya nako ya go boela modirong ka morago ga go belega go la Gauteng, Afrika Borwa.



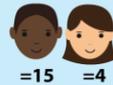
Mekgwa le ditshepedišo tša dinyakišišo le

- Thutelo ya go kwešiša le go lemoga ditiragalo setšhabeng, le teori ya go re moithuti o ipopela tsebo di dirišitšwe.
- Mokgwa wa go kwešiša ditiragalo tše itšeng le go diriša ditemogo go kgoboketša tshedimošo e dirišitšwe.
- Dihlopha tše di nepišitšwego ka mokgwa wa sehlopha wa go šupa bothata le go nagana ditharollo di dirišitšwe go kgoboketša datha.
- Tlhokomelo go maitshwara ao a amogelelegago le botshepegi di latetšwe.



Tshekatsheko ya Dingwalo

Dingwalo tše di lego gona di laetša gore basadi ba lebane le dithlohlo tše di fapanego qe ba boela mešomong ka morago ga llifi ya botswetši. Datha ye e lego gona ke ye nnyane ye e kgobokeditšwego ka go lemoga le go kwešiša maitemogelo a bomme ba mathomo mafelong a mošomo ka Afrika Borwa.



Dipharologantšho tša Batšeakarolo

Mokgwa wa ge sehlopha seo se kgethilwego se šišinya batšeakarolo ba bangwe bao monyakišiši a nago le kgahlego go bona o dirišitšwe gomme batšeakarolo ba 19 (bathobaso ba 15 le bathobašweu ba a 4) ba akareditšwe thutelong ye.



Dikhwetšo

Ka ntle go ditemogo tše di tswalanego le diphetogo tša popego, ditemogo tša bomme ba mathomo tša maitemogelo a bona di akareditše ditemogo tše thabišago le tše bohloko. Ba boletše fela ka ditemogo tše nekethifi tša diphetogo tša popego tšeo ba bilego le tšona. Ditemogo tše phosethifi tša maitemogelo a bona di akareditše makalo, lethabo, go ikemišetša go rwala boikarabelo bjo boswa bja go ba le ngwana, go hlokomela maphelo le tša ditšhelete, go bula akhaonto ya tšhelete ye e bolokilwego le go fetola mekgwa ya bona ya bophelo, kaonafatšo ya taolo ya nako le go fihlelela dinako tše di beilwego tša go phetha modiro mošomong, go dumelelwa nako ya go ya ngakeng goba ya ge ngwana a lwala, go fokoletšwa bogolo bja mošomo, le go hwetša thušo go bommagobona go hlokomela bana ba bona.

Ditemogo tše nekethifi di akareditše go boifa, kgakanego, letšhogo le nyamišo, go hlokomologa dinyakwa tše e lego tša bona le go bea dinyakwa tša bana ba bona pele, go katana go bonala e le bao ba boetšego sekeng ka mo go ka

kgonagalago ka gona, go uta boimana bja bona le go ba ngame le go fetiša, baokamedi bao ba sa naganelego bomme, dinyakwa tša go se kwagale go tšwa HR, tlhokego ya tšhelete nakong ya llifi ya botswetši, go phegišana ka dinyakwa tša ditšhelete go tšwa go maloko a mangwe a lelapa le go lwela go hwetša moledi wa makgonthe go hlokomela lesea ge mme a boetše mošomong.

Mareo a bohlokwa

Bomme ba mathomo, boimana, llifi ya botswetši, paka ya nako ka morago ga go belega, lefelong la mošomo, Afrika Borwa

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LIST OF KEY TERMS

Concept	Definition
First-time mothers	Women who are fall pregnant and give birth to their first child.
Large organisation	A company with more than 200 employees (National Small Business Act, 1996.)
Medium organisation	A company with between 100 and 200 employees (National Small Business Act, 1996.)
Pregnancy	The period of pregnancy whilst in employment until one returns to work after maternity leave.
Senior management / Top Management	These relate to occupational levels above the middle management level and include board level. These terms are used interchangeably throughout the report (EEA 9 Form, Department of Labour)
Small organisation	A company with 50 or less employees (National Small Business Act, 1996.)
Working mothers	Pregnant women who are in employment while pregnant and return back to work after maternity leave
Workplace	The office, factory, etc., where people work (Source: Merriam-Webster's Learner's Dictionary, 2008)

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- The participant avatars are original images by Aunaauna sourced from Adobe Stock <https://stock.adobe.com/contributor/202009912/aunaauna> and used without citation per The Noun Project’s license agreement for subscribers.
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LIST OF ACRONYMS

EAP - Employee Assistance Programmes

HR - Human Resources

HRM – Human Resources Management

NGT – Nominal Group Technique

WLB – Work-life balance

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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

The Chief Operating Officer of Facebook and founder of Leanin.org, Sheryl Sandberg, recently appealed to women to “lean in” to their careers to break the glass ceiling (Sandberg, 2013). However, as noted by Cohn, Livingston, and Wang (2014) in their comparative study on working and stay-at-home mothers in the United States (US), 11% of those with professional degrees (in the medical and legal fields, for instance) tend to be relatively affluent enough to not participate in the labour market in order to care for their families. This finding was further supported by Livingston (2014), who found that a tenth of Master’s degree holders and 6% of mothers with a Doctor of Philosophy degree opted out of the workplace due to family responsibilities. According to King (2015), this can be attributed to the fact that women are choosing their families above their careers.

In the past, South African research topics regarding women in the workplace have included: women in positions of leadership, women’s coping strategies and mechanisms, their multiple roles, career women and their role conflict (Downes & Koekemoer, 2011; Gouws, 2008; Whitehead & Kotze, 2003). However, in light of the above, the researcher sought to understand South African mothers and their pregnancy experiences in the workplace. A significant literature on the subject of mothers and the workplace exists, especially outside South Africa. This existing research is mainly focused on women’s pregnancy announcement to their employers, supervisors, and co-workers, maternity leave, returning to work after maternity leave, and the flexibility to care for children. However, this gives a narrow view of the mother’s experiences.

The present study provides an outline of a research study that explored first-time mothers’ perceptions of their experiences during pregnancy, maternity leave, and

returning to work after childbirth in Gauteng, South Africa. This first chapter introduces and provides context for the study. After detailing the background of the topic under investigation, it describes the researcher's interest in the study, and outlines the rationale for the study. It provides the problem statement, the purpose of the study and the research objective and research question for this study. The research design and methods for the study and the relevance are briefly explained. Some of the key theoretical and practical contributions of this research are highlighted and will also detail the study's delimitations and assumptions. Finally, the key terms are defined, and the dissertation structure is outlined.

1.2 BACKGROUND TO THE RESEARCH

Globally, a lively debate on the nature and mechanisms for ensuring gender equality persists, which, since the second half of the twentieth century, has also pivoted around the balance between work and life. In relation to women, this debate revolves around two perceived binaries: either prioritising their careers to the detriment of their children's wellbeing or sacrificing their career goals and aspirations to fulfil their maternal duty (Cabrera, 2007; Williams & Cuddy, 2012). Based on the view that women are inherent caregivers, women often find themselves compelled to choose caregiving responsibilities over career aspirations (Allen, French, Poteet & Sandberg, 2016). Within this context, working mothers often experience what Williams and Cuddy (2012) refer to as maternal bias or the maternal wall; or, the negative perceptions of or consequences brought on by pregnancy or the request for maternity leave (Williams, 2004). Thus, the maternal wall causes either a change in career or an interruption to working mothers' careers. This phenomenon is also referred to as the nappy- or baby-ceiling (Woods, 2012) or the biological floor (Browne, 2010), the consequences of which, according to Stone (2014), are not only the interruption to women's careers but also a persistent gender gap at senior management levels in the workplace. As noted by Hewlett and Luce (2005, p. 44), 43% of working mothers use family responsibilities as reasons for taking a break in their careers. In a similar vein albeit at estimated at a lower level, Cabrera (2007, p. 225) reported that only 35% of women exit their workplace due to caregiving responsibilities. Additionally, Cabrera found that 62% of the women indicated that their career ambitions change

over time. Consequently, the labour market remains male-dominated in a context where more than a third of working mothers (35%) are likely to choose to focus on their family responsibilities (caregiving).

Contrary to the studies above, Hewlett and Marshall (2014) found that companies make postulations about the opt-out choice that women may choose to exercise in order to fulfil the domestic duty of care. Their study found, instead, that mothers needed five things in order to remain and succeed in their work, namely to: (a) feel in control of their career path (b) be able to empower others; (c) have their work recognised; (d) find meaning and purpose in their work; and (e) have financial security. Accordingly, the pair argued, women prefer power over flexibility. Thus, these erroneous assumptions, the authors contend, are likely the result of benevolent sexism, that is a low-key form of prejudice where women are stereotyped as delicate, affectionate and sensitive, on the basis of which organisations may misjudge mothers' career drivers. It seems women opting-out when they believe their professional circumstances won't change (Hewlett & Marshall, 2014). However, Wendy "Wednesday" Martin, a cultural critic and the creator of *The Flex Frontier* (a platform for creating flexible and personalised combinations of work, life, and family) believes that when mothers opt out of or return to the workplace, they are making a 'false choice' because it is often not necessary their preference (Martin, 2015). Rather, it is only under conditions where women have meaningful access to or opportunities for creating "many shades of flexibility" that they are able to exercise a real choice (Martin, 2015).

Rejecting the notion that women choose to leave fulltime employment in favour of assuming 'new traditionalist' or 'cupcake moms' identities, Orgad (2016) contended instead that women felt that they were forced to make this choice. Rather than factors related to their workplace or their lack of career ambition, Orgad argued that the main driver for women's choice to become stay-at-home mothers was husbands' long working hours, granting them limited family time. Highlighting men's work-obligations that do not ease even after they become fathers, Slaughter (2015) identified this as a toxic working world. This is because even where women work in family-supportive

environments, their partners' working conditions nonetheless aggravate and re-enforce gender inequality both at work and at home.

In a context where domestic responsibilities are still gendered and unequal, employers tend to be reluctant to recruit or promote women into senior and executive management (Geldenhuys, 2011). In a global survey of senior managers' attitudes towards hiring more women in the workplace, especially into supervisory and senior positions, Regus, the leading provider of flexible workspace solutions for entrepreneurs and small businesses, found that at only 20% of organisations, South African employers were the least likely to hire mothers returning to work after focusing on their caregiving responsibilities (Regus Global, 2011, p. 3). More than half of the South African organisations expressed concern about mothers going on maternity leave to have another baby and showing less commitment than other employees (Regus Global, 2011). Refuting the validity of a gender-based commitment and productivity differential between men and women, Correll et. al. (2014), Kmec (2011), and Wallace (2008), found that, on average, mothers were more engaged at work than fathers and had the same levels of motivation, work commitment and intensity with other employees. On the whole, the Regus study found that, 8% of surveyed organisations expected a reduction in the number of mothers they would likely recruit (Regus Global, 2011, p3).

For the purposes of the current research, the focus is on first-time mothers given the extensive and largely permanent transformations to women's lives and identities with the onset of motherhood (Dawson-Fend and Green, 2016). A guiding assumption of this study is that experienced mothers - those with more than one child – already have the experience of managing work and family, rendering them further along in the process of attaining work-life balance (Trump-Steele, Nittrouer, Hebl, & Ashburn-Nardo, 2016). Furthermore, Fitzberger, Steffes and Strittmatter (2010) corroborate the view that the first child and the struggle for work-life balance have a great impact on women's work preferences. Unsurprisingly, upon returning to work after maternity leave, women often grapple with feelings of inadequacy, guilt, and worry about how they will juggle their roles as "ideal employees" and "good mothers" (Cowan &

Bochantin, 2009, p. 22). In their book, *Research Perspectives on Work and the Transition to Motherhood*, Spitzmueller and Matthews (2016, p. 3) highlight the fact that in the US, 57% of mothers have to contend with the notion of reconciling family and work responsibilities. Where increasingly, greater numbers of women transition to motherhood while in employment, there is a need to investigate whether and under what conditions this transition can be achieved successfully. In a study on women's identities and how these are affected by the transition to motherhood, Greenberg, Clair and Ladge (2016) showed that this transition commences with pregnancy. Thus, women's self-concept constantly evolves from professional to pregnant woman and, ultimately, to mother.

In light of the above, the aim of this study is to explore first-time mothers' perceptions of their experiences during pregnancy, maternity leave and returning to work after childbirth in Gauteng, South Africa.

1.3 PERSONAL INTEREST IN THE STUDY

On a personal level, the researcher is a mother herself and upon learning of her first pregnancy, she elected not to disclose this during a job interview for two main reasons. Firstly, she did not believe that her pregnancy would affect her ability to fulfil the job for which she had applied. Nonetheless and as the second justification for withholding this information, she feared not being considered for the position based on her impending motherhood. Upon taking up the position, she wrestled with whether or not to disclose her pregnancy to her manager, ultimately opting to inform him two weeks into the job and halfway through her second trimester. As expected, her manager was unhappy that she had not reported her pregnancy during the interview. Despite indicating that her disclosure would not have prejudiced her chances for the job, she did not believe him.

At a business level, until recently, the researcher was the owner of My Claim Mate, an Unemployment Insurance Fund (UIF) claiming agency, where she assisted

working mothers to claim UIF for maternity leave. Clients often asked her for information and advise on how to deal with a number of workplace issues they faced during and upon returning from maternity leave, including pregnancy-related unfair discrimination and family responsibilities.

Professionally, the researcher also worked at a large insurance group in South Africa where she was responsible for the implementation of Employment Equity. Among the areas in which she had a keen interest and passion was gender transformation, evidence of which was her development of the human resources management policy and related practices with specific reference to pregnant mothers in the organisation. This resulted in the introduction of a lactation room at the organisations head office and the articulation of the organisation's commitment to and support for flexible working hours together with women's gradual reintroduction into the workplace after maternity leave. This initiative contributed to the organisation winning the ESS Siyakha Employment Equity Award in 2010. Given her expertise and professional experience, the researcher is also the resident Human Resource (HR) and Labour Relations advisor on the experts' panel for the Mamahood website and Facebook pages. This is where she interacts with a number of working mothers who are or have been working during their pregnancy and seek advice on how to deal with pregnancy-related issues in the workplace.

Following the researcher's interest in this study, next follows the rationale for the research.

1.4 RATIONALE FOR THE RESEARCH

Given the researcher's interest in this area with specific reference to South Africa, she conducted a search for relevant literature on the National Research Foundation's (NRF) NEXUS database, which provides information on current and completed South African research projects, including theses and dissertations. This search was also intended to assist with determining the main topics that have been studied in this area and to develop the research question. Twenty-four (24) relevant studies were found

with only five (5) related to pregnancy in the workplace and the rest to working mothers, which indicates limited exploration of the issue in South Africa. This, in turn, maintains the skewed geographical focus of the scholarship on work and the transition to motherhood reflecting European and North American perspectives of the phenomenon (Spitzmueller & Matthews, 2016). By conducting this study, the researcher aims to contribute to the body of knowledge on the topic from a South African perspective.

Having completed the preliminary literature review, it became apparent that an investigation into the various stages of women's transition into motherhood would be necessary to assemble a clearer picture of the phenomenon under review. Therefore, with this study, the intention is to explore first-time mothers' perceptions on their pregnancies, maternity leave, and post-partum return to work experiences in Gauteng, South Africa.

1.5 PROBLEM STATEMENT

The stereotypes, attitudes and norms relating to the role of mothers as employees and the perceived conflict in this dual role in the workplace have become more noticeable for pregnant women and mothers (Halpert, Wilson, & Hickman, 1993). In addition, maternity leave requires women to temporarily leave their employment, with the ultimate reintegration into the world of work having important implications for both organisations and mothers. Notwithstanding legislative protection from gender-based discrimination, the risk of discrimination and unfavourable treatment persists (Banks & Russell, 2011; Cuddy, Fiske & Glick, 2004; King, 2015; Kirby, 2011; Kirsten, 2014). In South Africa, these issues are exacerbated by the fact that pervasive patriarchal attitudes militate against women's aspirations of pursuing careers and managing their households with comparable levels of commitment and success (Akala & Divala, 2016).

It has been estimated that nearly two-thirds (62%) of women entering today's workforce will become pregnant once during their employment and a large number of these will be applying for jobs while pregnant (Johnson, 2007), meaning that working during pregnancy is becoming common. A Pew Research study report found that while forty percent (40%) of American women were in full-time employment during pregnancy in the late 1960s, by 2008, this figure had increased to sixty percent (60%) among which cohort eighty two percent (82%) worked until their eight month of pregnancy (Gao & Livingston, 2015). In addition to their higher numbers in the world of work while pregnant, women's post-natal return is also happening sooner. In the 1960s only twenty one percent (21%) of first-time mothers who worked during their pregnancies returned to work six months after childbirth compared to seventy three percent (73%) of mothers between 2005 and 2007 (Gao & Livingston, 2015).

Hence, women face a number of challenges in the workplace due to pregnancy such as dismissal; made compulsorily redundant, harassment (Adams, et al., 2016). Although motherhood can expose working women to the risk of negative treatment because of cultural beliefs, gender stereotypes, and role expectations, being a mother can also reduce the chances of facing workplace incivility (Miner, Pesonen, Smittick, Seigel, & Clark, 2014). According to Miner and her co-author's, this is because, compared to women who do not have children, mothers occupy multiple roles and can tap into their personal resources to deal with work. This contrasts to the finding by Joan Williams and Amy Cuddy who found that women are often blamed for their lack of career progression (Williams & Cuddy, 2012), attributing this failure to women's choice to become mothers. Furthermore, even where a woman experiences upward mobility, she will still face biases because she is a mother.

Therefore, there is a need to understand the workplace pregnancy experiences of first-time mothers in South Africa. Currently, most studies have been done from the North American and European perspective which are limited to western notions of the topic (Spitzmueller & Matthews, 2016) and there are limited studies on this topic from a South African perspective.

1.6 AIM OF THE RESEARCH STUDY

The aim of this research study is to explore first-time mothers' perceptions of their pregnancy, maternity leave, and post-partum return to work in Gauteng, South Africa.

1.7 RESEARCH QUESTIONS

This study seeks to answer the following question: What are first-time mothers' perceptions of their pregnancy, maternity leave and post-partum return to in Gauteng, South Africa?

1.8 RELEVANCE OF THE RESEARCH STUDY

In recent years, the issue of the “glass ceiling” and the unwritten rules established by a male-dominated environment have been some of the dominant topics on gender equity (Brand & Barreiro-Lucas, 2014). As the discourse on the world of work shifts towards greater workplace equality, the key issue now relates to the challenges faced by working mothers.

In a context where women generally bear the brunt of domestic and childcare responsibilities, the risk of discrimination relating to recruitment or promotion is acute where their household responsibilities are often seen as a possible impediment to their performance (Du Plesis & Barkhuizen, 2015; Bornstein & Weber, 2008; Organisation for Economic Co-operation and Development, 2016). This may be one of the factors that accounts for the slow increase in the number of women holding positions at senior and board levels in organisations (Abbott, Parker, & Theresa, 2012). It is therefore important for employers to adequately prepare themselves for the issues that women will be faced with when they decide to start their families. By addressing these issues, some of which have been discussed in Sections 1.2 and 1.5, employers stand to gain the benefits of gender diverse organisations. Such benefits include for example, achieving healthy bottom-lines. Research shows that

company boards with more women on them, had healthier financial performance than those with no women on them (Australian Securities Exchange, 2010; Campbell & Mínguez-Vera, 2008). Supporting the notion that inclusive organisations have better bottom-lines (Fisher Ellison & Mullin, 2014; Sorenson, 2013). For example, studies by Catalyst found that organisations presented a forty six percent (46%) higher returns to shareholder value when they had a greater percentage of women in executive positions than those who do not (Carter & Wagner, 2011, p. 1). The 2014 Gallup study of more than 800 business units from the hospitality and retail sectors showed that gender-diverse business units showed improved financial results compared to those that mainly had one gender (Badal, 2014).

Another example includes achieving Employer of Choice status in the war for talent. This is because in the competitive environment for talent that organisations operate in, it requires organisations to have the best talented skilled workforce (Collings & Mellahi, 2009). This means that both men and women need to be attracted and retained in organisations. The increase in the number of women in the workforce means that organisations have an increased pool of talent to choose. Hilary Clinton is quoted as saying, “Women are the largest untapped reservoir of talent in the world” (Combe, 2012). In South African for example, economically active women have higher levels of education than their male counterparts do. Where women hold seven percent (7,1%) of degrees and almost thirteen percent (12,6%) of diploma, men possess almost six percent (5,8%) and less than ten percent (9,8%) of diplomas (Department of Women: Republic of South Africa, 2015, p 52).

It is important to note that attitudes on gender roles are, however, changing with, among other indicators, a diminishing gender-based division of roles (Scott & Clery, 2013). According to the *British Social Attitudes Report* (2013), in 1984, forty-nine percent (49%) of respondents agreed with the statement “a man’s job is to earn money; a woman’s job is to look after the home and family”. By 2012, however, only thirteen percent (13%) of respondents agreed with this statement in (Scott & Clery, 2013, p. 115). Additionally, in 2012, sixty-four percent (64%) of the respondents agreed that mothers of children under school-going age should stay home compared

to thirty-three percent (33%) in 1989 (Scott & Clery, 2013, p. 115). In Australia, the study on changes in the gender division of labour (Baxter, 2002) found that there was indeed a change in the distribution of household responsibilities, although this was not due to men increasing their contribution to household chores but rather, to a reduction in the number of domestic chores women do. For example, the availability of ready-made meals has allowed women to reduce the amount of time they spend cooking and men are more willing to “cook” if this entails warming up the meal (Baxter, 2002). These changes notwithstanding, only forty-two percent (42%) of graduates in 2012 expressed a desire to parent; a decline from eighty percent (80%) among 1992 graduates (Egan, 2015)

1.9 SIGNIFICANCE OF THE STUDY

This study contributes to the body of knowledge on the issues faced by first-time working mothers from a South African perspective. This knowledge can be applied by organisations in developing and implementing strategies, policies and practices to support working mothers as part of their attraction, recruitment and retention plans. This is key in light of the low numbers of women in senior, executive and board levels nationally and internationally as discussed in Section 1.8 (South Africa, Commission for Employment Equity, 2014/2015).

1.10 RESEARCH DESIGN AND METHODOLOGY

This study adopted a qualitative logic of inquiry; descriptive and exploratory in nature, to answer the research question (Kim, Sefcik, & Bradway, 2017). The study used constructivism and constructionism lens to investigate the topic through focus groups discussions using an adapted nominal group technique to gain insights into participants' views. Section 3.2 elaborates on this research design in greater detail.

1.11 KEY FINDINGS

The findings of this study can be divided into two main themes relating to the metamorphosis of becoming a mother, on the one hand, and, on the other, women's expectations and experiences of receiving support (or not). There was a persistent interaction between the two themes and between the sub-themes, indicating their interrelatedness.

The following key findings emerged from this study:

- When women become mothers, they experience several emotions. These include both positive emotions such as amazement, happiness, awestruck, loved, appreciated, joy, excitement as well as negative emotions such as, worry, scared, confused, shocked, disappointed, nervous, concerned, afraid, anxious, stressed, under pressure, depressed, irritable, moody, unattractive, guilt and low self-esteem. The changes in the women's emotions seemed to influence their attitudes towards their pregnancies and children. This was applicable to both single and married mothers.
- When women become mothers, they reported both positive and negative attitudes towards their pregnancies and children. The positive attitudes included being ready to take on the new responsibility of a child, being more health and financially conscious, being more child focused, accepting the pregnancy, survival attitude, feeling strong and independent, striving for balance. The negative attitudes included ignoring own needs and putting their children's needs first and striving to appear as normal as possible. The changes in the women's attitudes seemed to influence their behaviour towards their pregnancies and children. The single mothers in the main experienced the negative attitudes mainly because of their marital status and not having someone to share the parenting "load".
- When women become mothers, they stated both positive and negative behaviours towards their pregnancies and children. The positive behaviour included opening a saving account and changing their lifestyles, better

management of time and deadlines at work, looking for a good nanny/day care for child. The negative behaviours included hiding their pregnancies and becoming stingier. The changes in the women's emotions and attitudes resulted in changes in their behaviour towards their pregnancies and children. The single mothers were impacted more financially than the married mothers, which resulted in them realising the need to change their lifestyle. Both married and single mothers were conscious of the time they spent at work, especially when the child was born, prompting them to seek a balance between work and life needs.

- When women become mothers, they stated only negative physiological changes. The mothers did not express any positive experiences towards the changes their bodies experienced. The negative physiological changes included gaining weight, frequent bladder movements, stretchmarks, high blood pressure and tiredness. The changes in the women's bodies resulted in changes in their behaviour towards their pregnancies and children. Both the single and the married mothers only verbalised negative physiological changes. It was also noted how this sub-theme connected with the other previously mentioned sub-themes above. For example, as once gained weight during the pregnancy, they needed to buy new clothes which impacts on their finances.
- When women become mothers, they reported both positive and negatives support received at the workplace from the organisation, supervisor and co-workers. The positive perceptions of support in the workplace included being allowed time off for doctor's visits or when child was sick, being allowed to work from home when necessary, colleagues and supervisor showing concern about the baby, reduced workload, moral support, care, baby shower, provided with office updated while on maternity leave, colleagues excited when announced pregnancy. The negative perceptions of support in the workplace included supervisor showing lack of concern about the mother, negative remarks from supervisor about being a working mother, unhelpful colleagues, being called to the office during maternity leave, ignorant HR, unreasonable

demands from HR, lack of money during maternity leave, negative attitudes from colleagues. In this study, both married and single mothers expressed having received positive and negative support from the workplace.

- When women become mothers, they reported both positive and negatives support received at home from their husband or partners or boyfriends, women's own mother, extended family and friends. The positive perceptions of support received at home included getting support from the husbands, moving back home after childbirth, family assisting with the baby, getting help from own mother to care for child. The negative perceptions of support received at home included having to deal with competing financial demands from extended family, finding the right nanny to look after the baby when the mother returned to work, having to shoulder the parenting responsibility alone because partner or boyfriend had disappeared, being ostracised by family for pregnancy out of wedlock. Single mothers more than the married mothers seemed to report more negative perceptions of support received at home than married mothers. This could largely be due to the partners/boyfriends who had disappeared, leaving the mother to be solely responsible for the child. This could also affect the single mother's finances, as she has to shoulder the financial responsibility for the child such as childcare/nanny, clothes, food etc, alone. Added to this the single mother also faces expectations from her immediate and extended family to assist them financially as well. The single mothers also faced judgement from their families for falling pregnant outside of marriage and breaking cultural norms and expectations especially as women.

1.12 THEORETICAL CONTRIBUTION

This study was able to show that new mothers relied on their own mothers and their extended family when becoming a mothers on matters such as learning how to take care of a new-born child. This study showed that the reliance on the extended family was still seen as important in South Africa. The fact that the majority of the mothers were Africans, this finding was not surprising as African families are more communal

in nature than Western families. This finding could explain why the mothers in this study did not mention the use of books, internet and social media as sources of support and information.

Cultural expectations on women, especially single women in particular, were observed in this study. The single mothers felt condemned by their family members and especially their parents for falling pregnant outside of wedlock as cultural practices consider this as disrespecting not only the family but also the community one lives in. Again, the fact that the majority of the participants were Africans could explain why this was raised by the participants as African families and communities still enforce their cultural and traditional practices.

The grounded theory developed in this study, demonstrates that mothers in the global South, especially married mothers in higher social classes, are able to have a better work-life balance than their counterparts in the global North. This is largely due to the support women in the South are able to garner via their own mothers and abundant and affordable domestic workers whom they are able to rely on to take care of the household and childcare responsibilities.

1.13 PRACTICAL CONTRIBUTION

The findings may assist organisations and HR practitioners in gaining an understanding of women's experiences in the workplace, particularly among those of childbearing age and what employment-related factors influence their decisions to start a family (including considerations of the timing). This would enable organisations and HR practitioners to develop and implement strategies, plans, and programmes that address the negative perceptions such as fear of losing one's job, negative comments from managers, colleagues and unreasonable expectations from managers and HR and amplify the positive perceptions instead, which may include role modelling by all levels of management, moral support from managers and colleagues etc. The result of this would be a possible increase in the number of mothers opting into the workforce, giving employers a larger talent pool for recruitment and selection.

Additionally, this research may be relevant to government agencies and healthcare providers to develop policies and programmes to support working first-time mothers and women and men planning to have children. It can also assist parenting platforms to provide appropriate information and relevant support to working first-time mothers.

1.14 ASSUMPTIONS

This study is focused on first-time mothers with children under the age of five years who work in full-time employment and live in Gauteng, South Africa. As such, the findings in this study may not be relevant to mothers with children who are older than five, have other types of work contracts (e.g. contract, part-time) and live and work outside of Gauteng.

The assumptions made in this study were the following:

1. A significant number of working women are likely to have a child or children at some point in their career;
2. The researcher would be able to find the relevant participants to be part of the study and that they will participate honestly and be open about their perceptions;
3. Organisations are more punitive towards women about the decision to start than they are with respect to men;
4. That working women in South Africa, like their counterparts around the world, encounter a possible trade-off between childbearing and career progression.
5. Although becoming a mother is a universal experience for many women, the experiences of becoming a mother are quite unique for each person because individual's bodies are different, demographical backgrounds are different, worldviews on motherhood are different etc.

1.15 DISCIPLINARY CONTEXT OF THE STUDY

This study is conducted within the human resources management field. The contemporary definition of Human Resources Management (HRM) comprises the management of people and relationships in an organisation in relation to recruitment, employment, development, rewards and using human resources to add value to the organisation on all levels as a strategic partner (du Plessis; 2015). When organisations have good, effective HRM, this results in increased profits and lower turnover rates, therefore HRM is about having the right individual, with the appropriate skills, in the correct job at the right time (du Plessis; 2015). Having the right people, with the right skills, at the right time ensures that organisations remain competitive as they become global. This brings about challenging issue of managing a diverse workforce (Nel, Werner, Haasbroek, Sono, & Schultz Poisat, 2008).

If the human resources management function in organisations is to fulfil its obligation to assist the organisation to achieve its strategic goals through its diverse people resource, then work-life balance (WLB) becomes a critical element of the human resources strategy and policies. It brings to the fore the need for the HRM function to develop an innate understanding of people and the different roles they play, to establish a productive, friendly and motivating work environment (Igbinomwanhia, Iyayi, & Iyayi, 2012). HRM therefore needs to spearhead an effective offering of WLB that encompasses a holistic approach to HRM by taking into account the whole person's life at work and after work (Igbinomwanhia, et al, 2012).

Within the gender diversity debate, WLB practices have been identified as an approach to fast-tracking the progression of women into leadership positions. The term "work-life" refers to the range of practices directed at assisting employees to balance their work and non-work responsibilities. Practices such as childcare, work from home, flexible working arrangements assist women in a number of ways such as reducing some of the family responsibilities, enable better management of family commitments etc (Kalysh, Kulik, & Perera, 2016).

Although both men and women have the need for work-life balance, organisations often develop work-life initiatives to address women’s concerns about their family responsibilities. Therefore, if work-life conflict can be reduced through work-life practices, then the work-life practices may be useful in the advancement of women into leadership position (Kalysh, et al, 2016), especially working mothers because motherhood impacts how working women combine work and family responsibilities (Pedersen & Lewis, 2012).

1.16 CHAPTER OUTLINE

The chapters in this dissertation will be as follows:

CHAPTER	CHAPTER TITLE	DETAILS ON CHAPTER
Chapter 1	Introduction	Provides an introduction, background and rationale of the problem being explored.
Chapter 2	Preliminary literature review	Discussion on the use of literature in grounded theory and the preliminary literature review.
Chapter 3	Research Methodology and design	The research methodology and design employed in the study is discussed in detail.
Chapter 4	Characteristics of research participants	Discusses the biographical data and characteristics of the research participants.
Chapter 5	Research findings	The research findings are discussed considering the reviewed literature.
Chapter 6	Conclusion, recommendations and limitations	Details the conclusions reached from the research findings and lays out the recommendations and limitations of the study.

1.17 SUMMARY

The overall aim of this study is to explore the experiences of first-time working mothers working and living in Gauteng, South Africa. This chapter has provided background, in particular, the biases and challenges that first-time mothers face when (re)entering the workplace. These biases are based on gender stereotypes, cultural beliefs, and role expectations that exist regarding women. Based on the personal, professional and business experiences of the researcher, this chapter further highlighted the need for a South African perspective on the issues facing first-time mothers and the workplace because existing research is derived from Western countries. In the following chapter, the preliminary literature review of the study is discussed.

CHAPTER 2

A GROUNDED THEORY APPROACH TO LITERATURE

2.1 INTRODUCTION

Following the general outline provided in Chapter 1, this chapter, provides a setting for this constructivist grounded theory study on first-time mothers' perceptions during pregnancy, maternity leave, and post-natal return to work is discussed. As this is a grounded theory study, this chapter begins by discussing the much-contested issue of the role of literature in grounded theory research. This is followed by a discussion of literature related to pregnancy perceptions at work, going on maternity leave, and then returning to work after childbirth.

This study adopted a constructivist grounded theory approach, which can broadly be defined as an approach that accepts subjectivity and recognising the active participation of the researcher in the construction and interpretation of data through engagements with the participants and the data (Charmaz, 2014). When relying on constructivist grounded theory, it is not unusual to conduct a limited literature review at the start of a research project, hence this chapter is labelled as a preliminary literature review. The chapter discusses the literature that was reviewed before data collection commenced. By including this preliminary review, the researcher aimed to remain transparent about her prior knowledge of literature when the data collection stage commenced (Giles, King, & de Lacey, 2013).

Therefore, the purpose of this preliminary review was to provide a synopsis of existing literature as background to the study. Once the researcher completed the data collection and analysis, she returned to the literature. The second literature review that updates this preliminary review is presented in Chapter 5 together with the findings of this study.

2.2 LITERATURE REVIEW IN GROUNDED THEORY

When using a grounded theory approach to research, a researcher may choose to conduct a preliminary literature review before data collection (Hallberg, 2010). When the decision to conduct a preliminary literature review is taken, it contextualises the topic for the research study to be conducted. Under what conditions – if at all – a literature review is to be conducted and how the review interacts with the research have been contested issues in grounded theory research. The developers of grounded theory, the sociologists Barney Glaser and Anselm Strauss (Glaser & Strauss, 2006), argued against the traditional view in mainstream scholarship that data collection should follow the review of existing and relevant literature (Dunne, 2011). Glaser and Strauss believed that researchers should not enter the field with predetermined knowledge or ideas about existing theory. According to Kathy Charmaz, another proponent of grounded theory, the researcher conducts a literature review after having formulated a grounded theory so that the grounded theory can be situated within existing literature to make links between previous studies and the current study (Charmaz, 2006).

By contrast to Charmaz, Urquhart and Fernandez (2013), insist that a preliminary literature review can be undertaken for a grounded theory study. However, this review should not enforce a framework for the data collection phase. Evidently, there are two key principles of grounded theory that relate to the use of literature. The first is the partial exposure to literature at the beginning of the research study while the second is not to use a theoretical or conceptual framework to inform the research process (Nagel, Burns, Tilley, & Aubin, 2015). These restrictions assist the researcher in reducing researcher bias during data collection and data analysis. They also protect the researcher from developing predetermined conceptualisation, which may affect theory development (Charmaz, 2006). And yet, as has been noted, the existence of prior knowledge is practically inevitable as all researchers undertake research with some exposure to literature. On this basis, it is acceptable to conduct some literature review in grounded theory research (Nagel, Burns, Tilley, & Aubin, 2015).

The choice of including or excluding a preliminary literature review comes with advantages and disadvantages (Birks & Mills, 2015; McGhee, Marland, & Atkinson, 2007). The advantages include the fact that by conducting the preliminary review, a researcher can determine whether or not previous research on his/her topic has been conducted (Knopf, 2006). This enables the researcher to identify the leading scholars on the topic. By reviewing existing literature, a researcher can identify areas that require research as well as explore the methodologies used in previous studies in order to determine a new angle for conducting his or her research (Knopf, 2006). In terms of shortcomings, the most widely acknowledged relates to the argument that a researcher's ideas are likely to become "contaminated" by what they read, resulting in the theory not being "grounded" in the data collected (Birks & Mills, 2015 ; McGhee, Marland & Atkinson, 2007).

As a new and upcoming scholar, the researcher decided to add a preliminary literature review to guide her search in determining if studies similar to her proposed one had been conducted before. The preliminary literature review supported the researcher's motivation for the need and interest in this study (Hallberg, 2010). It also assisted the researcher in outlining the basic research question to ensure it is narrow enough to focus on key themes while being broad enough to allow for flexibility, contextualisation, and theoretical sensitivity to sensitising concepts (Pandit, 1996; Charmaz, 2006; Charmaz, 2014; Wilson & Barn, 2012. As this is an academic research study, the researcher was also compelled by the University's ethics review committee to conduct a literature review; an approach that some proponents of grounded theory support (Hallberg, 2010; Charmaz, 2014; Nagel, Burns, Tilley, & Aubin, 2015; Urquhart, 2007). Lastly, the researcher conducted a preliminary literature review with the hope that the theory developed from the data collection would determine the relevance – if at all – of the literature. Therefore, in order to connect this study's findings to the literature, the researcher resumed the literature search after collecting the empirical data. The subsequent literature review is thus integrated in the discussion of this study's findings in Chapter 5.

It should be noted that for the purposes of grounded theory, a preliminary literature review is treated like data from any other source (Birks & Mills, 2015). The same was applied in this research study. A range of both scholastic and non-scholastic sources were consulted on both print and electronic media (including newspapers, magazines, government reports, blogs, twitter and Facebook posts, and theses and dissertations). Since there are ethical considerations and limitations when using information and communication technologies like social media, this was addressed by using reputable and trusted sites (Birks and Mills, 2015).

2.3 PRELIMINARY LITERATURE REVIEW

2.3.1 Pregnancy perceptions at work

This section discusses preliminary literature on how mothers perceived their supervisors' and colleagues' responses when they announced their pregnancy. In the preliminary literature review conducted, the majority of studies found negative perceptions of pregnancy in the workplace. There were however, a few that detailed some positive perceptions.

In a report by the Australian Human Rights Commission (2014, p. 64), women participants indicated that they felt side-lined, isolated or ignored when they revealed their pregnancy. They also indicated that they experienced negative treatment when they announced their pregnancy, and this continued until they returned to work after maternity leave. The women indicated that their managers initially meted out the negative treatment, but they also experienced negative treatment from colleagues. As one respondent reported: “[m]y direct manager (female) ... told me that I need to decide what I wanted – a family or a senior role in the company... It’s a myth you can have both” while another complained that “[o]ne of the other men in the office had started to call me “placenta brain”, when I was pregnant” (2014). Women also reported that their commitment to work was questioned when they announced their pregnancy.

Davis, Neathley, Regan and Willison (2005) highlighted the benevolent sexism experienced by pregnant women. Their study found that women's negative experiences ranged from relatively subtle unpleasant treatment such as changes in the attitudes of their managers and colleagues, being excluded from decision-making in which they had previously been a part, to potentially discriminatory behaviour such as sexual harassment, being denied promotions, or dismissals. Many indicated that once they had announced their pregnancy, their colleagues saw them as a burden and became less tolerant towards them and unilateral changes to work without consultation was also done in their "interest" in light of their pregnancy.

In their study of organisations' and co-workers' reactions to women's pregnancy in the workplace, Michelle Hebl and her co-authors (Hebl, King, Glick, Singletary, & Kazama, 2007) concluded their study with comparable findings to that of Davis et al. (2005). In line with the ambivalent sexism theory and role congruity theory, they found that when pregnant women look for full-time employment, the likely perception is that they are violating their traditional gender roles and therefore receive negative reactions. Interestingly, the study by Kirby (2011) found that although some respondents experienced benevolent sexism, they did not necessarily view this as negative. This could be due to the participants' understanding of the reasons for the benevolent behaviour. Furthermore, Kirby found that pregnant and new mothers were warm, meaning feminine, soft, and not competent, which resulted in a mismatch between them and most jobs. This supports the findings by Brown, Ferrara, and Schley (2002), Cuddy et al. (2004), Masser, Grass, and Nesic (2007) that when women become mothers, perceptions of their competence are traded for perceived warmth whereas men do not experience this perception trade-off. In fact, fathers gained warmth perceptions while retaining competence. For working mothers, the gain in perceived warmth was seen as un-useful while the loss in perceived competence was interpreted as detrimental to them.

Women also face challenges with regards to maternity leave. In one of the early studies on pregnancy in the workplace, Gueutal and Taylor (1991) found that the supervisors and co-workers of pregnant women raised concerns about becoming

overworked when the pregnant employee takes maternity leave. In addition, they found that, compared to their male counterparts, women who were not pregnant were less supportive of pregnant women. Among the women who participated in a study by Halpert and Burg (1997, p. 246) on co-worker responses to pregnant fellow employees, 30% indicated that their colleagues were concerned about the length of their maternity leave as well as the distribution of their work while on maternity leave. Of the women participants in management positions, 38% reported that subordinates were concerned about the expansion of their roles and responsibilities during the manager's maternity leave. In the Australian Human Rights Commission (2014) report, participants stated that they experienced unfair treatment and discrimination when requesting or taking maternity leave. Some women reported that their managers regarded maternity leave as a holiday or a break (Australian Human Rights Commission, 2014).

When women returned from maternity leave, they also had negative perceptions of this experience. As the Australian Human Rights Commission (2014) found, some women reported receiving negative attitude and comments from managers and colleagues when they returned to work after a miscarriage or still birth. As noted by one respondent in the retail sector, “[c]oming back to work after [my] first pregnancy was terrible as I lost my baby after birth and work started me back during a massive baby sale. I found that very inconsiderate”. Women participants indicated that they experienced negative attitudes from managers and colleagues regarding family responsibility; having their commitment to work questioned in the context of managers' and colleagues' assumptions that they would want part-time work or lesser responsibilities. Also, in the same way that they experienced benevolent sexism when they announced their pregnancy, upon their return, women found that changes to their work would be made without consultation, with the justification that they were being assisted to balance work and home commitments (Davis et. al., 2005).

These studies also suggest that a supportive work environment has a positive effect on working mothers. Women are likely to leave the workforce after getting married or having children, especially if their jobs and workplaces make it difficult to merge their

family responsibilities with their work obligations (Yu, 2009). Furthermore, they show that the combination of both cognitive and the emotional dimensions of the experience of unfavourable pregnancy-related behaviour is key to understanding women's attitudes to their work in the course of and after their pregnancies (Zanoni, Valgaeren and Lembrech, 2011).

More studies that indicated positive perceptions of pregnancy in the workplace, include, the studies by Easton (2007) and Riekert (2005), in which the majority of the respondents believed that their bosses had a supportive attitude when they asked for time off to see to their children. The respondents attributed this supportiveness to having managers who also had children and were therefore sympathetic. In their research on pregnancy and job satisfaction, Brown, Ferrara, and Schley (2002, p. 69) also reported that almost 12,5% of their respondents indicated that their supervisors' attitudes towards them had altered in a positive way even though there were, of course, respondents who indicated that their manager displayed negative changes. Halpert and Burg (1997, p. 245) also reported that 51% of their study participants reported positive feedback from their supervisors when they reported their pregnancy. In addition to this, 25% indicated that their managers were accommodating of their needs during their pregnancy. As noted by Glass and Riley (1998) and DeSimone, Werner, and Harris (2002) managers can directly influence mothers' perceptions.

2.3.2 Going on maternity leave

This section examines literature relating to mothers' access to maternity leave, the adequacy of their financial compensation during maternity leave, the duration of maternity leave, and the reasons underlying these. Defined as the length of time women take off work in order to fulfil post-pregnancy care for their babies, it can be unpaid or paid and its duration may or may not be legally determined (Staelin, Berteau, & Stuts, 2007 and Sulaiman, Liamputtong, & Amir, 2018).

In many countries, maternity protection is vital in that it promotes the mother's and the child's health (Itum, Oltmann, Choti, & Piper, 2018) and can diminish discrimination against women in the workplace, hence its acknowledgement as a fundamental human right and an indispensable part of work-life policies. According to Addati, Cassirer and Gilchrist (2014) most countries have some maternity protection laws and many others have adopted ways to support employees with their family responsibilities. The International Labour Organisation (ILO) has seen a steady shift towards maternity leave periods that meet or exceed its minimum standard of fourteen (14) weeks. That said, the report revealed that of 185 countries and territories, more than half had benefits that were not generous (Addati, et al, 2014). In over 100 countries, the maternity benefits are financed through social security or public funds, thereby reducing employers' liability. Even with these provisions, however, unfavourable conditions for women in the labour market persist. The report also found that there are currently 361 organisational-level and 31 bargaining council agreements that reflect the legislative minimum requirement in South Africa (Addati, et al, 2014, p. 40).

In South Africa, labour laws were among the first to be reformed in the wake of democratisation. The Basic Conditions of Employment Act (BCoEA) (Department of Labour, 1997) provides maternity protection to mothers during pregnancy, after childbirth, and to fulfil family responsibilities (Bhoola, 2002). It entitles women to four consecutive months of maternity leave during which period they are paid between 36% and 68% of their salary through the Unemployment Insurance Fund (UIF), thus providing a social security net to mothers during maternity leave (Department of Labour, 1997). The BCoEA (1997) also extends protection and financial support to women in the event of a miscarriage in the third trimester or a stillbirth even if she has not yet started maternity leave at the time of the miscarriage or stillbirth and the mother is entitled to claim for financial support for six weeks if she takes maternity leave. Adoption of children under the age of two is also covered by the Act and one of the parents can take maternity leave and claim for adoption benefits (Makola, 2015).

In a report for the US-Based Centre for Economic and Policy Research (CEPR), Ray, Gornick, and Schmitt (2009) found that in countries where there are paid leave policies, traditional gender roles where women are caregivers and men the providers are reinforced with women reducing their work commitments to assume more family responsibilities. In the study, it was found that all the countries surveyed provided financial support to at least one parent thereby diminishing anxieties relating to job loss. Although conceived of as support for the whole family, the maternity benefit was mainly secured by women given their role as caregivers albeit that broader (non-financial) support for mothers is limited.

2.3.3 Returning to work after childbirth

In this section I explore the literature on mothers' experiences of their transition back to work, their perceptions of their supervisors and colleagues of their commitment to work, their management of work-life balance issues, their access to and take-up of flexible work practises, as well as their female role models on work-life balance.

Women return to work after maternity for many reasons. In the study by Morris (2008, p.8), respondents indicated that they mostly return to work for financial reasons (68%), the need for intellectual stimulation (48%), and the desire for social contact with other adults (35%). Despite the decision to return to work, this can nonetheless be challenging for mothers because many contend with feelings of guilt and regret, struggling to fulfil the dual role of mother and employee (Illingworth, 2014; Morris, 2008). In outlining their primary concerns about returning to work, the most common apprehension for respondents was childcare (60%). This was followed by managing multiple responsibilities and having enough time to do everything (21%). A third of women also reported concern related to the attitude of their boss and/or their colleagues. While some women may elect to return to work, others choose to become stay-at-home-mothers. In her study on mothers' work choices, Jewell (2016) found that the main reasons women chose to stay at home were linked to attempts at becoming better mothers, for childcare savings, that their child(ren) preferred that

they stay home, or they were influenced by their husbands to do so. The mothers in this study indicated that they had no regrets about their decision (Jewell, 2016).

Clearly, mothers struggle with the constant juggling of their caregiver responsibilities and work commitments (Greenhaus and Beutell, 1985; Msimang, n.d.; Van Den Berg and Van Zyl, 2008; Zedeck, 1992), which necessitates workplace support for mothers without which women buckle under the immense pressure they feel (Govender, 2015). In a report prepared by Pharma Dynamics, a pharmaceutical company that specialises in developing generic medications, there was an increase in the number of mothers who were using anti-depressants, alcohol, and over-eating to cope with the stress of balancing their employee and caregiver roles (Govender, 2015). The studies by Dembe and Yao (2016) and Griep, et al., (2016) also support the above. In her doctoral dissertation, Sonubi (2010) found that mothers who perceived that they received more work and family support resources such as management support, organisational flexibility, time for family interaction and childcare support, experienced less work-family pressure and less stress it is. In addition, the dissertation found that when compared to married mothers, single mothers experienced higher levels of distress and perceived their organisations as less supportive of work-life balance. They also reported dissatisfaction with the support they received from their managers and the role of their organisations in providing access to flexible work arrangements. Single mothers put more weight on family support resources such as time for family, flexi hours and childcare, over work support resources such as flexi work, personal development, and managers' support.

A question that Wednesday Martin, creator of the Flex Frontier, raises is whether mothers actually have any 'real choice' between returning to work or opting out (Martin, 2015). She asserts that just because a mother chooses to return to work or to opt-out, it does not mean that that is what she prefers. Martin further believes that if women had "many shades of flexibility" available to them, then the choice of returning to work or opting out would truly be a choice and not a 'false choice'.

In contrast to the studies above, Hewlett and Marshall (2014) suggested that companies have made assumptions that women choose to opt-out of the workforce because they want to take care of their families. Their study found that women need five things to succeed at work, namely, to:

1. feel in control of their career path;
2. be able to empower others;
3. have their work recognised;
4. find meaning and purpose in their work; and
5. have financial security.

This implies that women do not want flexibility but more power that comes with leadership positions instead, highlighting the prevalence of benevolent sexism where organisations make assumptions about what drives mothers' careers. It seems women opt-out in cases where they believe their circumstances in the workplace will not change.

2.4 SUMMARY

The chapter commenced with a discussion of the role of conducting some initial review of available literature when conducting grounded theory research. After which the literature related to pregnancy perceptions at work, going on maternity leave and then returning to work after childbirth was discussed. In the next chapter, the research design and methodology employed in this study are discussed.

CHAPTER 3

RESEARCH APPROACH AND METHODOLOGY

3.1 INTRODUCTION

In the previous chapter, the preliminary literature review for this study was provided. In this chapter the research approach and methodology followed in this study will be explained by setting out the broad philosophical assumptions linked to the chosen paradigms of this study, the rationale for the use of the constructivist grounded theory approach as well as explain the methods of data collection and analysis aligned to this approach will be detailed. It is therefore, based on how the researcher explored the purpose of this study, which was to explore first-time mother's perceptions of pregnancy, maternity leave, and post-partum return to work in Gauteng, South Africa. Lastly, this chapter concludes with an account of the criteria and strategies employed to ensure the trustworthiness of the study as well as the ethical considerations applied during the research investigation.

3.2 RESEARCH DESIGN

Parahoo (1997) defines a research design as a plan that explains, when, how, and where data are collected and analysed. Grove, Burns, and Gray (2013, p. 195) describe a research design as "a blueprint" for conducting a study with maximum control over issues that may affect the legitimacy of the findings. Pilot, Beck and Hungler (2001) explain that a research design is used as the researcher's total response to the research question/research objective or the testing of the research theory. A qualitative, exploratory and descriptive design was chosen for this study. Next follows a discussion about my choice of qualitative research design used in this study.

3.2.1 The choice for a qualitative research design

Literature contains numerous definitions of qualitative research. For example, Schwandt (2007, pp.247-248) defines qualitative research a social enquiry that has its origins in phenomenology, hermeneutics and verstehen traditions. The term qualitative research is used by scholars as an umbrella term for social enquiries that rely on data in the form of words such as narrative studies, ethnographic studies, case studies and so forth. This therefore means that qualitative studies aim to understand the meanings of individuals' actions. Austin and Sutton (2014, p. 436) state that qualitative research entails asking participants about their experiences of the events that take place in their lives. This allows researchers to gain insights into what it feels like to be someone else and to experience reality as someone else experiences it. Two of the most well-known qualitative researchers Denzin and Lincoln (2005, p. 3) suggest that qualitative research is an enquiry of things in their natural setting, trying to make sense of and interpret phenomena in relation to the meanings that people give to them.

Therefore, qualitative and quantitative research differ conceptually and methodologically. From a conceptual point of view, qualitative research supposes a negotiated and flexible reality and is preoccupied with understanding individual's behaviour from their personal point of view (Bernard, 2018). Whereas quantitative researchers focus discovering facts about a phenomenon and adopts a quantifiable and fixed reality (Bernard, 2018). Methodologically, qualitative research uses methods such as focus groups, interviews, observations as data collection tools; makes use of themes to analyse data from the participants' descriptions and the reporting on the data includes the participant's verbatim comments. On the other hand, in quantitative research, data is collected by measuring things and the data is analysed using statistics deductions and comparisons of numerical data. When reporting, quantitative data, quantitative researchers use statistical analyses, (Bernard, 2018).

The characteristics of a qualitative research design as outlined by Polit and Beck (2008) and in their application to this study are detailed in Table 3.1, outlining the

appropriateness of applying a qualitative research design in answering the research question for this study.

Table 3 1: Qualitative research characteristics as applied in this study

CHARACTERISTICS	APPLICATION
The researcher is the “research instrument” (Polit & Beck, 2008, p. 219).	In this study, the researcher was responsible for the data collection and analysis. Offredy & Vickers (2010) argue that when a researcher takes it upon him or herself to collect and analyse data, the data is enriched because the researcher gets to know the participants as a result of prolonged engagement since both the participants’ and the researcher’s views are important in understanding the phenomenon under study.
Provides a comprehensive view of the phenomenon for it to be understood holistically.	A thorough description of the phenomenon was created because of analysing all the data collected.
Flexible and dynamic approach	A qualitative research design is a vigorous and adaptable style of research design. This allows for the research questions and data collection processes to be adapted as the research progresses. The flexible style of qualitative research design was useful during the nominal group technique discussions. It allowed for the participants’ varying experiences on the phenomenon under investigation, thus resulting in the collection of rich data.

CHARACTERISTICS	APPLICATION
Prolonged period in the field	The researcher spent sufficient time interacting with the participants to gain an understanding of the phenomenon being investigated.
Continuous data analysis of the data collected is required, to establish when data saturation has been reached	Data analysis was conducted after each nominal group technique discussions to decide whether the data collection process required any modification in order for the data collection to be improved if needed.

Source: Adapted from Polit and Beck (2008, p 219), Offredy & Vickers (2010).

Because qualitative research is predominantly exploratory and descriptive in nature, the application of these elements (exploratory and descriptive) in this study will now be explained.

3.2.2 Exploratory research

Explorative studies are conducted when a new area of a topic is being researched or when there is little knowledge about a topic. It is useful in exploring the full nature of a topic (phenomenon) and factors that relate to it (Polit, Beck, & Hungler, 2001; Van Wyk, 2012). In this study, the workplace pregnancy experiences of first-time mothers were explored through the use of the nominal group technique focus groups. Although previous research on pregnancy experiences of first-time mothers exists, the experiences have mostly been investigated from women in the European and North American context, therefore depicting the Western experiences of the phenomenon (Spitzmueller and Matthews, 2016). Additionally, there are limited studies on this phenomenon conducted in South Africa based on the research search conducted by the researcher on the on NEXUS (National Research Foundation) database in May 2018.

3.2.3 Descriptive research

Descriptive studies are designed to depict an image of a situation as it naturally occurs (Burns & Grove, 2003; Kim, Sefcik, & Bradway, 2017), presenting a valid and true representation of the factors that relate or are pertinent to the research question (Van Wyk, 2012). In the case of this study, descriptive research was used to construct, through detailed description, a picture of the workplace pregnancy experiences of first-time mothers.

3.2.4 Role of the researcher

As this study took on a qualitative design, it was important to consider how the participants perceived the researcher. In many cases, the researcher is seen as a stranger (Mouton, 1996). Therefore, it is important to consider issues such as power relations as a result of professional position, race, sex and other characteristics of the researcher as perceived by participants (Florczak, 2016). Since the researcher of the current study is a mother herself, who has worked in a corporate environment and has experience with employment equity and transformation issues in the workplace, her own experience and knowledge could enable her to establish trust and rapport with the participants. This enabled the participants to be comfortable with sharing their personal experiences with her (Råheim et al, 2016). The researcher is also an African female as were the majority of the participants in this study.”

Having discussed the decision for using a qualitative design as well as the role of the researcher in the present study, the section that follows examines the paradigms adopted in this study by, firstly, looking at the philosophical assumptions linked to this study followed by the paradigms within which the investigation is located. It is important to address the issue of the paradigms that underpin this study because all researchers undertake their research from a set of beliefs or paradigms (Teherani, et al., 2015). It is particularly relevant for a novice qualitative researcher to show evidence of a rigour philosophical stance taken for every decision made in the research process, including choice of methodology and methods (Eriksson & Kovalainen, 2008).

3.3 RESEARCH PARADIGM

There are ongoing debates and disagreements on terminology with regard to research paradigms, epistemology, ontology, and methodology, with some overlaps but also some conflicting reflections (Shannon-Baker, 2016). The term paradigm has its origins from the Greek word “paradeigma”, meaning pattern (Knill, 1991, p. 52). John Kuhn (1977) first used this term to provide a conceptual framework that is common in a community of scientists. Paradigms offer scientist them a model to examine problems and find solutions (Naughton, 2012). Naughton describes a paradigm as “an integrated cluster of substantive concepts, variables and problems attached with corresponding methodological approaches and tools” (p. 25). Thus, a paradigm refers to a set of values, beliefs and assumptions that are common in the research community with regards to the nature and conduct of research.

3.3.1 Constructivism and constructionism

This study blends the constructivism and constructionism¹ epistemological stances. Although these stance are connected they are different and are often incorrectly used interchangeably (Andrews, 2012). The main similarity between constructivism and constructionism is that knowledge is constructed. Both stances hold a relativist ontological position, meaning they both believe in multiple realities. Additionally, constructivists and constructionist call for a democratic relationship between the researcher and the participants (Chen, Shek, & Bu, 2011). Therefore, research is a co-construction between the participants and the researcher (Charmaz, 2006). The slight difference between the two is that with constructivism knowledge is believed to be created by individuals based on their experiences whereas with constructionism knowledge is believed to be created by individuals as a result of their interactions with others (Chen, Shek, & Bu, 2011) .

This study is aligned to the relativist ontological approach, accepting that pregnant women and new mothers face numerous challenges in the workplace, which experiences shape their lived reality and has specific meaning(s) for them. That said, the difficulties encountered by pregnant women and new mothers are not only their

¹ The term constructionism is the shortened version of the term social constructionism (Chen, Shek, & Bu, 2011)

subjective experience but are also linked to the social norms and values tied to pregnant women and new mothers in the workplace, particularly when they resolve to work during pregnancy, go on maternity leave, and upon their return to work after childbirth.

3.4 RESEARCH APPROACH

Researchers have a variety of research approaches at their disposal when conducting qualitative research (Fouché & Schurink, 2011). These approaches include narrative research, phenomenology, grounded theory, ethnography and case study (Creswell, 1998, 2007; McCaslen & Scott, 2003).

The grounded theory approach was adopted for this study and determined the appropriate research methods that could enable the researcher to collect and analyse data that goes beyond describing a phenomenon. Next, grounded theory will be explained and the several types of grounded theory, limitations to using grounded theory as well as the type of grounded theory used in this study and the rationale for the choice.

3.4.1 Grounded theory

Unlike narrative and phenomenological studies focused on individuals' stories and the common experiences of a group of people respectively, grounded theory goes beyond describing a phenomenon to formulate a theory for a process or action (Creswell, 2013). With grounded theory the premise is that the theory is developed from – and therefore grounded in – the actual data collected, hence the name, thereby combining the precision of procedure and science with creative discovery (Hennink, Hutter, & Bailey, 2011). However, there are challenges associated with using grounded theory. According to Bartlette and Payne (1997), grounded theory management can be seen as time consuming and very complex due to the coding and memoing processes used during the analysis phase. However, Timonen, Foley, & Conlon (2018) argue that these specific challenges are not particular to grounded theory but apply to qualitative research in general, irrespective of the methodology

the qualitative researcher chooses. In grounded theory the researcher is required to connect with the data throughout the research process, posing a challenge for the researcher regarding the distance necessary between himself/herself and the data in order to create theory. The failure to establish this distance from the data may result in a “simplistic and ill-constructed” theory (Backman & Kyngäs, 1999, p. 151; da Silva Barreto, Garcia-Vivar, & Marcon, 2018)

3.4.1.1 Approaches to grounded theory

Following the publication of Barney Glaser and Anselm Strauss’ classical work, *The Discovery of Grounded Theory: Strategies for Qualitative Research* (1967), the scholastic appeal of grounded theory among social scientists grew. This led to the emergence of second-generation grounded theorists who used Glaser and Strauss’ work to develop their own interpretations (Birks & Mills, 2015). Once Glaser and Strauss diverged in their approach to grounded theory, two camps were formed, the tradition of Glaser (Glaserian), often referred to as traditional or classical grounded theory, which adopts the post-positivist paradigm and the Strauss and Corbin’s (Straussian) tradition, which supports a constructivist stance to grounded theory (Birks & Mills, 2015; Howard-Payne, 2016).

There are six key disagreements between these two camps, namely ontological and epistemological positions, the role of the researcher, the role of the literature, differences in developing research questions, differences in the coding and analysis process and theoretical verification. The position of each group, Glaserian and Straussian are indicated in Table 3.3.

Table 3 2: Difference between the Glaserian and Straussian Grounded Theory

	Glaserian	Straussian
Ontological & epistemological	Critical realism – objective reality	Pragmatic relativist – subjective reality therefore multiple realities of a phenomenon are accepted

	Glaserian	Straussian
Epistemological position	Findings are discovered from the data	Findings are constructed by the researcher together with the research participants
Role of researcher	The researcher needs to be objective when conducting research	The researcher is part of the research to be in a better position to describe and understand the participants' world
Role of literature	Advocates for literature to be reviewed after the data analysis had been conducted	Advocates for preliminary review of literature before the research study is conducted
Development of research question (s)	Based on their view of the role of literature they hold, they discourage researcher from entering the field with pre-determined research questions	Support researchers in entering the field with pre-determined research questions in mind.
Data coding and analysis	Encourages initial coding by conducting comparisons between occurrences to determine broad patterns that become categories	Encourages open coding which includes axial coding
Theory verification	Emerging theory can be verified through successive quantitative analysis	Theory can be verified through constant comparison and inclusion of multiple views.

Source: Adapted from (Howard-Payne, 2016)

3.4.1.2 *Rationale for choosing constructivist grounded theory*

In line with constructivist grounded theory, this study presumed that the researcher and the participants constructed reality. This view differs from that of classical grounded theory which asserts that the researcher discovers the participant's reality and as a result the theory that transpires is from the data and separate from the researcher (Charmaz, 2006). According to Charmaz (2006), constructivist grounded theories are constructed out of the researcher's present and past connections and engagement with perspectives, people and research practices. Therefore, the researcher's bias as discussed in Section 1.3 had an influence on how the researcher

viewed the data she collected. Additionally, constructivist grounded theory promotes reflexivity and fosters an empathetic understanding of participants' actions and meanings, while still maintaining the rigour of the traditional grounded theory method. Therefore, this means that with constructivist grounded theory, the theoretical analyses are not an objective report of a reality but are an explanation of a reality (Charmaz, 2006).

3.5 RESEARCH METHODS

Research methods are the ways in which data are collected and analysed (Howell, 2013). It is important to note that methodology is not a synonym for method in that methodology refers to the way of efficiently addressing the research problem while methods encompass the tools used by the researcher to undertake their research (van Wyk, 2012). The methods identified in the methodology are the ways in which data will be collected and analysed (Howell, 2013).

3.5.1 Population

The total group of people of interest to the researcher is called the 'population' (Burns & Grove, 2011). From the population the researcher chose a sample from which to conduct the research (Saunders, Lewis, & Thornhill, 2009). For this study, the population was all working first-time mothers living and working in the Gauteng Province, South Africa.

3.5.1.1 Sampling

Purposive and snowball sampling was used in this study. The researcher received referrals to other mothers who fit the selection criteria whom her respondents knew (Marshall & Rossman, 2010). Snowball sampling was adopted in this study because it would have been effective, efficient and economical for the researcher. It would also be a quick way for the researcher to gather in-depth results from the participants (Atkinson & Flint, 2001). Hence; purposeful sampling resulted in snowball sampling and is participant driven.

The participants were purposefully identified from the Facebook Group called Mamahood-Gauteng. A flyer (annexure A) was posted on the Facebook page after the page administrator granted permission. Interested participants were requested to contact the researcher via the Facebook messenger application. All interested participants were contacted via Facebook messenger for their email addresses for circulation of the Participant Information Letter and the Biographical Questionnaire. The letter detailed the purpose of the study, the participation criteria, and the ethical considerations regarding anonymity and the uses of their data (annexure B). Most of the study participants resided in the West and South of Gauteng, which was then used to determine the focus group venues for ease of participant attendance. The focus groups were held in conference venues in the West and South of Gauteng. The focus group discussions were held between the 06 and 27 May 2017.

A small group size was decided upon because large groups can be difficult to manage with the risk of sub-groups forming. Smaller groups, on the other hand, enable all participants to more easily and actively engage in the group, allowing for all viewpoints to be shared. Additionally, with a large group it may be difficult to follow the session's recording and transcribe proceedings effectively. This is because participants speak from different distances and volumes (Millward, 2012; McMillan, et al., 2014) and may also interject and speak at the same time. The researcher over-recruited participants by 20 percent for each session as a way of mitigating against the risk of participant attrition (i.e. no-shows) on the day of the focus group. This therefore meant that group sizes varied (Millward, 2012).

The sample size of 19 participants was divided into 4 small focus groups of approximately 6 participants per focus group as shown on table 3.4:

Table 3 4: Focus group descriptions

Group	Description
Group 1	Married managers ²
Group 2	Single non-managers ³
Group 3	Single managers
Group 4	Married non-managers

As noted in table 3.4, the participants were divided into small groups by occupational seniority (manager versus non-manager) and marital status (single versus married) partly due to participants' sensitivities about these differences in status and their implications. For example, non-managerial staff may not feel comfortable to fully participate if there are managers in the group due to occupational hierarchies. The disaggregation of focus groups therefore ensured some degree of homogeneity among participants and, hence, the greatest possibility for equal participation (Tynan & Drayton, 1988; Stalmeijer, Mcnaughton, & Van Mook, (2014).

The researcher considered women's marital status in line with similar studies such as Byrne-Doran (2012) and Brand and Barreiro-Lucas (2014) (Brand & Lucas included only one single woman). Furthermore, the questionnaires for the studies by Morris (2008) as well as by Banks and Russel (2011) were mostly completed by married women. The inclusion of single mothers is therefore important because, in South Africa, single mothers head approximately half of all households with children (Rabe, 2016). The increase in the number of single parents has been seen throughout the world due to divorce or the death of a partner or spouse. However, women are also making a conscious decision to become single parents (Obreshkova & Goulart, 2016). Single-headed households, ninety-percent (90%) of which a headed by women (Obreshkova & Goulart, 2016), are also more likely to be characterised by low income levels linked to gender-based earnings disparities. These disparities also

² Anyone classified in the following categories at their workplace; Senior managers, Professionally qualified and experienced specialists and/or middle managers; Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents (EE Act)

³ Anyone classified in the following categories at their workplace ; Semi-skilled and discretionary decision making; Unskilled and defined decision making

extend to marital status with a report prepared by the Trades Union Congress, a federation of trade unions in England and Wales (Cory & Stirling, 2016), noting that single mothers who had their first child while in full-time employment at the age of 42 earned less than married mothers. The report also noted that married mothers who had their first child received a 12 percent bonus on their salary when compared to single mothers. A similar conclusion was reached by the Australian Human Rights Commission (2014), which also noted that single mothers are more likely than their married counterparts to experience pregnancy and mothering-related discrimination in the workplace. Because parenthood exists in a continuum between two-parent and single-parent families, the inclusion of married and single parents would enrich this study.

3.5.1.2 Inclusion and exclusion criteria

Determining the inclusion and exclusion criteria for research participants is a required standard practice for a quality research study (Patino & Ferreira, 2018). Inclusion criteria are described as the important characteristics of the target population used by the researcher to answer their research question. These characteristics often include demographical and geographical features. On the other hand, exclusion criteria describe characteristics of the research participants who meet the inclusion criteria but also have other characteristics that could impose a risk to the success of the study (Patino & Ferreira, 2018). Certain participants can be excluded from a study due to missing data collection interviews, provide data that is inaccurate or difficult to follow-up on. Inclusion and exclusion criteria are important because they affect the trustworthiness of a research study (Patino & Ferreira, 2018).

In this study, the researcher focused on first-time mothers who, at the time of the study, were in full-time employment outside of the home whether for a small, medium or large entity. The mothers had to have been pregnant, taken maternity leave, and returned to work after the birth of their first child and maternity leave, whether single or married. The study included mothers who were in managerial and non-managerial occupational levels. The mothers had to have been with the same employer during pregnancy, maternity leave (irrespective of the length of period) and when they returned to work after maternity leave.

Entrepreneurial mothers, mothers working from home, part-time or on a contract basis, and mothers who opted to stay at home after giving birth were excluded from this study because the researcher was interested in the workplace experiences of first-time mothers throughout their pregnancy from announcing the pregnancy to the returning to work. Additionally, full time employees often have different employment conditions to part-time and contract employees. Domestic workers, nannies and Au pairs were also excluded because they work in someone's home and not an organisation. These criteria were identified as appropriate for this study as they would enable the researcher to meet the purpose of the research study.

The birth order of the child (being a first child) was a key criteria for this study given the life-changing and permanent nature of the transition to motherhood (Dawson-Fend & Green, 2017). This transition, as highlighted earlier, brings with it feelings of inadequacy, guilt, and worry about how they will juggle their roles as “ideal employees” and “good mother (King, 2008, p.1686; Blithe, 2015).

In the study by Greenberg, Clair and Ladge (2016) on women’s transition to motherhood, the scholars noted that women’s identities and self-concept are constantly evolving as they transition from pregnant woman to professional and, ultimately, to working mother. With this in mind, the present study focused on new mothers based on the assumption that experienced mothers (those with more than one child) have already undergone the said transition, managing work and family, and probably with greater work-life balance (Trump-Steele, Nittrouer, Hebl, & Ashburn-Nardo, 2016). Furthermore, research by Fitzenberger, Steffes and Strittmatter (2010) corroborate the view that having the first child and the need for work-life balance has a great impact on the work preferences of women.

Those candidates who met the criteria were invited to participate in the study. Before the start of the sessions, the researcher read the participant information letter aloud and the participants were asked if they still wanted to continue to participate. They were then asked to complete the consent form.

3.5.1.3 Context (setting)

This study was conducted within the Gauteng province of South Africa; which is arguably the centre of the country's economy with a diversified economic profile spanning the financial, manufacturing, transport, technology, and telecommunications sectors. Covering merely 1.4% of the country's total land area, Gauteng is nonetheless responsible for a third of South Africa's GDP (Statistics South Africa, 2012, p. 15).

According to the 2011 Census (Statistics South Africa, 2012), the Gauteng province had the largest population in the country. Almost half (49.5%) of the province is made up of females of which 77.4% are Africans, 15.6% White, 3.5% Coloured and 2.9% Indian (Statistics South Africa, 2012, p. 21). IsiZulu is the most spoken language (19.8%) followed by English and Afrikaans (12.4%) (Statistics South Africa, 2012, p. 25). The majority of females in Gauteng are between the 25-29 years of age. A total of 40.3% of permanently employed people are female and the majority of permanently employed people are in the semi-skilled and discretionary decision-making occupational levels.

In what follows, the discussion focusses on the data collection process in greater detail.

3.5.2 Data collection

Polit and Beck (2008) refer to data collection as the tangible gathering of information regarding the phenomenon under study. In qualitative research various methods can be used to collect data such as interviews, focus groups, document analysis, observations in a naturalistic context, and so forth (Marshall and Rossman, 2006). This study used the consensus method called the nominal group technique (NGT), note-taking tools (individual post-it notes and flip charts) and digital audio recordings. All these data collection strategies assisted in the collection of rich data.

In this study focus groups were chosen as the data collection method. A focus group is defined as a method in which the researcher gathers a group of individuals to moderate a discussion on a specific topic with the aim of gathering the individuals'

perceptions, attitudes, complex personal experiences and beliefs (Nyumba, Wilson, Derrick and Mukherjee (2017, p. 21). The main features of a focus group are that it involves an organised discussion with a group of selected individuals to obtain their views and experiences on a phenomenon, it assists in gaining insights into people's shared understanding of everyday life and the ways in which people influence each other in a group setting, it is suitable for getting a number of points of views on the same topic, it requires an experienced facilitator with good group leadership skills and interpersonal skills (Liamputtong, 2011).

This method of data collection was chosen in this study because similar studies relating to working mothers conducted in South Africa have mostly used interviews (Brand & Barreiro-Lucas, 2014), (Gamiet, 2017), (Downes & Koekemoer, 2011), (Segal, 2014), (Mkhize & Msomi, 2016); quantitative methods (Robinson, 2014), (Patel, Govender, Paruk, & Ramgoon, 2006), (Opie & Henn, 2013), (Geldenhuys & Henn, 2017), (Jackson & Fransman, 2018) or mixed methods, following a predominantly quantitative approach (Sonubi, 2010). This was with the exception of (Riekert & Taute, 2009) who used also focus groups. The use of focus groups, especially the nominal group technique therefore does not seem to be a popular data collection method in studies related to working women. By using focus groups this study, a distinct perspective of the phenomena could be sought.

The cost-effective nature of focus groups was attractive because a number of people could be "interviewed" at one time saving the researcher time and money. What was also positive about focus groups was the fact that focus groups enable participants to provide frank and truthful accounts of their experiences and the group discussion would allow participants to "piggyback" on each other's responses (Leung & Savithiri, 2009). This is because unlike an interview where the participant may want to give the researcher the best response, in focus groups the participants engage with each other in a genuine way to express their opinions, feeling etc. Additionally, when a participant feels they have been misunderstood, they are able to provide justifications to the rest of the group members to get them to understand their point of view. In this way the research is an unobtrusive spectator to the valuable conversation that the participants are having (Lune & Berg, 2017).

In this study, the researcher conducted the focus groups herself as she has experience and knowledge of group moderation. After each focus group she wrote notes on her reflections on each group discussion. Digital audio recordings were made of each group discussion after having received consent from all participants (ANNEXURE F).

The section that follows discusses the NGT consensus method and how it was implemented in this study, further highlighting the limitations of a NGT.

3.5.2.1 Consensus method

This study was conducted using a consensus method called the Nominal Group Technique. Consensus methods consist of the Delphi technique methods, Nominal Group Technique (Botma, Greeff, Mulaudzi, & Wright, 2010) social judgement analysis, structured discussion consensus development conference and statized group (Hutchins, Rapport, Wright, & Doel, 2013; Tammela, 2013). Consensus methods are an organised way of developing and measuring consensus (Humphrey-Murto, Varpio, Wood, & Gonsalves, 2016). According to Ager, Boothby and Wessells, (2007) and Fink, Kosecoff, Chassin, & Brook (1984), consensus methods are mainly used to determine the levels of agreement on contentious issues. They are also useful in addressing some of the concerns related to group decision-making processes where participants who are dominant can overshadow other participants' views (Hutchings et al, 2013).

3.5.2.2 Nominal group technique (NGT)

An adapted version of the Nominal Group Technique (NGT) process was followed and is depicted in Diagram 3.1 below. This technique is appropriate for exploratory studies (Vander Laenen, 2015) mainly because it enables the researcher to identify key issues related to a specific research study, secondly, the structure of the NGT sessions ensures that all the participants have an equal voice (Dang, 2015). The full NGT process has five steps. However, for the purpose of this study, the technique was adapted to only include its first three steps, namely the silent generation, round robin and clarification steps. The reason for this adaptation was to address the time

constraints of the participants in participating in the study (Lennon, Glasper, & Carpenter, 2012).

Nominal Group Technique

Process

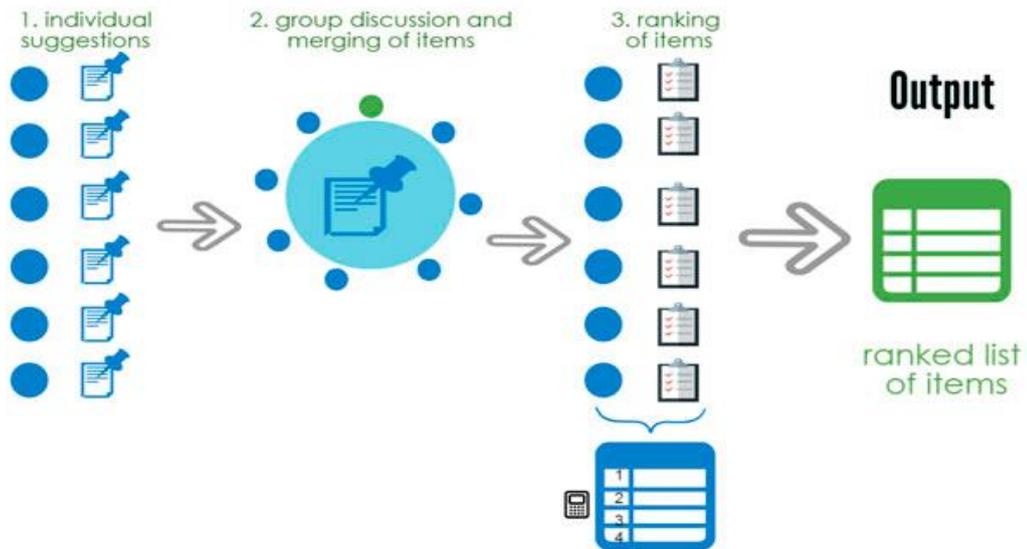


Figure 3 1: Nominal Group Technique Process. **Source:** *Nominal Group Technique Process (Varga-Atkins, Bunyan, Fewtrell, & Mclsaac, 2011)*

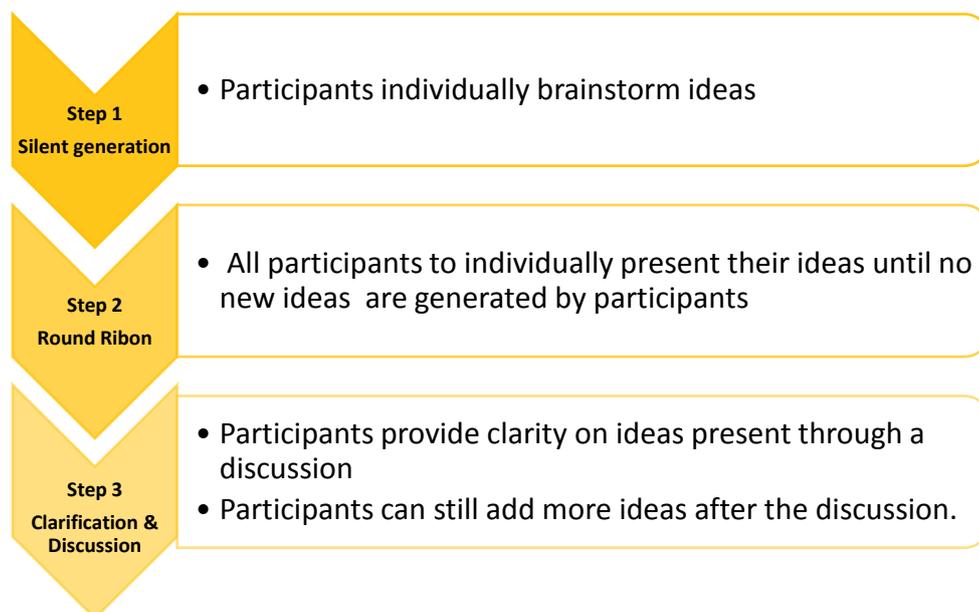


Figure 3 2: Adapted version of the Nominal Group Technique used in this study. **Source:** *(Adapted from Varga-Atkins, Mclsaac, Bunyan, & Fewtrell , 2011)*

3.5.2.3 *Benefits and limitation of NGT*

According to (McMillan et al., 2014) the NGT was developed by André Delbecq and Andrew Van de Ven (1971) as a method of exploring problems, generating ideas and reaching consensus amongst a group of participants (Hutchings et al., 2013; McMillan et al., 2014; Roets & Lubbe, 2015; Van Breda, 2005). The NGT consists of four key stages as depicted in Diagram 3.2 above: silent generation, round robin, clarification and voting (ranking or rating) (McMillan, King, & Tully, 2016). Using the NGT is beneficial because, firstly, it is quick and easy to use and provides prompt results. Secondly, it is solution-driven and geared towards determining how a problem can be solved. Lastly, it allows for all participants' voices to be heard (McMillan et al., 2014; Van Breda, 2005; Roets & Lubbe, 2015).

The challenge with the NGT is finding a time slot that suits all participants (McMillan et al., 2016). Because it is structured, it lends itself for use for a single topic per meeting and the fact that it limits discussion, it can be less stimulating for a group (Varga-Atkins, Bunyan, Fewtrell, & Mclsaac, 2011). One needs to do prior planning before the implementation of the NGT, especially for larger groups, rendering it difficult to use spontaneously (Varga-Atkins, Bunyan, Fewtrell, & Mclsaac, 2011).

3.5.2.4 *Rationale for using NGT in this study*

The NGT method was used to enable the group to collectively construct a common reality from their individual experiences; creating a mutual understanding of the phenomenon being studied through the identification of emergent common themes (Mampane & Bouwer, 2011). In their study of interactive and nominal groups in information systems and accounting, Sutton and Arnold (2013) found that positive outcomes were realised when group discussions involved interactive participation by the participants, providing participants with an opportunity to hear others' views and share ideas, build mutual respect. They pointed out that the technique also provided flexibility in the more boring tasks of nominal techniques, and reduced participant fatigue over the course of the focus group. Additionally the ideas generated and discussed by the participants in the groups come from the participants themselves and this therefore reduces the researcher's influence over the group (Vander Laenen,

2015). The researcher hoped that using the nominal group technique would enable participants to build rapport with each other as they shared and compared experiences.

Before starting the NGT process, the researcher explained the study objectives and provided an overview of the NGT process to be followed and the importance of individual participation (McMillan, et al., 2014).

3.5.2.5 Implementation of NGT in this study

The steps below were followed in implementing the adapted NGT process in this study:

Step 1: Silent generation

To ensure that all participants in the focus groups had the same understanding about the research purpose and context, the focus groups commenced with a silent brainstorming phase (McMillan, et al., 2014; Dang, 2015). Each participant was provided with a 98-page pad of post-its. The researcher described the research context during the brainstorming session that allowed the participants to individually table their experiences of pregnancy in the workplace (limited to three to five words per card with an unlimited number of cards for use by each participant) (McMillan, et al., 2014; Roets & Lubbe, 2015). No discussion was allowed during this stage.

Step 2: Round Robin

Following the silent generation of experiences, the researcher collected all the ideas generated by the participants on their post-it notes. These were read out loud and displayed on the white-board in front of everyone. After reading all the ideas, participants were asked if they had any more ideas to contribute. If there were, these were collected from the participants, read out loud and posted on the board.

Step 3: Clarification & discussion

The researcher then guided the participants through each card to clarify its meaning, thereby enabling the group to reach collectively-constructed and shared meanings of each response (McMillan, et al., 2014; Roets & Lubbe, 2015). By starting with the interactive session, the objectivity of the study was maintained because the

categorising, naming, and assigning of meanings to the emergent themes were all done by the participants, which mitigated against the possible imposition of researcher biases on the study (Sutton & Arnold, 2013).

3.5.2.6 Reflection on NGT

After each focus group discussion, the researcher recorded her thoughts on the discussions in a journal (Kvale, 2007). The reflections highlighted how the discussions were conducted and issues that appeared to be important to the participants. This allowed the researcher to critically reflect on and evaluate the focus group discussion process, through which reflections she fine-tuned her facilitation of the focus group discussions.

Next follows the data analysis process followed in this study.

3.6 DATA ANALYSIS

Data analysis is concerned with organising and structuring data in order to interpret and attach meaning to the said data; in essence, uncovering the subtleties of social life (Marshall & Rossman, 2010).

3.6.1 Analysis of transcribed discussions from the NGT sessions

The transcripts from the NGT discussions were coded using the constant comparison method, drawing on the NGT discussions and results (Owen, Arnold, Friedman, & Sandman, 2016). Following Kathy Charmaz's flexible data analysis, the following three sets of comparisons were undertaken: comparing data with data; comparing codes with data and comparing codes with codes.

The researcher also relied on computer-assistance to code the data, using Atlas.ti (version 8) to generate and assign codes to text. Computer-assisted methods of analysis can preserve the rigor of the analysis while reducing the cost of and time to its finalisation (Stewart, Shamdasani, & Rook, 2014). Thematic coding and analysis was used, through which process recurring themes and patterns were identified,

categorised, and explained. The following section outlines the steps followed in this process.

Immediately after each focus group discussion, the researcher analysed the discussion. The researcher identified new facts and ideas that appeared during the data collection process. As new facts and ideas were identified and links between some ideas and theories developed. This resulted in new understandings (Salvador, 2016).

The following steps were followed in analysing the data collected.

- Step 1: The researcher started by transcribing the audio recordings of the focus group discussions and the ideas generated on post-it notes onto separate Microsoft Word documents, as per the groups discussed in Section 3.9.1.1 and table 3.4. The transcriptions were done by a qualified transcriber who completed a confidentiality agreement (Annexure G). The focus group discussions were transcribed verbatim. The researcher returned to the audio recordings to verify the transcripts to make sure there were errors in the transcriptions (Wainwright & Russell, 2010).
- Step 2: The researcher then read the transcripts line by line as well as the post-it notes and wrote down a list of common expressions, phrases, ideas from the transcripts. This was the open coding stage and was done manually on the printed transcripts by the researcher. This resulted in 62 provisional codes, as the researcher understood that she might have to return to them later as the coding process developed. In order to develop new ideas, the researcher stayed away from bringing in pre-existing theory at this stage of the analysis process (Charmaz, 2006).
- Step 3: The researcher decided on the categories, descriptors and relationships to be used for the emerging themes. This was the axial coding stage and it involved comparing data with data and data with codes. The codes that the researcher developed in this stage defined the themes from across the different data (Charmaz, 2006).

- Step 4: A new project file was created on Atlas.ti (version 8) and a coding list of all the codes from Step 3, was created on the computer program. The list had 48 codes as shown on figure 3.3.

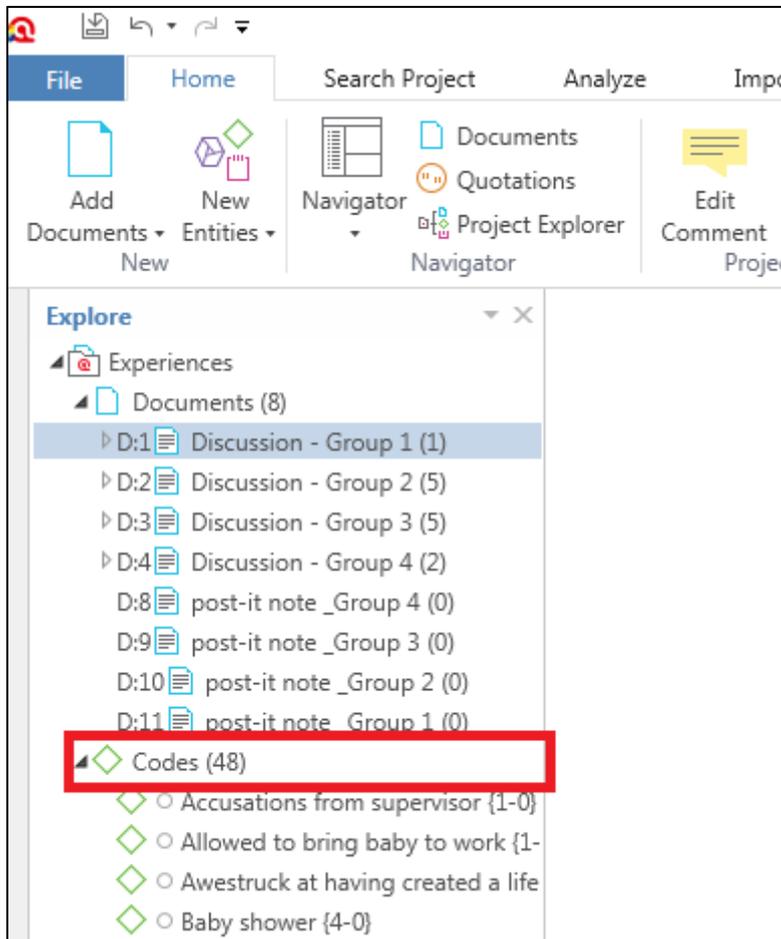


Figure 3 3: List of codes

- Step 5: All the transcripts and list of ideas generated on the post-it notes were imported into the computer program (See figure 3.3).
- Step 6: The researcher assigned relevant codes to the imported transcripts. This was the selective coding stage (See figure 3.4).

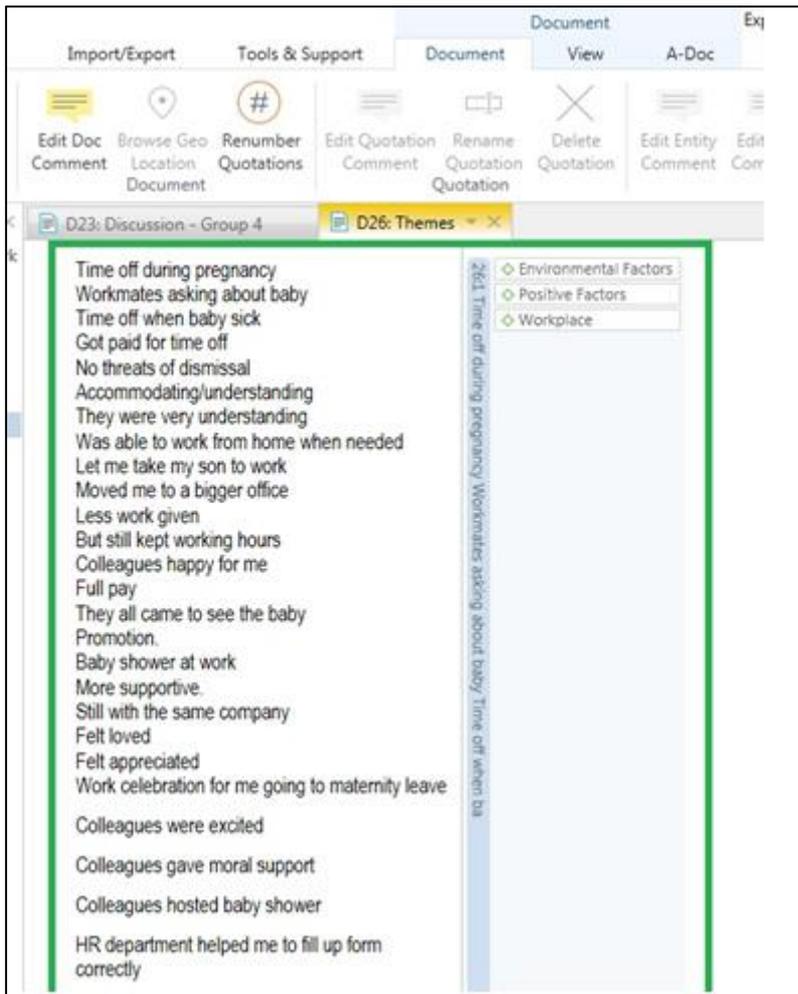


Figure 3 4: Selective coding

- Step 7: The researcher then ran queries on the program and the output data was the sub-themes and related quotations. There were seven sub-themes identified. Related sub-themes were then grouped together to form a main theme. This resulted in two main theme with their associated seven sub-themes of which four related to the first main theme and the remaining three to the second main theme.

The following section describes the criteria used in qualitative research to safeguard the trustworthiness of a research study. This is followed by the strategies used by the researcher to ensure the trustworthiness of this study. The section concludes with the ethical considerations adhered to in this study.

3.7 TRUSTWORTHINESS IN QUALITATIVE RESEARCH

Although different, qualitative research nonetheless operates with accepted trustworthiness conventions, which, approximate to notions of reliability and validity in quantitative research (Polit & Beck, 2008). Trustworthiness relates to the degree to which the research process and its findings can be relied upon as valid (Bless, Higson-Smith, & Sithole, 2013), denoting credibility, dependability, transferability and confirmability (Bless et al, 2013). The criteria used for trustworthiness qualitative research are discussed below.

3.7.1 Credibility

Credibility refers to whether the findings of the study make sense (Bless et al, 2013). According to Polit and Beck (2008, p. 539) the term 'credibility' concerns the "confidence in the truth of the data and interpretation of them". In qualitative research, the researcher is responsible for ensuring believability in the truth of the research findings. Credibility is assured when, firstly, the research study is undertaken in such a way that the findings are believable and, secondly, where the steps taken to improve credibility are specified (Polit & Beck, 2008).

3.7.2 Dependability

Dependability requires the researcher to adequately describe and follow a clear and structured research strategy, which is clearly set out in his/her research report, describing how the data was collected, recorded, and analysed. The extent of transparency regarding all of the above allows reviewers of the study to determine whether or not the study is dependable (Bless et al, 2013). According to Immy Holloway and Stephanie Wheeler (Holloway & Wheeler, 2010) dependability relates to the accuracy and consistency of the research findings. Essentially, it means that if the study were to be replicated in a different setting and with different participants, the replicated study would yield similar conclusions. As argued by Polit & Beck (2008), credibility cannot be achieved without dependability.

3.7.3 Authenticity

Authenticity is concerned with researcher's presentation of the findings in a manner that is faithful to the participants' experiences, ideas, and views (Holloway & Wheeler, 2010). The researcher's communication of participants' feelings as they reported experiencing them is an indicator of research authenticity (Polit and Beck, 2008).

3.7.4 Transferability

Bless et al (2013, p. 237) defines transferability as the "extent to which results apply to other, similar, situations". This refers to how the findings can be generalised to other contexts. Simply put, transferability refers to generalisability (Holloway & Wheeler, 2010). The transferability of research rests on the shoulders of the researcher, in that she has to provide adequate descriptive data in his/her report. This enables the readers of the report to make up their own minds regarding the applicability of the data to other contexts (Polit and Beck, 2008).

3.7.5 Confirmability

This refers to the extent to which the findings of a study are a result of the focus of the inquiry and not the biases of the researcher (Babbie & Mouton, 2007). Confirmability is concerned with how – of at all – the data and the findings represent the information provided by the participants such that the researcher's interpretations of the data reflect what the participants meant (Holloway & Wheeler, 2010).

3.7.6 Strategies employed in this study to enhance trustworthiness

Several strategies were used in this study to improve trustworthiness. The strategies and their use in this study are discussed in the section that follows:

3.7.6.1 *Member checking*

Member checking is defined as a quality control process used by researchers to enhance the trustworthiness of the research interview record. It is also referred to as

respondent validation, participant verification, external validity and participant verification (Harper & Cole, 2012). Member checking can also take place at the end of the research study when the participants are given the research findings and report to authenticate the researcher's work (Harper & Cole, 2012). In this study, the researcher asked each group to nominate one person to whom the transcribed NGT discussions would be sent for verification purposes. Each group representative was sent a copy of the transcribe discussion, within one week of the discussion having taken place. The researcher also telephonically presented the research findings to a randomly selected participant from each group to verify her analysis. Both these steps allowed the researcher to verify the completeness and accuracy of the findings to improve the authenticity and confirmability of the study (Cohen & Crabtree, 2006).

3.7.6.2 Data saturation

Data saturation means that the data is collected until additional information is no longer identified (Polit & Beck, 2008) and no new ideas are generated in subsequent steps of the NGT process. The participants were also allowed an opportunity to add more ideas after the initial ideas they captured had been posted on the board. In instances where new ideas came up, these were captured on the post-it note and posted on the board as well. To ensure that data saturation had been reached, the researcher gathered 'thick descriptions' from the participants that enabled the researcher to provide detailed descriptions of the enquiry (Anney , 2014, pp. 277-278), and by using of the constant comparison method the data was compared the whole time during the study (Aldiabat & Le Navenec, 2018). These steps aimed to boost the transferability and credibility of the study.

3.7.6.3 Prolonged engagement

The researcher needs to spend enough time on data collection so that she can develop an in-depth understanding of participants' views (Polit & Beck, 2008). Literature on the use of NGT as a data collection method have sited two to three hours as sufficient time to conduct an NGT session (Varga-Atkins, Bunyan, Fewtrell, & Mclsaac, 2011) (Bradley, Schafheutle, Willis, & Noyce, 2013). Therefore, the three-hour scheduled for each NGT session, in this study was considered as sufficient time

spent with the participants. During the NGT sessions, the researcher used probing to get more details on the participants' statements and asked for examples to support their statement (Korstjens & Moser, 2018) with the aim of strengthening the credibility of this study. The researcher was aware that probing could invoke emotions in the participants, especially those participants who experienced difficulties. Therefore, the research was prepared to stop probing further if participants reported any experiences of being uncomfortable or preferred not to go any further with the discussions related to the probing questions asked during the focus groups. Additionally, the researcher took precautionary measures to mitigate any risks of harm by informing participants as discussed in detail in Section 3.8.1.

3.7.6.4 Comprehensive record keeping and decision trails

Comprehensive records included field notes, thick description, verbatim audio transcriptions, post-it notes, flip charts, and logs of decisions made. According to Holloway and Wheeler (2010) thick description is an explanation of a process in a specific context and an all-inclusive representation of the phenomenon being studied. It corroborates the true value of the research and is associated with the decision trail. In this study, the discussions during the NGT sessions were recorded using an electronic device and this assisted with the data collection and reduced the risk of losing information. The post-it notes with the ideas and flipcharts from the NGT sessions were collected and assisted in the data analysis process. The researcher endeavoured to provide enough information for the readers of the current study to make their own judgements regarding the plausibility of the study findings in similar contexts.

In this study, comprehensive records and decision trails had an impact on all five (5) criteria related to trustworthiness (credibility, authenticity dependability, transferability confirmability). It assisted the researcher to be systematic and to cross-reference data and provide proof of the choices the researcher made with regard to methodological and theoretical issues throughout the study (Nowell, Norris, White, & Moules, 2017).

3.7.6.5 *Person triangulation*

Person triangulation means that more than one expert researcher is involved in the research study (Holloway and Wheeler, 2010). This serves to bolster the credibility and confirmability of the research study by reducing investigator bias (Shenton, 2004). To this end, the researcher used the opportunity to present at the Southern Africa Institute for Management Scientists (SAIMS) 2017 conference to receive peer inputs on the study's preliminary findings (Annexure A). The input from other academics and scholars enabled the researcher to enhance the study's creditibility by addressing some of the questions, critiques, and observations offered. Furthermore, once the researcher had completed the data analysis, she forwarded the process followed and the outcomes to a colleague who was not part of the research process for a review. This served to strengthen the reliability of the findings (annexure 3).

3.7.6.6 *Reflexive journal*

A reflexive journal and debriefings with supervisors were used in research to document the researcher's personal reflections, personal experiences, and progress in the field. In this study, the researcher kept a reflexive journal on her thoughts, decisions taken, and feelings about the research study from the beginning of the project until its conclusion. By keeping a journal and having debriefing sessions with the research supervisors, the researcher aimed to minimise her biases and improve the authenticity, confirmability and credibility of a research study (Ahern, 1999). This enabled the researcher to identify times when she may have been subjective, develop new sights about the study and herself, ensure ethical principles were employed throughout the study (Probst, 2015).

3.7.6.7 *Bracketing*

Bracketing is a process where researchers reserve as much of their experiences as possible to have a clean perspective towards the phenomenon under study (Creswell, 2007). In conjunction with keeping a reflexive journal, the researcher sought to bracket her own feelings and experiences at the beginning of the study and in

Section 1.1. She also outlined her personal and professional reasons for conducting the study, recognising that these may have had an impact on the different stages of the research project. This process assisted her in setting aside her assumptions of the phenomenon under investigation (Ahern, 1999) and thus improve the credibility and confirmability of the study.

By employing the trustworthiness strategies detailed in Section 3.76 above, the research aimed to strengthen the study findings and conclusion. The next section will highlight the strengths of this study.

3.8 STRENGTHS OF THE STUDY

As a mother herself, the researcher had the advantage of being an insider-researcher and therefore was able to easily build rapport with the participants. This created a level of intimacy between the researcher and the participants that enabled the participants to openly share their personal experiences with the researcher and provide an authentic and rich description of their experiences (Hayfield & Huxley, 2015). Although the status of motherhood that the researcher shared with the participants could have invited biases in the study, in the context of this study, the researcher believes it improved her implicit understanding of the politics of pregnancy from first-time mothers' perspectives (Unluer, 2012) . Researcher bias was dealt with by implementing trustworthiness measures (as discussed in Chapter 3 of this study. Researcher bias was further reduced as only the views and perceptions of the participants were taken into account. This resulted in deep and reliable findings (Hayfield & Huxley, 2015).

The use of the adapted NGT focus group allowed for meaningful engagement with the topic resulting in rich data being collected. Data analysis using grounded theory techniques on the basis of which theory was developed ensured the resultant theory stated in Section 6.4 was grounded in the data collected.

Having highlighted the strengths of this study, the section that follows discussed the ethical consideration taken in this study are outlined.

3.9 ETHICAL CONSIDERATIONS

The aim of research ethics is to reduce the risk to participants in a study. The researcher has the responsibility of ensuring that her or his study is conducted ethically. Researchers' search for truth or knowledge ought to never compromise or cause harm to others (Babbie & Mouton, 2007). Ethical clearance for this study was sought from and provided by the Department of Human Resource Management Research, Ethics and Innovation Committee at University of South Africa (UNISA) (Annexure D), clearing the researcher to conduct the study. Additionally, this research study applied the ethical guidelines provided below.

3.9.1 Non-maleficence

This refers to participants being protected from harm, intentional or unintentional, when participating in research (Babbie & Mouton, 2007). The researcher did not foresee any possible harm to participants in this study. She ensured that none of the participants were exposed to any harm, whether physical, psychological, or emotional (Babbie & Mouton, 2007). To achieve this the researcher conscious of recognising instances when it was inappropriate to probe deeper so as to not risk the participants' emotional well-being in exchange for rich data. This happened for example when mothers raised issues of health risks to their babies that they experienced (Townsend, Cox, & Li, 2010). However, if participants experienced any psychological or emotional harm, they were to be referred to the Psychological Services at the University of South Africa (as specified in the information letter to participants).

3.9.2 Autonomy

Autonomy refers to the freedom the participants have in deciding whether or not to participate in research (Bless et al., 2013). The researcher should not covertly or overtly force participants to be part of her or his research instead but should, instead, secure informed consent from the participants. This requires that participants be fully informed about the research, its purpose, as well as how the data will be collected. This affords participants to make an informed decision on whether or not to participate. In this research study, the participants were provided with the details of

the study. A consent form (annexure E) was circulated for all study participants to read and sign. The consent form also included information on participants' right to, at any stage, withdraw their consent to and participation in the study (Bless et al., 2013). Additionally, at the start of the NGT sessions, the researcher read the participant information letter and after reading the letter advised the participants that they were free to leave the session at any point.

3.9.3 Justice, rights and dignity

This refers to the principle of fairness and removing any discriminatory elements in how the participants are treated (Bless et al., 2013). In this study, the researcher sought to conduct herself professionally at all times, maintain objectivity, as well as uphold and protect participants' dignity (Bless et al., 2013).

3.9.4 Fidelity

Fidelity refers to the researcher acting in good faith and ensuring confidentiality. The researcher kept all participants' information confidential (Bless et al., 2013), explaining to all participants that the personal information (such as their names, organisations in which they worked or with which they were affiliated etc.) shared during the sessions would be removed for their protection (Bless et al., 2013).

3.9.5 Authenticity

This refers to the researcher's ability to put the reader in the shoes of the research participants so that the reader can envision the lives of the participants as they live them (Botma et al., 2010). In this study, verbatim extracts from participants during the NGT discussions have been provided.

3.9.6 Ethics in analysing and reporting

The fabrications and falsification of data is a grave ethical transgression, about which researchers should be mindful (Bless et al., 2013). To avoid unethical conduct in the

analysis and reporting of the research, the researcher reported, firstly, on the categories and themes developed from the data analysis exercise together with literature relating to the themes for the discussion. Secondly, she reported on the shortcomings of the study and, lastly, on any negative findings or methodological constraints.

3.9.7 Data management and storage

The researcher will store all the collected data from the participants for a period of five years as advised by the UNISA Ethics Policy in a locked steel cabinet at her home office for future research or academic purposes. Electronic information is password protected on the researcher's personal computer. Future use of the stored data will be subject to further Research Ethics Review as secondary data for approval, if applicable. After the prescribed period hard copies will be shredded or burned and electronic information deleted from the researcher's computer.

3.10 SUMMARY

This chapter provided a discussion on the research design by explaining the rationale for the use of the qualitative research design. It then discussed the constructivism and constructionism paradigms adopted for this study. This was followed by an explanation of the research strategy of constructivist grounded theory. A detailed discussion on the use of focus groups and the NGT as a data collection method and explanation of the data analysis process used in this study. Lastly, this chapter concluded with an account of the criteria and strategies employed to ensure the trustworthiness of the study as well as the ethical considerations applied during the research investigation. All the above were discussed in relation to how the researcher explored the aim of this study, which was to explore first-time mother's perceptions of pregnancy, maternity leave, and post-partum return to work in Gauteng, South Africa.

CHAPTER 4

CHARACTERISTICS OF THE SAMPLE

4.1 INTRODUCTION

This chapter presents the biographical data and characteristics of the nineteen (19) participants who formed part of the study. The aim of this research study is to explore first-time mothers' perceptions of their pregnancy, maternity leave, and post-partum return to work in Gauteng, South Africa.

As highlighted earlier, constructivist grounded theory considers data and meaning-making as co-constructed by the participants and the researcher, this chapter presents the researcher's partners (i.e. the study participants). The researcher also deemed it important to present her background as a co-constructor as well because the data compilation, analysis and meaning-making, and the resulting grounded theory must therefore be understood as a co-constructed effort.

In what follows, the participants and the researcher are represented as avatars, putting "a face" to them and, hopefully, facilitating a deeper connection between the reader and the study participants (Ahn, Kim, & Aggarwal, 2014). These avatars are accompanied by each woman's biographical background, including, her education, race, marital status, age, total work experience, age of child, occupational level, and the size of the organisation in which she works.

4.2 CHARACTERISTICS OF THE PARTICIPANTS

Tables 4.1 to 4.4 highlight the characteristics of the 19 participants as well as the researcher.

Table 4 1: Biographical characteristics of Focus Group 1- Married Managers

Characteristics (Focus Group 1)	P1	P2	P3	P4 (the researcher)
				
Education	Undergraduate degree or equivalent	Honours degree or equivalent	Other	Post-graduate diploma
Race	White	African	White	African
Marital status	Married	Married	Married	Married
Age	18 -25 years	26 -30 years	36 – 40 years	41-45 years
Total work experience	6 – 10 years	0 – 5 years	21 - 25 years	11-20 years
Child's Age and Sex	3 years (male)	18 months (male)	3 years (male)	8 years (male) 6 years (male) 4 years (female)
Occupation	Professionally qualified and/or mid-management	Professionally qualified and/or mid-management	Skilled technical, academically qualified, junior management, supervisors, foremen, and superintendents	Professionally qualified and/or mid-management
Size of organisation	Small organisation	Large organisation	Small organisation	Large organisation

Table 4 2: Biographical characteristics of Focus Group 2 – Single Non-managers

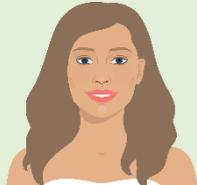
Characteristics (Focus Group 2)	P1	P2	P3	P4	P5	P6 (the researcher)
						
Education	Undergraduate degree or equivalent	Other	Honours degree or equivalent	Matric/Grade 12	Undergraduate degree or equivalent	Post-graduate diploma
Race	White	African	White	African	African	African
Marital status	Single	Single	Single	Single	Single	Married
Age	41 – 45 years	36 – 40 years	31 -35 years	36 – 40 years	36 – 40 years	41-45 years
Years of experience	11 – 20 years	11 – 20 years	11 – 20 years	0 – 5 years	6 – 10 years	11-20 years
Child's age and sex	6 months (female)	3 years (male)	3 years (male)	4 years (male)	3 years (male)	8 years (male) 6 years (male) 4 years (female)
Occupational level	Skilled technical, academically qualified, junior management, supervisors, foremen, and superintendents	Semi-skilled and discretionary decision making	Semi-skilled and discretionary decision making	Semi-skilled and discretionary decision making	Unskilled and defined decision making	Professionally qualified and experienced specialists and/or mid-management
Size of organisation	Small organisation	Medium organisation	Medium organisation	Large organisation	Large organisation	Large organisation

Table 4 3: Biographical characteristics of Focus Group 3 – Single Managers

Characteristics (Focus Group 3)	P1	P2	P3	P4	P5	P6	P7 (the researcher)
							
Education	Matric/Grade 12	Matric/Grade 12	Matric/Grade 12	Matric/Grade 12	Undergraduate degree or equivalent	Matric/Grade 12	Post-graduate diploma
Race	African	African	African	African	African	African	African
Marital status	Single	Single	Single	Single	Single	Single	Married
Age	26 -30 years	26 -30 years	36 – 40 years	36 – 40 years	26 -30 years	31 -35 years	41-45 years
Total work experience	6 – 10 years	6 – 10 years	6 – 10 years	6 – 10 years	6 – 10 years	6 – 10 years	11-20 years
Child's age and sex	26 months (female)	4 years (female)	4 years (female)	4 years (male)	3 years (male)	3 years (female)	8 years (male) 6 years (male) 4 years (female)
Occupation	Professionally qualified and/or mid-management	Professionally qualified and/or mid-management	Professionally qualified and/or mid-management	Skilled technical, academically qualified, junior management, supervisors, foremen, and superintendents	Professionally qualified specialists and/or mid-management	Professionally qualified and/or mid-management	Professionally qualified and/or mid-management
Size of organisation	Large organisation	Medium organisation	Small organisation	Large organisation	Small organisation	Small organisation	Large organisation

Table 4 4: Biographical characteristics of Focus Group 4 – Married Non-managers

Characteristics (Focus Group 4)	P1	P2	P3	P4	P5	P6 (the researcher)
						
Education	Matric/Grade 12	Matric/Grade 12	Matric/Grade 12	Matric/Grade 12	Matric/Grade 12	Post-graduate diploma
Race	African	African	African	African	African	African
Marital status	Married	Married	Married	Married	Married	Married
Age	36 – 40 years	41 – 45 years	18 -25 years	46 – 50 years	31 -35 years	41-45 years
Total work experience	6 – 10 years	11 – 20 years	0 – 5 years	11 – 20 years	6 – 10 years	11-20 years
Child’s age and sex	4 years (male)	18 months (male)	28 months (male)	4 years (female)	2 years (female)	8 years (male) 6 years (male) 4 years (female)
Occupation	Unskilled and defined decision making	Semi-skilled and discretionary decision making	Unskilled and defined decision making	Semi-skilled and discretionary decision making	Semi-skilled and discretionary decision making	Professionally qualified and/or mid-management
Size of organisation	Large organisation	Large organisation	Small organisation	Large organisation	Large organisation	Large organisation

4.3 PROFILE OF RESEARCH SAMPLE

Although the participants were grouped according to occupational levels and marital status as discussed in Section 3.7.1.1, the results from the research sample were consolidated to provide a holistic picture of all the participants who were part of this study as the purpose of the study was not to compare the groups.

The sample of participants was diverse in many aspects except for race as stipulated in Section 1.14, enhancing the trustworthiness of the study because the sampling technique used resulted in information-rich participants being part of the study. The reader should note that although the researcher's characteristics were incorporated in the separate groups as shown in Tables 4.1 to 4.4. This was considering the axiological assumptions and constructivist/social constructivist paradigm discussions in Sections 3.4.3 and 3.5.1.2 respectively. By doing this, the researcher's intention was to be transparent. The researcher was however excluded from the profiles that follow in the next section to give the reader a true reflection of the true participants in this study.

4.3.1 Overall profile of participants

Table 4 5: Frequency distribution: Age

Age	Frequency	Percentage
18 -25 years	2	11%
26 -30 years	4	21%
31 -35 years	4	21%
36 – 40 years	7	37%
41 – 45 years	2	11%
Total	19	100%

Table 4.5 and figure 4.1 indicate that the majority (37%) of the participants (7) were aged between 36 to 40 years old. There was an equal number of participants (4) aged between 26 to 30 and aged 31 to 35 years old respectively. There was also an equal number of participants (2) who were aged between 18 to 25 years old and between 41 to 45 years old respectively. The participants in this study were fairly evenly represented in relation to their age.

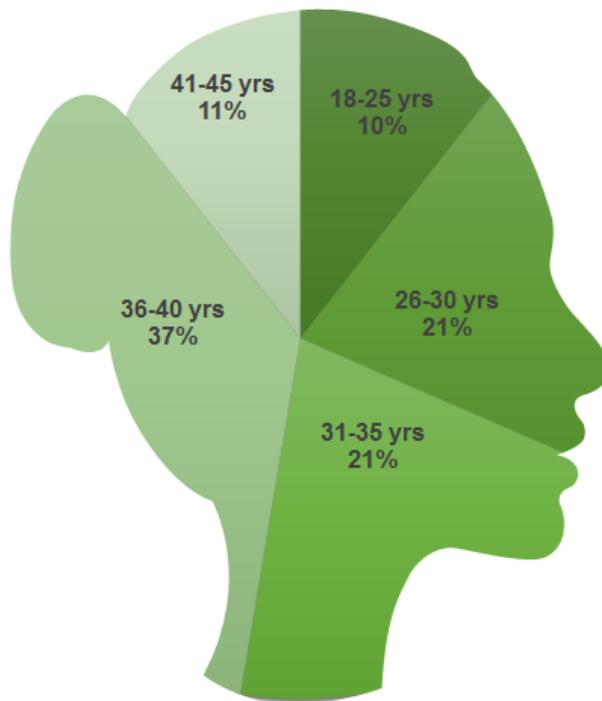


Figure 4 1. Frequency distribution of participants by age. Graph template sourced from Showeet.com.

Table 4 6: Frequency distribution: Race

Race	Frequency	Percentage
African	15	79
Coloured	0	0
Indian	0	0
White	4	21
Total	19	100

Table 4.6 and figure 4.2 indicate that there were 15 African participants (79%) and four White participants (21%) in this study. There were no participants from the Coloured and Indian race groups. Having the majority of the participants being African could have been influenced by the race of the researcher (African). This could have made the participants comfortable to share their personal experiences (Mouton, 1996; Saidin & Yaacob, 2016). The snowballing sampling technique used to select participants could also have influenced the racial profile of the participants because participants would have more likely recommended other mothers of the same race to be part of the study (Atkinson & Flint, 2001; Etikan, Alkassim, & Abubakar, 2016).

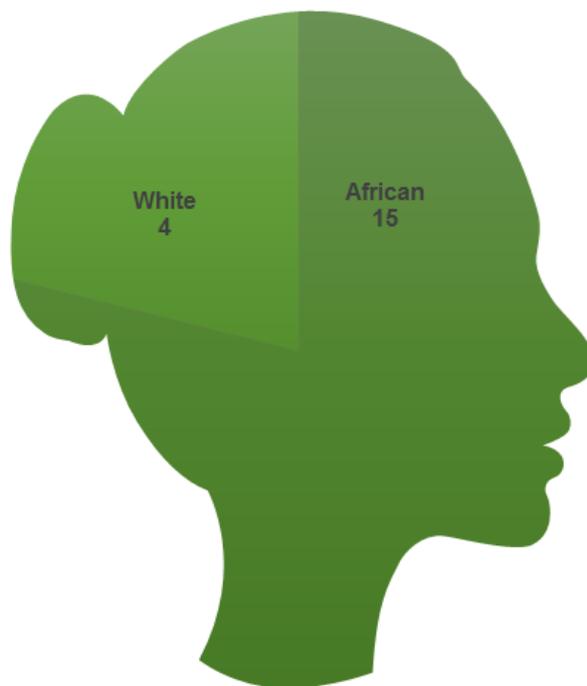


Figure 4 2. Frequency distribution of participants by race. Graph template sourced from Showeet.com.

Table 4 7: Frequency distribution: Marital status

Marital status	Frequency	Percentage
Married	8	42%
Single	11	58%
Total	19	100

The four focus groups were categorized according to marital status and occupational status. The first group (Focus Group 1) consisted of married managers, the second group (Focus Group 2) of single non-managers, the third group (Focus Group 3) of single managers and the final group (Focus Group 4) of married non-managers. As indicated in Table 4.7 and figure 4.3, there were eight married participants (42%) and 11 single participants (58%). This shows there was a fairly even distribution of participants in terms of their marital status.

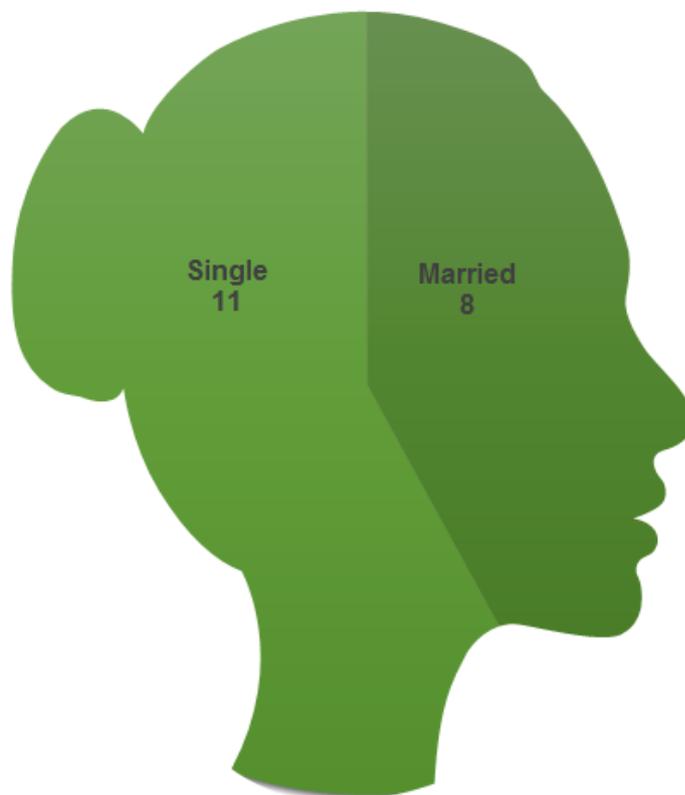


Figure 4 3. Frequency distribution of participants by marital status. Graph template sourced from Showeet.com.

Table 4 8: Frequency distribution: Size of organisation

Size of organisation	Frequency	Percentage
Large	9	47%
Medium	3	16%
Small	7	37%
Total	19	100%

Table 4.8 and figure 4.4 show that the study had nine participants (47%) who worked in large organisations, three participants (16%) in medium-sized organisations and seven participants (37%) in small-sized organisations.

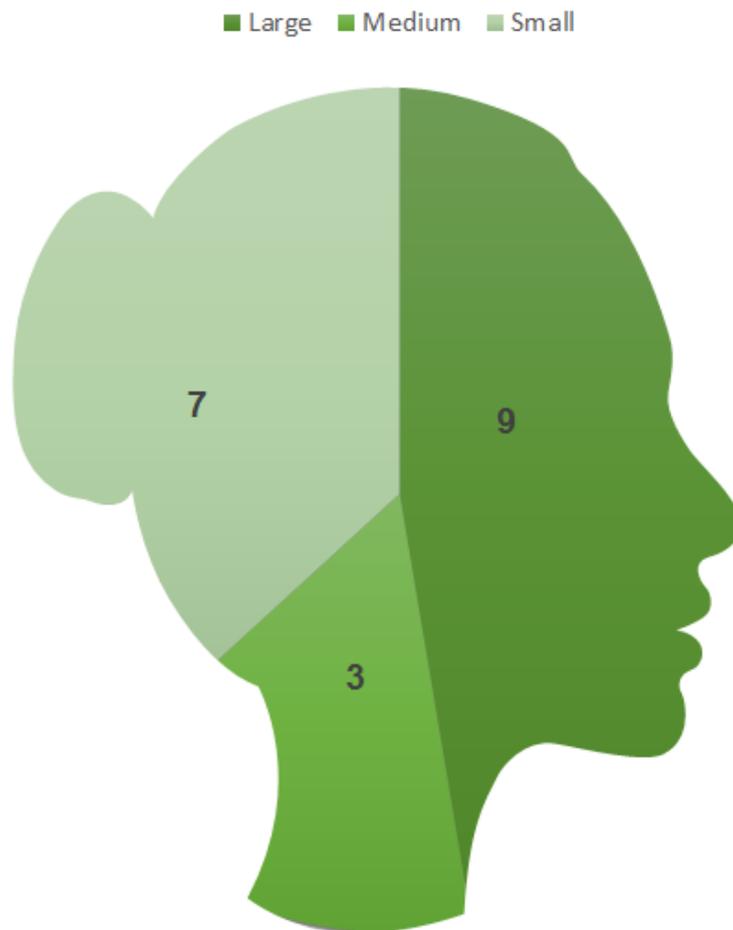


Figure 4 4. Frequency distribution of participants by size of organisation. Graph template sourced from Showeet.com.

Table 4 9: Frequency distribution: Work experience

Work experience	Frequency	Percentage
0 – 5 years	3	16%
6 – 10 years	10	53%
11 – 20 years	5	26%
21-25 years	1	5%
Total	19	100%

Table 4.9 and figure 4.5 indicate the work experience of the participants in which the majority (53%) of the participants had 6-10 years of work experience, followed by those with 11-20 years of work experience (26%). Those with 0-5 years of work experience made up 16% of the participants and the least number of participants (5%) had 21-25 years of experience.

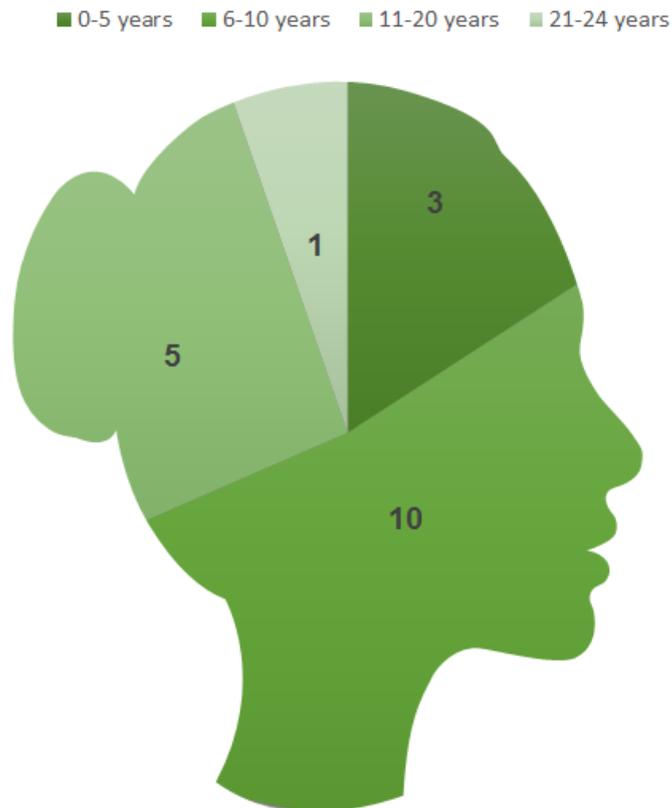


Figure 4 5. Frequency distribution of participants by work experience. Graph template sourced from Showeet.com.

Table 4 10: Frequency distribution: Qualifications

Qualification	Frequency	Percentage
Matric	11	58%
Diploma	2	11%
Undergraduate degree	4	21%
Honours degree	2	11%
Masters & Doctoral degree	0	0%
Total	19	100%

According to table 4.10 and figure 4.6, 11 participants (58%) had a matric qualification, two participants (11%) had diplomas, four participants (21%) had undergraduate degrees. In terms of postgraduate qualifications, there were two participants (11%) with honours degrees and none of the participants had masters or doctoral degrees. The reasons why there were more participants with Matric qualifications compared to those with post-Matric or university qualifications could be attributed to the historically racialized access to education (specially at the higher levels of educational attainment) and employment opportunities before the advent of democracy (Rogan, Reynolds, du Plessis, Bally, & Whitfield, 2015).

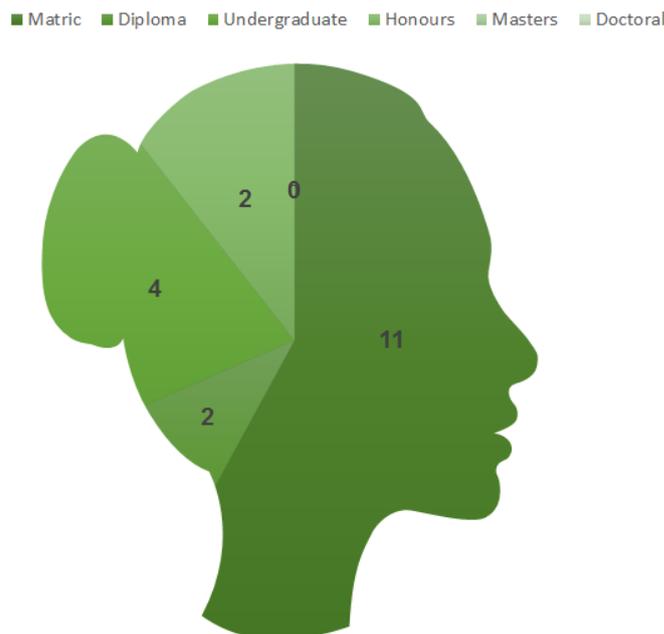


Figure 4 6. Frequency distribution of participants by qualifications. Graph template sourced from Showeet.com

Table 4 11: Frequency distribution: Occupational level

Occupational level	Frequency	Percentage
Unskilled and defined decision making	3	16%
Semi-skilled and discretionary decision making	6	32%
Professionally qualified and/or mid-management	7	37%
Skilled technical, academically qualified workers, junior management, supervisors, foremen, and superintendents	3	16%
Total	19	100%

There was a fairly even distribution between participants at the managerial and non-managerial levels. As indicated in table 4.11 and figure 4.7, of the 19 participants, seven participants were at the professionally qualified/experienced specialist/middle management level (37%). Those participants that were at the semi-skilled and discretionally decision-making level made up 32% of the sample (6 participants). There was an equal number of participants (three participants) who were at the unskilled and defined decision-making level and the skilled technical and academically qualified workers/junior management/supervisor/foremen/superintendents, respectively.

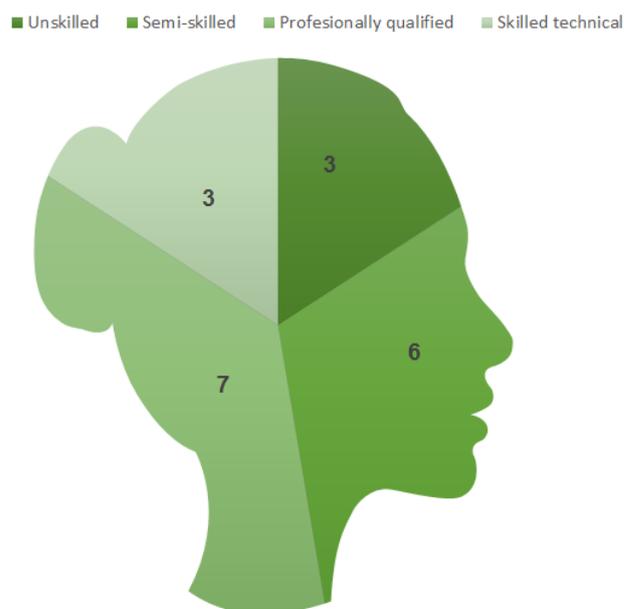


Figure 4 7. Frequency distribution of participants by occupational level. Graph template sourced from Showeet.com

Table 4 12: Frequency distribution: Child’s age

Child’s age	Frequency	Percentage
>12 months	1	5%
1-2 years old	5	26%
3-4-yearsold	13	68%
Total	19	100%

Table 4.12 and figure 4.8 indicate that there were 13 participants (68%) with children aged between 3 to 4 years old. There were five participants (26%) of participants with children aged between 1 to 2 years old. Only one participant had a child under one year of age. Because the participants had relatively small children, they were valid sources of knowledge to meet the aims of this study. This therefore enhanced the credibility of the study.

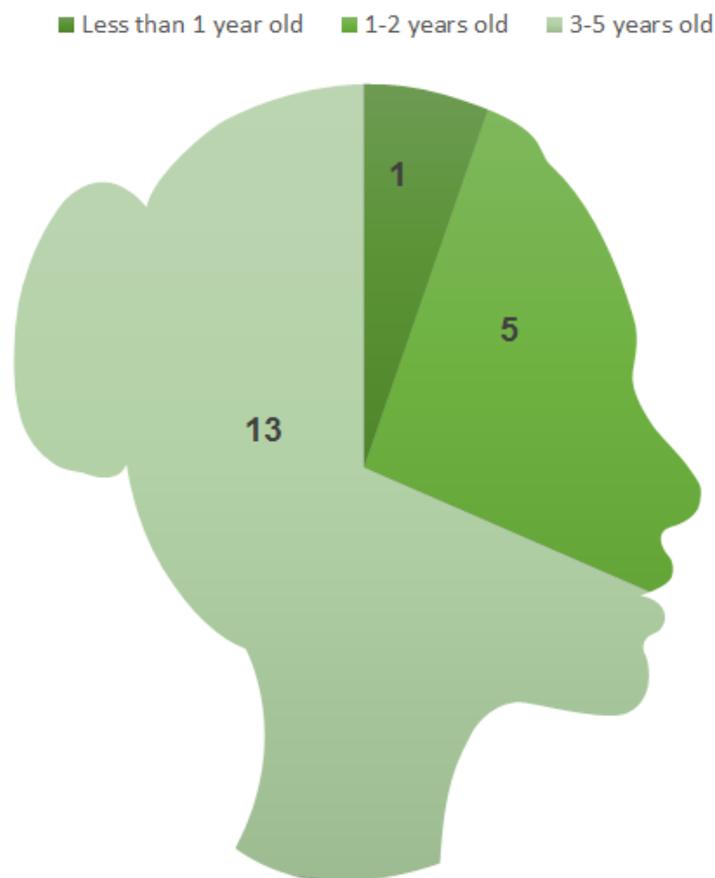


Figure 4 8. Frequency distribution of participants by child’s age. Graph template sourced from Showeet.com

4.4 SUMMARY

This chapter discussed the biographical characteristics of the four focus groups and the demographic profiles (age, race, marital status, size of organisation, occupational level, work experience, qualification and child's age) of the participants. All the participants in this study met the inclusion criteria that was detailed in Section 3.7.1.2, in the previous chapter. The following chapter presents and discusses the study findings.

CHAPTER 5

FINDINGS AND DISCUSSION

5.1 INTRODUCTION

The introduction of this study elaborated on in Chapter 1, indicates that this study aims to explore first-time mothers' perceptions of their pregnancy, maternity leave, and post-partum return to work in Gauteng, South Africa. Chapters 2 to 4 provided a preliminary literature review, an in-depth explanation of the research methodology and design used for this study and the characteristics of the study participants, respectively.

The focus of this chapter is to present the study's findings and to return to literature and include a literature discussion on the literature search conducted after the preliminary literature review outlined in Chapter 2. Following the preliminary literature review, the researcher set aside the preliminary literature, returned to the preliminary literature review, and conducted an additional literature search after the data analysis had been completed. This was in line with the treatment of literature in grounded theory as discussed in Chapter 2. The researcher felt that returning to literature before completing the data analysis would inadvertently influence the development of categories. Moreover, the researcher aimed to remain transparent about her prior knowledge of literature when the data collection stage commenced (Giles, King, & de Lacey, 2013).

5.2 NAÏVE READING OF PARTICIPANTS

During the focus groups sessions, the participants were enthusiastic and willing to participate. In the main, the participants spoke spontaneously indicating that they were relaxed, positive about sharing their experiences with not only the researcher but also the other participants in the group. Following the introduction and explanation of the purpose of the sessions, the participants individually generated ideas on post-it notes with one idea per post-it note, thereafter the participants discussed the ideas on the post-it note as a group. During the sessions probing was required in some instances to get more information from the participants. All-in-all the participants were enthusiastic about participating.

5.3 IDEAS GENERATED ON THE POST-IT NOTES

Table 5.1 details the list of ideas generated during step 1 of the focus group discussions as detailed in Section 3.7.2.5. These ideas were included in the data analysis of the transcripts. The reader should note that not all the ideas needed to be elaborated on during the sessions. They were only elaborated on if the researcher or a group member needed clarity to ensure everyone in the group had the same meaning/ understanding about the idea on that specific post-it note.

Table 5 1: Group ideas generated during the silent generation stage of the focus group discussions

Group 1 (Married managers)	Group 2 (Single non-managers)	Group 3 (Single managers)	Group 4 (Married non-managers)
<ul style="list-style-type: none"> • We do not pay maternity leave. • Attitudes changed. • Unsupportive • We want people to be able to work. • I left the company three weeks before due date. • During pregnancy had to take a few weeks off. • Threatened miscarriage. • Unconcerned (<i>manager</i>). • Was not paid for time off. 	<ul style="list-style-type: none"> • Stressed • Lack of understanding • Tons of mixed emotions • I was determined to prove everybody wrong • Confusion • Tired • Nervous • Excited • Worried • Unsure • Excited • Confused • Scared • Mixed feelings • Worried 	<ul style="list-style-type: none"> • Received calls from clients • Received calls from boss • Getting days off to go to my appointments • Happy to have a baby • Bonding with baby • Worried about work • Not feeling like working because tired or irritable and stuff • No changes (at work, still had a job) 	<ul style="list-style-type: none"> • Cravings • Looking for a nanny for my son when I had to go back to work • I feel how responsible had to occur in my life • Following morning had to face out the reality of waking up to prepare to go back to work (<i>meaning leaving baby to return to work</i>) • Baby would cry in the night • More work had to begin (taking care

Group 1 (Married managers)	Group 2 (Single non-managers)	Group 3 (Single managers)	Group 4 (Married non-managers)
<ul style="list-style-type: none"> • Was not paid for maternity leave. • It was more supportive. • Always asking about baby. • Give time off if he was sick. • Got paid for time off. • Gave time for expressing. • Breastfeeding till one and half years. • Still with the same company. • Was in hospital ones a month for almost three days and was never threatened. • Announced at 12 weeks. • Nervous. • Appreciated. • Excited. • Concerned. • Tired. • Accommodating. • They were very understanding. 	<ul style="list-style-type: none"> • Shocked [laughing] • Happy • Supported • Miracle • Survival mode • Shocking • Disappointed • Nervous • Accepting • Angry • Confused and unsure • Insecure • Discrimination • Unreasonable expectations • Lack of support and understanding • Scared • Mixed feelings • Decisions to be made • Disappointed 	<ul style="list-style-type: none"> • Happy to go back to work • Colleagues not supportive • Cravings • Check-ups • Helping at work while on leave (maternity leave) • Colleagues kept in touch • Delayed UIF forms • Lazy (from pregnancy) • Baby fat (weight gain) • Weight gain • Falling in love with baby • Shopping spree • Sickness (morning sickness, feet are swell, tiredness, laziness) • Support and caring • Taking care • Sleeping (because you are lazy and you are tired) • Supportive • Loving 	<ul style="list-style-type: none"> of child, yourself, work) • I was scared, if anything would happen to her (her being the child) • When I went back to work I was not excited, because I was leaving my child with someone I did not trust • Everything in my human body started to grow while I was carrying my little one • A lot in my human body started to change • I gained weight, morning sickness started to attack me • Visiting a doctor is a story now that is going to start in my life

Group 1 (Married managers)	Group 2 (Single non-managers)	Group 3 (Single managers)	Group 4 (Married non-managers)
<ul style="list-style-type: none"> • My bosses came to the hospital when my son was born. • My husband struggled. • Was preparing for work the day my water broke 		<ul style="list-style-type: none"> • Opinionated • Boring (time on maternity leave) • Getting a nanny • When I got pregnant I moved back home • Lifestyle change • Medical aid • Sleepless nights • Home pressure • Work pressure • Enjoyed (pregnancy) • Have fun and gifts • Family, friends, colleagues support and lots of love • Full of joy • Excitement • Low self-esteem • Advice from other mothers in the workplace • Interested in wellbeing of me and child (colleagues) • Understanding (colleagues and manager) 	<ul style="list-style-type: none"> • I feel like I am going to be a real woman • Hierarchy of care (<i>meaning you think of your child first</i>) • It was exciting knowing I was going to be a mom. I felt excited hence it was my first child) • Could not eat • Hated my husband • HR asked too much • Craved snackers and salt and vinegar chips and was always sick and could not eat • Did not spend enough time with the baby • Missed the baby • Depressed when going back to work • Felt guilty (<i>about going back to work</i>) • Supportive mom

Group 1 (Married managers)	Group 2 (Single non-managers)	Group 3 (Single managers)	Group 4 (Married non-managers)
		<ul style="list-style-type: none"> • Worried (about leaving the baby) • Tired, Baby fat • Financial challenges • Clothes every month • Life has changed • Independent (motherhood taught me to be independent) • Welcome to motherhood • Gain weight • Like and dislike (you have cravings but can't afford to fulfil them) • Feeling strong and brave • Glowing • Long hours at work • Clinic and hospital bills • Pains • Clients support • Financial plans and changes so you have to budget 	<ul style="list-style-type: none"> • Doctor's appointment (<i>were exciting because learned about the baby</i>) • Savings • Support of husband • Tired • Stressing about money being paid by UIF • Always feeling tired • After having the baby the focus went to him • Treated special (<i>by everyone</i>) • Working under pressure • Supportive husband • I wish I had support from my family • Being sick at work and not being able to reach targets • Excited that I was pregnant

Group 1 (Married managers)	Group 2 (Single non-managers)	Group 3 (Single managers)	Group 4 (Married non-managers)
		<ul style="list-style-type: none"> • Working late • Working from home • Wardrobe changes • Energy levels • Cravings • Medical problems • Changes • Policy (Home Affairs, Labour office, HR) • Senior management side-lining you in terms of projects • Struggling in managing time • After birth challenges (baby fat, stretchmarks etc) • Different treatment • Worry about the changes (experienced during pregnancy) • It is difficult with Human Resources • Sleepless nights (because baby does not sleep) 	<ul style="list-style-type: none"> • My child. It felt good to have a baby • Family. My whole family supported me especially my mom • Colleagues were excited for me and gave me moral support and baby shower • The HR department helped me fill up form correctly while I was on maternity leave • Was receiving my full salary • I went back to work, and colleagues welcomed me with smile, so nothing changed • Looking for nanny

Group 1 (Married managers)	Group 2 (Single non-managers)	Group 3 (Single managers)	Group 4 (Married non-managers)
		<ul style="list-style-type: none"> • Lack of sleep • Long queues (at clinic) 	

It is interesting to note that Group 3 (Single Managers) produced the most number of post-it notes. This could be due to the fact that this group had a slightly more number of participants than the other groups as indicated in Section 4.2.

5.4 MAIN THEMES DISCUSSED IN THE FOCUS GROUPS

The following themes were generated from the data regarding the working mothers' experiences of pregnancy, maternity leave and returning to work after maternity leave (Annexure H):

Theme 1: The metamorphosis of becoming a mother

- Subtheme 1.1: Experiences related to the emotional changes when becoming a mother
- Subtheme 1.2: Experiences related to the attitudinal changes when becoming a mother
- Subtheme 1.3: Experiences related to the behavioural changes when becoming a mother
- Subtheme 1.4: Experience related to the physiological changes when becoming a mother

Theme 2: Support experiences and expectation when becoming a mother

- Subtheme 2.1: Support at the workplace
- Subtheme 2.2: Support at home
- Subtheme 2.3: Healthcare support

As discussed in Section 3.6, in order to bring meaning to the collected data, the transcripts from the focus groups were coded using the constant comparison method (Charmaz, 2006). The analysis process was thematic, meaning that the recurring themes and patterns in the data were identified, categorised and explained. This therefore, was the researcher's interpretation of the participants' perceptions of their experiences.

The reader should note that there was constant interaction between the two themes and between the sub-themes. For example, mothers experienced changes in attitudes towards being a mother resulted in them changing their behaviour. Furthermore, the findings in this study do not necessary signify every participant's voice (cannot be generalised) or all mothers in Gauteng, South Africa because of the participant sampling method employed (Section 3.5.1.1).

Each main theme with its sub-themes will be introduced and presented in the next sections. The reader should note that a sample of the codes for each sub-theme that best illustrate the sub-theme are provided. These codes are accompanied by a sample of direct quotations from the participants to confirm the codes and to support the findings. Literature control was used to compare the findings to existing literature.

5.4.1 Theme 1: The metamorphosis of becoming a mother

This theme relates to the identity changes that working women experience when they become mothers. It includes the sub-themes on emotional, attitudinal, behavioural and physiological changes.

5.4.1.1 Subtheme 1.1: Experiences related to the emotional changes when becoming a mother

This sub-theme related to the positive and the negative emotions the working mothers went through when they become a mother. The participants indicated positive as well as negative emotions as illustrated in the codes and direct quotes in table 5.2 below. The main question and answers regarding the positive and negative emotions of working mothers when becoming a mother are also listed in table 5.2.

The following probing questions were also asked during the focus group interviews. This allowed the researcher to obtain more in-depth answers from the participants and allow the researcher to confirm the participants' views:

- Excited about what?
- What were you worried about?
- What were you unsure about?
- What were you angry about?
- What were you scared of?

Table 5 2: Positive and negative experiences related to the emotional changes when becoming a mother

Main question: Positive and negative responses to the question: Please tell me about your pregnancy, maternity leave and return to work experiences?	
Category related to the positive emotional changes when working women become mothers	
Code	Verbatim evidence
Excited about being pregnant	Participant 4 (Group 4): “And again, you are excited to find out maybe the gender of the baby. You are going to see the doctor and maybe the baby is hiding himself or herself, and now you are crossing fingers, thinking this time, I must see. <i>(when discussing the post-it note about doctor’s appointments).</i> ” Post-it Note (Group 1): “Excited”
Awestruck at having created a life	Participant 1 (Group 2): “That there is a life inside of you. That you are going to have this beautiful child. Even if you are not expecting to have a child, it is still such a miracle. For me I am still in awe with the fact that my body created another human being.” Participant 4: (Group 2): “It is unbelievable. I still look at my son today, and I still have to tell myself that “You made that, You!”. Post-it Note (Group 4): My child. It felt good to have a baby

Enjoyed the nine months journey	<p>Participant 3: (Group 3): “And the journey, this whole nine months. You want to know okay, this week I am 14 weeks”.</p> <p>Post-it Note (Group 3): Enjoyed (pregnancy).</p>
Category related to the negative emotional changes when working women become mothers	
Code	Verbatim evidence
Not coping	<p>Participant 5 (Group 2) “I had a lot of stress and anxiety just worrying about how was I going to take care of the baby, and how was I going to manage on a day to day basis being a single mom”</p> <p>Participant 1 (Group 3): “Could not cope”.</p>
Losing job or be demoted	<p>Participant 3 (Group 2) “I was stressing mostly because there was retrenchment going on in my workplace, so I was worried. That was stressing me.”</p> <p>Participant 1 (Group2) “I was on contract so I was worried that my contract might lapse, or they might just replace me”</p>
Felt guilty	<p>Participant 1 (Group 4): “No, I felt guilty about going back, I felt like a terrible mother. Like I was leaving an infant, ‘<i>bathong</i>’. But I left my son with my mom. It is like the only person I could trust with him. But, I still felt like I have not spent enough time with him. I felt like a terrible person.”</p> <p>Participant 4 (Group 4): “You feel guilty that the person that you are leaving her with the baby will she take good care of your baby as you did while you were still with her or him”.</p> <p>Post-it Note (Group 4): “Felt guilty (<i>about going back to work</i>)”.</p>
Low self-esteem	<p>Participant 2 (Group 3): “Low self-esteem most of the time, it happens with you. Because you used to have this kind of body. Now you have stretchmarks</p>

	<p>and all those kinds of things. And then you have a partner and it is no longer easy for you anymore to be intimate with your partner. So, that is how low self-esteem.”</p> <p>Post-it Note (Group 3): Low self-esteem</p>
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Findings

The participants in this study felt like they had finally arrived at their destination as women, by being a mother and spoke of this transformation with pride. For example, the quote from Participant 2 (Group 4) who noted that she now felt like she was a real woman. The participants experienced many emotions, both positive like excitement, joy, amazement but also negative emotions such as worry, stress, anxiety and low self-esteem. In the present study, mothers reported many conflicting emotions such as excitement, fear, joy, insecurity, shock, guilt and pride. The participants experienced these emotions interchangeably through their pregnancies and after giving birth and returning to work. Participant 9 (Group 2) summed this well when she explained her post-it note that read “Tons of mixed emotions” and said, *“You just have so much to process in a relatively short amount of time. And you think nine months, but actually it goes by so quickly.”* In this study, more of the married mothers (focus groups 1 and 4) experienced the positive emotions than the single mothers (focus groups 2 and 3).

From these findings, it can be concluded that when women become mothers they experience several emotions. These include both positive emotions such as excitement, joy, et cetera and negative emotions such as guilt, low self-esteem et cetera. The changes in the women’s emotions seemed to influence their attitudes (subtheme1.2) towards their pregnancies.

Discussion

Lax (2006) indicates that girls are often conditioned from birth to aspire to reach motherhood because many societies link mother and feminine to womeness. This can be linked to the self-actualisation element of Maslow’s Hierarchy of Needs for their mother/parenting role. Thurner (1994) believes that motherhood is regarded as a normal

life course stage for American women and this puts them under pressure because motherhood is linked to how they have progressed in life. This is similar to how Chinese women view motherhood as part of their life course (Yuen-tsang, 1997).

According to Feeney, Hohaus, Noller and Alexander (2001), motherhood is a rewarding experience linked to a sense of development, personal fulfilment and successfully meeting social expectations. For example, a study of Ghanaian women living in the Netherlands found that the Ghanaian women believed that the term mother was synon for being a proper, fulfilled and happy woman (Dyer, 2007). Adhunga (2014), Baloyi (2017) and Makinde (2004) argue that African life is centred around the family and the mother is not just a mother to an individual but to the whole family. This special status of women in the family is accepted in many African cultures (Adhunga, 2014). Having children is a highly regarded ability not only in economic terms but also religious and spiritual terms. The need to cherish and foster life and to make great sacrifices for it is a central African value (Adhunga, 2014; Maqubela, 2016). For example, in the Yoruba culture, women occupy various positions - daughter, wife, mother, priestess or witch. Women are perceived on the position they hold and these are often revealed through music, religion, art and songs. A mother holds a highly esteemed position for the Yoruba people (Makinde, 2004). This is clear in this popular proverb:

Iya ni wura

Baba ni dingi

Meaning: Mother is gold

Father is a mirror (Makinde, 2004).

Mothers are revered by the Yoruba people because humanity's salvation is dependent on the role mothers play in the society (Makinde, 2004).

The status of motherhood is particularly important to married women in African societies. This is because infertility is regarded as a legitimate reason for a husband to marry another woman because the problem of infertility is often linked to the woman and not the man (Baloyi, 2017; Dyer, 2007; Yenika-Agbaw, 2008). Because of these societal notions, African women are often under pressure to conceive. The words used by African societies in South Africa have such negative meaning such as inyumba in isiZulu (Mncwango & Luvuno, 2015) and Tsonga (Phakula, 2011), idlolo in isiXhosa (Mayekiso,

2017) and moopa in sePedi (Mankga, 2013). Additionally certain African religions consider being barren as shameful and a punishment for a sin (Baloyi, 2017). This could be some of the reasons why the married women in the present study experienced more of the positive emotions about their pregnancy than the single mothers.

Research shows that mothers go through different emotions when undergoing the process of motherhood. Rallis et al. (2014), Nelson (2003), Javadifar et al (2016) and Nyström and Ohrling (2004) found that transformation was one of the processes involved in the transition process to motherhood. Rogan et al. (1997, p. 722) use the term feeling 'drained' and in the study by Darvillet al (2010, p. 362) the participants likened this process to a 'roller-coaster ride'. Coates et al. (2014, p. 8) however, avoided using the term 'transition' because the participants viewed their experiences as a 'sudden and challenging change to their life'.

5.4.1.2 Subtheme 1.2: Experiences related to the attitudinal changes when becoming a mother

This sub-theme relates to positive and the negative attitudinal changes the working mothers went through when becoming a mother. The participants indicated that they experienced positive and negative attitudes towards their pregnancies and children as illustrated in the codes and direct quotes in table 5.3 below. The main question and answers regarding the positive and negative attitudes of working mothers when becoming a mother are also listed in table 5.3.

The following probing questions were asked during the focus groups. This allowed the researcher to obtain more in-depth answers from the participants and allow the researcher to confirm the participants' views:

- You were determined to prove everyone wrong. Wrong about what?

Table 5 3: Positive and negative experiences related to the attitudinal changes when becoming a mother

<p>Main question: Positive and negative responses to the question: Please tell me about your pregnancy, maternity leave and return to work experiences?</p> <p>Category related to the positive attitudinal changes when working women become mothers</p>	
Code	Verbatim evidence
Ready to take up more responsibility	<p>Post-it Note (Group 4): “Now I feel the responsibility. A new baby, a new responsibility”</p> <p>Participant 2: “... the amount of extra responsibility that falls onto you very, very quickly”.</p>
More health and financially focused	<p>Participant 5 (Group 3): “You want to make sure that you are both mother and the baby healthy”.</p> <p>Participant 2 (Group 4): “You become more stingy (sic), on like money “.</p> <p>Post-it Note (Group 4): Savings</p>
More time focused	<p>Participant 1 (Group 3): “Going back (to work after childbirth), having to adjust. And having to manage your time and deadlines.”</p> <p>Participant 4 (Group 4): “So, everything that I had to do, I had to do on time”.</p> <p>Participant 3 (Group 2): “...you cannot work until 10 o’clock at night (22h00) and you cannot be there until 8 am in the morning”.</p>
Work/life balance	<p>Participant 2 (Group 3): “That is why I am saying you must have a balance.”</p> <p>Participant 10 (Group 3): “I think ‘wena’ as a person, you must find balance. You have to balance your work and your home”.</p>
Be strong	<p>Post-it Note (Group X): Feel strong and brave.</p> <p>Participant 1 (Group 3): “Yes! You feel strong being a mom, because other people at that moment at that</p>

	<p>stage, maybe your boyfriend leaves you, without knowledge, anything that you did not know what happened, you know. At that moment, you need that support. But then, he does not play that role of being a dad, you know. Maybe, '<i>wa o baleha, ntho tse jwalo</i>' (he's dodging you, things like that). Then you feel strong and brave".</p> <p>Participant 3 (Group 2): "... And I was determined actually from the day I found out I was pregnant to show people that I can do it all. I must be strong."</p>
<p>Category related to the negative attitudinal changes when working women become mothers</p>	
<p>Code</p>	<p>Verbatim evidence</p>
<p>Deny personal emotions</p>	<p>Participant 4 (Group 2): "The thing is with pregnancy, especially if you were not planning it, when you are at work you pretend like everything is fine. "No, I am so happy hey". Deep down knowing that if you could only knew" (sic). So, yes people where there. They were asking "I wonder what type of a mom are you going to be?". And I was like "Eish! No wonder" (sic).</p> <p>Participant 1 (Group 2): "...I was determined to be normal, actually from the day I found out I was pregnant to show people that I can do it all."</p>
<p>Ignore own needs</p>	<p>Participant 1 (Group 3): "You used to wake up at 4 o'clock. You used to have activities that you used to do, when you are not pregnant. But now, you cannot do that anymore. Number one, you have to find your way how do the things you did with this new joy, you cannot just leave a child sleeping, if you used to go and run and do whatever it is. You cannot do it anymore, you just have to think of the baby first. Whatever that thing is, the baby is here. Whatever</p>

	<p>thing you do, it is, Oh! What am I going to do with the baby?”.</p> <p>Participant 2 (Group 3): “Most of the time you put a hold on yourself, when the baby is here, you concentrate on the baby, so that you can buy clothes for the child. So, for yourself you are number last (sic).”</p>
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Findings

The mothers spoke of how pregnancy and motherhood changed their perspectives on life resulting in changed attitudes towards their new situation of motherhood. Most of the single mothers in the present study (focus group 2 and 3) indicated that they needed to “be strong” to take on the responsibilities of parenting, especially without the assistance of the child’s father. This is strongly demonstrated by Participant 1 (Group 3) and Participant 3 (Group 2) (see Table 5.2 above).

In the main, the participants expressed more positive attitudes than negative attitudes towards becoming mothers. The reader should note that this sub-theme is closely related to the behavioural changes that the women experienced when becoming a mother. The changes in their attitudes prompted them to change their behaviours.

From these findings, it can be concluded that when women become mothers they reported both positive and negative attitudes towards their pregnancies and children. The positive attitudes included being ready to take on the new responsibility of a child, being more health and financially conscious, being more child focused and being strong. The negative attitudes included putting their children’s needs first, denying their personal emotions by striving to appear as normal as possible. The changes in the women’s attitudes seemed to influence their behaviour towards their pregnancies.

Discussion

Pregnancy may be understood not only as a transition but also as how mothers view their own lives during this period (Modh, Lundgren, & Bergbom, 2011). During pregnancy,

women begin to imagine their future and this changes their mentality values. They gain a new understanding of what is vital in life (Modh, et al, 2011; Orit Taubman – Ben-Ari , 2012). Through the transition process, parents learn about their abilities and find within themselves capabilities they were not aware they had. According to (Orit Taubman – Ben-Ari , 2012) new mothers learn new traits about themselves such as their inner strength, being organised, being more responsible and being mindful of others' needs. These findings are similar to the ones in the present study.

In the study by Sawyer and Ayers (2009) half of the participants indicated they had experienced a moderate degree of growth. This was similar to the finding of the present study. The growth that mothers in the present study experienced was similar to that indicated by Sawyer and Ayers (2009).

5.4.1.3 Subtheme 1.3: Experiences related to the behavioural changes when becoming a mother

This sub-theme relates to the positive and negative behavioural changes working mothers went through when becoming a mother. The participants indicated that they experienced positive and negative attitudes towards their pregnancies and babies as illustrated in the codes and direct quotes in table 5.4 below. The main question and answers regarding the positive and negative behaviours of working mothers when becoming a mother are also listed in table 5.4.

The following probing questions were asked during the focus groups interviews. This allowed the researcher to obtain more in-depth answers from the participants and allow the researcher to confirm the participants' views:

- So, it is a lifestyle change?
- Home pressure? What do you mean? Tell me more?

Table 5 4 : Positive and negative experiences related to the behavioural changes when becoming a mother

Main question: Positive and negative responses to the question: Please tell me about your pregnancy, maternity leave and return to work experiences?	
Category related to the positive behavioural changes when women become mothers	
Code	Verbatim evidence
Changed lifestyle	<p>Participant 6 (Group 3): “No more Moretele, no more Macufe, no more Maboneng, no more Sechaba⁴”.</p> <p>Participant 6 (Group 3): “Like it is a two to five thing. When people start turning up (<i>when people start to party hard</i>), you go home”.</p> <p>Participant 2 (Group 3): “No more clubbing, you know”.</p> <p>Post-it Note (Group 3): Lifestyle change</p>
Managed time and deadlines	<p>Participant 4 (Group2): “You know most of the time, at some point if you arrive at work at 08:00. At some point, you will leave at around 18:00, because there is nothing. But now everything changes, if you arrive at 08:00, you make sure at 16:30 you go home. You stick to the times now”.</p> <p>Participant 1 (Group 4): “Everything, the workload started to add up. So, I had to adjust to that, the baby, everything. So, I needed to multitask. So, everything that I had to do, I had to do on time”.</p>
Good day care / nanny	<p>Participant 2 (Group3): “Getting a nice nanny, because some are unreliable”.</p> <p>Participant 5 (Group 4): “I was scared that something would happen to the baby, when I left her with the nanny”.</p>

⁴ These are popular music festival and places of entertainment place in different parts of the country in South Africa.

	<p>Post-it Note (Group 3): “Getting a nanny”</p> <p>Post it Note (Group 4): “Looking for a nanny for my son when I had to go back to work.”</p> <p>Post it Note (Group 4): “Looking for nanny.”</p>
Financial readiness	<p>Participant 2 (Group 4): “When I discovered that I was pregnant, I decided to open a saving account, so that when I am at home I have some little money that I have saved for some other things that I am going to-- Because we only get half of our salaries when you are on maternity leave, so it is not enough.”</p> <p>Post-it Note (Group 4): “Savings”</p>
Category related to the negative behavioural changes when women become mothers	
Code	Verbatim evidence
Become stingier	<p>Participant 2 (Group 4): “You become more stingy (sic), on like money.”</p> <p>Participant 1 (Group 3): “There is pressure at home, which is the change of your lifestyle. They need to adjust to the change that you have got somebody in the world that you have brought with you, so, some of the things they will not get.”</p>
Hide pregnancy	<p>Participant 1 (Group 1): “...I tried keeping my personal life away from work because I did not want “Oh! You are pregnant, you cannot do this. Everybody thinks pregnancy is a sickness”.</p> <p>Participant 3 (Group 2): “You must just carry on as if everything is normal”.</p>

Findings

In the current study, the participants indicated the changes in behaviour they engaged in once they found out they were pregnant. The mothers in this study reported more positive than negative changes in their behaviour. Making changes to their lifestyle was important

to the participants in this study. This included adjusting their finances and time. The mothers indicated that they needed more income to deal with the new responsibilities of having a baby as well as the financial support they were expected to provide to the extended family members, to the extent that they felt they need new jobs with a higher income to deal with the new changes. This rang true mostly for the single mothers (focus groups 2 and 3). Concerning changes in how they spend their time, both married and single mothers spoke about the need to balance the needs of their family to that of their work and became more conscious of the time they spent at work. Although there was no Post-it Note relating to hiding one's pregnancy, this matter came up in the discussion as one of the things that mothers felt they needed to do especially early on in the pregnancy. It seems they did this to avoid being type-casted as not being able to do things because of their pregnancy. This specific finding links to the negative support that mothers in this study said they received from colleagues (see section 5.4.2.1) where mothers explained that attitudes of their colleagues changed for the negative and the colleagues were not supportive. When hiding their pregnancy, mothers could have been avoiding having to deal with the negative attitudes early in their pregnancy. The changes in their lifestyles was driven by the financial constraints of having a child.

From these findings, it can be concluded that when women become mothers they stated both positive and negative behaviours towards their pregnancies and children. The positive behaviour included opening a savings account and changing their lifestyles. The negative behaviours included hiding their pregnancies and becoming stingier. The changes in the women's emotions and attitudes resulted in changes in their behaviour towards their pregnancies and children.

Discussion

The changes in behaviour taken on by mothers in the present study when they find out they are pregnant is similar to the finding by Higgins, Frank, and Brown (1994, p. 149) who found that over forty nine percent (49%) of the participants reported having made changes to their vitamin intake, exercise regime, alcohol consumption, dietary intake and smoking habits. Similarly, the studies by Hillier and Olanderb (2017), Crozier, et al.(2009), U.S. Environmental Protection Agency (2015) and O'Keffe, et al. (2016) found significant changes in alcohol consumption, smoking and drinking of caffeinated drinks by women

during pregnancy. The studies by Kost, Landry, and Darroch (1998) and Paterson, Hay-Smith and Treharne (2016) found that women were motivated to make changes to their behaviour because of the positive impact it has on the unborn baby. According to the study by Laney, Lewis Hall, Anderson and Willingham (2015) for many women becoming and being a mother means developing a keen understanding of and concern for their child.

The study by Tembo (2012), indicated that financial readiness was a principal factor to consider when raising a baby. This study also found that if a mother faces financial constraints and in providing the basics for her baby results in constraints in the mother being able to provide emotional support to her baby. Walker (1995) also elaborates that in many working-class black communities the dialogue of motherhood does not highlight mother's responsibilities for financial support and discipline. Little research was found on the financial constraints faced by new mothers (Arendell, 2000). The finding by Arendell (2000) were supported by the search conducted by the researcher on the EbscoHost database was conducted on the 10th of May 2016 using the following keywords financial challenges and new mothers; financial challenges and motherhood; financial impact on new mothers; financial impact on motherhood, financial constraints and new mothers; financial constraints and motherhood.

The 2013 Pew Research study found that there was a strong association between views about the ideal work situation and financial well-being. In the study, those women who said they "don't even have enough to meet basic expenses," almost half (47%) said that working full-time was the best solution for them (Pew Research Center, 2013, p. 2). Similar to the 2007 Pew study, twenty three percent (23%) of married mothers in the 2013 study said they would prefer to work full-time (Pew Research Center, 2013, p. 5). This supports Similar to the findings in the Pew study, the tough economic conditions that South Africa faces could also be one of the reason women in this study felt this way (Pew Research Center, 2013; National Treasury , 2016; Statistics South Africa, 2017).

The respondents in the study by Morris (2008, p. 8) indicates that the women return to work after childbirth, for a number of reasons. These reasons include, financial (68%), intellectual stimulation (48%), and the need for social interaction with adults (35%). The

study by Jewell (2016) paints similar findings. In her study of 169 mothers across the United States who were stay-at-home mothers or working part-time, the reasons provided by the mothers on their choice to stay-at-home or work part-time were related to saving on childcare costs. In terms of their concerns about returning to work, the respondents were mainly concerned about childcare (60%), multiple responsibilities (21%) and the attitude of their manager and/or colleagues (33%) (Morris, 2008, p. 8).

The findings by Jewell (2016), supported the notion of the three career patterns choose from, namely work focus, family focus and work/family focus. She further specifies that 40-80% of the women population are work/family focused. In the present study, the majority of the participants seemed to return to work for financial reasons and not necessarily because they were career focused but rather were work/family focused.

5.4.1.4 Subtheme 1.4: Experiences related to the physiological changes when becoming a mother

This sub-theme related to the positive and the negative physiological changes the working mothers went through when becoming a mother. The participants indicated that they experienced positive and negative changes in their bodies during pregnancy, which they had to learn to live with after their children were born. Both the positive and negative changes to their bodies are illustrated in the codes and direct quotes in table 5.5 below. The main question and answers regarding the positive and negative physiological of working mothers when becoming a mother are also listed in table 5.5.

The following probing questions were asked during the focus group interviews. This allowed the researcher to obtain more in-depth answers from the participants and allowed the researcher to confirm the participants' views:

- Is that morning sickness or what sickness?
- Tired. Referring to?
- After-birth challenges? Please tell me more?

Table 5 5 : Positive and negative experiences related to the physiological changes when becoming a mother

Main question: Positive and negative responses to the question: Please tell me about your pregnancy, maternity leave and return to work experiences?	
Category related to the positive physiological changes when working women become mothers	
Code	Verbatim evidence
The mothers did not express any positive experiences towards the changes their bodies experienced. Although the changes were the expected and required changes during pregnancy, the mothers tended to express them as negative experiences.	
Category related to the negative physiological changes when women become mothers	
Code	Verbatim evidence
Stretchmarks	Participant 2 (Group 3): “Now you have stretchmarks and all those kinds of things”. Post-it-note (Group 3): “After birth challenges (baby fat, stretchmarks etc.)”.
Tired	Post-it note (Group 1): “Tired” Post-it-note (Group 3): “Not feeling like working because tired or irritable and stuff”. Participant 5 (Group 2): “For me tired was emotionally draining because I was constantly mixed emotions, confused, excited, and then worried about the future. I was on contract so I was worried about that my contract, it might lapse, or they might just replace me and--- you know. Tired of worrying, tired physically. Because I lacked iron as well, a lot”.
Morning sickness	Post-it note (Group 1): “Morning sickness till eight months”. Participant 1 (Group 3): “Morning sickness, feet are swelling, tiredness, laziness”. Post-it note (Group 4): “...Morning sickness started to attack me”

Weight gain	<p>Participant 4 (Group2): “I was picking up weight, my boobs were just becoming bigger”.</p> <p>Participant 3 (Group 3): “You gain weight”.</p> <p>Post-it note (Group 4): “I gained weight, morning sickness started to attack me”.</p>
High blood pressure	<p>Post it note (Group1): “High blood problems”.</p> <p>Participant 4 (Group3): “You have got high blood pressure, we need to keep you for two weeks in the hospital”.</p> <p>Participant 1 (Group 4): “...I discovered that I had high blood, So, but after I gave birth, it went back to normal...”.</p>

Findings

In this study, most of the participants indicated that they had mostly negative experiences with the changes in their bodies during and after pregnancy. The changes in their bodies ranged from weight gain, having bigger breasts, bigger nose, bigger hips, morning sickness, high blood pressure due to pregnancy and swollen feet. Although these physiological changes are synonymous with pregnancy, they were not viewed positively by the participants. This could be because of the inconvenience (for example frequent visit to the bathroom, medication to be taken, the need to buy new clothes to fit the “new” body) they went through as a result.

There was again interaction between this sub-theme and the previously discussed subthemes. For example, the weight gain required the mothers to buy new clothes; high blood pressure, morning sickness and stretchmarks would require medication and body lotions respectively and therefore impact her financially.

From these findings, it can be concluded that when women become mothers they stated only negative physiological changes. The mothers did not express any positive experiences towards the changes their bodies experienced. The negative physiological changes included gaining weight, frequent bladder movements and tiredness.

Discussion

Previous studies have shown that going through pregnancy causes unique physiological changes in a woman's body, which are different to any physiological event and is a stressful experience for a women's body. According to Greenberg, Clair, and Ladge (2016) physical changes during pregnancy indicate the beginning of the process when a woman identifies with her pregnancy. When women into their temporary pregnancy identity, they also learn to adapt to the changes in their bodies. These physical changes such as nausea and cravings come before the cognitive and emotional experiences of their transition.

The study by Greenberg, et al (2016) found that both positive and negative views that women has on their babies and the changes in their bodies, enabled them to acclimatise to their temporary pregnancy identity. Additionally, Kazemi, Nahidi, and Kariman (2017) found that there was limited information about the physical, psychological and social changes that pregnant women experience.

During pregnancy many women experience discomfort and decreased well-being because of a number of complications such as leg cramps, varicose veins, haemorrhoid, vomiting and nausea, backache, heartburn, frequent urination and round ligament pain (Kazemi, et al., 2017). Further studies indicate that women experienced physiological changes during pregnancy (Bianchi, et al., 2016; Bjelica, Cetkovic, Trninic-Pjevic, & Mladenovic-Segedi, 2018; Smith, 1999). Frequent urination was found to be the most commonly required accommodation in the workplace by pregnant women with seventy-one percent (71%) of the participants in the *Listening to Mothers III: New Mothers Speak Out survey report* (Declercq , Sakala , Corry , Applebaum , & Herrlich , 2013, p. 36).

In the study by Kazemi et al., (2017) some participants indicated that they experienced negative psychological effects such as boredom, poor memory and negative thoughts as a result of their pregnancy. In addition to this, the participants also experienced disturbed sleep, sleepiness and insomnia. Furthermore, participants in this study said they became impatient with the behaviours of others such as their spouse and family. This finding was similar to this study, where some of the participants indicated that they "hated" everything

about their spouse, “I hated how he smelled, I hated how he looked, I hated how he chewed, when he yawned, I thought what on earth is going on”.

Similar to the present study, Kazemi et al., (2017) also found that one of the most common complaints during pregnancy was nausea. The complications that participants experienced in this study also affected their daily lives including their work life as indicated explained by one participant, *“Because when I was on my third trimester, I started to get more sick so I was unable to do my work stuff. So, I could not reach the targets and everything. So, I needed to go to the doctors every now and then, because I was starting to be sick almost every day”*. Greenberg, et al., (2016) in their study, found that women felt that the physical complications and changes in their bodies needed to be managed carefully at work so that they would be viewed as a disturbance or a weakling.

The concern about weight gain in the present study was similar to the findings by Kazemi, et al., (2017), Gow, Lydecker, Lamanna and Mazzeo (2012), Rotha, Homer and Fenwick (2012) and Dworkin and Wachs (2004) who found that more and more women are concerned about weight gain and changes in their bodies during and after pregnancy. They further assert that this could cause a negative body image.

The pressure to be a ‘yummy mummy’ is seen to be driven by celebrities such as Kim Kardashian, Beyonce etc. The fascination with celebrity motherhood is believed to have started when Demi Moore posed naked during her pregnancy on the best-selling cover of Vanity Fair magazine in 1991 (Hopper & Aubrey, 2013; Cunningham, 2002). The study by Hicks and Brown (2016) found that the use of Facebook showed an increase in the likelihood for the increased risk of poor body image during pregnancy. Bashir, Sparkes, Anwar and Olander (2013) however, challenged these finding based on their finding. The women in their study reported they were not focused on the unrealistic celebrity weight loss after birth because of the resources celebrities have to assist them to lose weight. The study by Fox and Yamaguchi (1997) which investigated the link between the changes in body image and pre-pregnancy weight of 76 first-time expectant mothers, found they felt self-conscious about their bodies because of social pressure. The study by Malatzky (2017) went further and found that in addition to social pressures, women also put pressure on themselves to have the “perfect” postpartum body.

Recent research has also revealed that the body is not the only organ that changes during pregnancy but that the brain also undergoes changes. Research by Hoekzema, et al., (2017) found that the structure of the brain changes to prepare the mother for bonding with the baby. These changes could be observed for two years or more. (probably the reason why mothers find it hard to leave the baby especially so close after birth considering that the changes in the brain can be evident for 2 years or more.).

5.4.2 Theme 2: Support experiences and expectation when becoming a mother

This theme related to the social support the working mothers received in the different environments they found themselves. These environments included the workplace, the home, healthcare facilities and other social spaces such as the church. Participants experienced both positive and negative support within these spaces.

5.4.2.1 Subtheme 2.1: Support at the workplace

This sub-theme relates to the positive and the negative support at the workplace that working mothers received when becoming a mother. It includes the support the mothers received from the organisation, supervisor and colleagues when becoming a mother. Both the positive and negative support received at the workplace are illustrated in the codes and direct quotes in table 5.6 below. The main question and answers regarding the positive and negative support received by working mothers from the organisation when becoming a mother are also listed in table 5.6.

The following probing questions were also asked during the focus groups. This allowed the researcher to obtain more in-depth answers from the participants and allow the researcher to confirm the participants' views:

- Is this baby showers at work?
- Lots of love from who?
- Full of joy, *ke bo mang* (meaning who are) full of joy?
- Welcomed by who?

- Advise from other mothers in the workplace. Good? Bad? Welcomed? Not welcomed?
- Understanding? Who was understanding?
- Supported. What do you mean?
- Unreasonable expectations. From who? About what?

Table 5 6 : Positive and negative experiences related to the support received at work when becoming a mother

Main question: Positive and negative responses to the question: Please tell me about your pregnancy, maternity leave and return to work experiences?	
Category related to the positive support received from the organisation when working women become mothers	
Code	Verbatim evidence
Time off	<p>Participant 1 (Group 4): “Yes! Allowed to take a day off (for doctor’s appointment)”.</p> <p>Post-it note (Group 1): “Given time off if he (baby) was sick”.</p> <p>Post-it note (Group 1): “Gave me time for expressing”.</p>
Work from home	<p>Participant 5 (Group 3): “Working from home, when the workload is too much, I have to take it home. I just tell my boss, Aa boss. I cannot take it anymore. Can I take five days home?”</p> <p>Post-it note from Group 1: “Was able to work from home. when needed”.</p>
Return to work after pregnancy	<p>Post-it note (Group 3): “No changes (at work, still had a job)”.</p> <p>Participant 3 (Group 3): “At least I still had a job after maternity leave”.</p>

Category related to the **negative support received from the organisation** when working women become mothers

Code	Verbatim evidence
Stealing time	<p>Participant 3 (Group 2): “And, I was basically told that, I am stealing company time“.</p> <p>Post-it note from Group 1: “Was not paid for time off”.</p>
Ignorant HR	<p>Participant 3 (Group 3): “HR can sabotage you“.</p> <p>Participant 1: “And there is (sic) deadlines for those (UIF application) things (sic)”.</p> <p>Participant 6 (Group3): “And also, if you do not have an idea about the UIF forms everything, anything concerned about UIF, then you delay. Sometimes other people they take long time to do those things. It adds also”.</p>
Lack of money	<p>Participant 3 (Group 4): “Stressed about money being paid by UIF”.</p> <p>Participant 4 (Group2): “Do you really think you that you should be on maternity leave for four months, because you are not getting that much money from the UIF, how are you and the baby going to manage?”</p>
Unreasonable demands from HR	<p>Post-it note: (Group 4): “HR asked too many questions”.</p> <p>Participant 1 (Group 4): “HR was unreasonable. They wanted proof of everything, “Bring us proof that you really where at the doctors”. Bring us proof if the doctor prescribed something “Bring us proof, bring us the script”, “Bring us your card”.</p>

Category related to the **positive support received from the supervisor** when working women become mothers

Code	Verbatim evidence
Reduce work	<p>Participant 1 (Group 4): “Yaa, I had to change the department where I was working, because they felt, like, there is too much work.”</p>

Allowed to bring baby to work	Participant 2 (Group 1): “Well they moved me to a bigger office because I was able to take my son to work.”
Care from supervisor	<p>Participant 4 (group 3): “The colleagues and my manager supported me. I have to say, because like, even if the baby is sick and I say “Look, someone just called me now and said my baby is sick I need to go”. They will be like “Fine, you can leave”. If the baby is sick, I will call and be like “I am not coming in. My baby is sick”. And it was fine”.</p> <p>Post-it note (Group 3): “Understanding (colleagues and manager)”.</p> <p>Post-it note (Group 1): “My bosses came to the hospital when my son was born”.</p>
Category related to the negative support received from the supervisor when working women become mothers	
Code	Verbatim evidence
Accusations from supervisors	<p>Participant 5 (Group 2): “I was permanently employed but I still felt very insecure because my manager basically said to me “You are never going to amount to anything because now you are a mother”.</p> <p>Participant 2 (Group 3): “You know, most of the time, when they have got a big project, and then you are pregnant. Maybe you are through eight months, seven months. You what they say? “You can bring your ideas”. You will talk and talk and talk. But they will give you like a---, you know, a small thing, like “You can do this? No, you cannot do this.” ”No, no, no, no, we Cannot this project you we give you this one.” At that time, you are so passionate about the other project. They just say, “No, no, no, no”. The HOD will just say “You cannot. No!”</p>

Displayed lack of concern	<p>Post-it note from Group 1: “During pregnancy I had to take a few weeks off. Threatened miscarriage. Manager unconcerned”.</p> <p>Participant 4 (Group 2): “According to a manager she only worries about the volume, workload and everything. We also have our personal lives. We have to go through that one way or the other. But managers sometimes became unreasonable”.</p> <p>Participant 3 (Group 3): “Receiving work related calls from my boss”.</p>
Category related to the positive support received from colleagues when working women become mothers	
Code	Verbatim evidence
Moral support	<p>Participant 1 (Group 2): “My colleagues were very supportive”.</p> <p>Participant 5 (Group 4): “Colleagues were excited for me and gave me moral support and a baby shower”.</p> <p>Post-it note (Group3): “Family, friends, colleagues gave support and lots of love”.</p>
Care	<p>Post-it note (Group 1): “Always asking about the baby (<i>colleagues</i>)”.</p> <p>Participant 1 (Group 3): “Surprise visits during maternity leave (by colleagues)”.</p> <p>Participant 4 (Group 4): “After having the baby, the focus went to him. Everybody asked about him not me”.</p>
Baby shower	<p>Post-it note from Group 4: “Colleagues were excited for me and gave moral support and baby shower”.</p> <p>Post-it note (Group 1): “Baby shower”.</p> <p>Participant 1 (Group 3): “Got a baby shower surprise from colleagues”.</p>

Provided updates while on maternity leave	<p>Post-it note (Group 3): “Colleagues kept in touch”.</p> <p>Participant 5 (Group 3): “Yes they (colleagues) did (keep in touch during maternity leave)”.</p> <p>Participant 2 (Group 3): “And tell the ‘<i>mgozi</i>’ (gossip) at work”.</p>
Excited	<p>Post-it note (Group 1): “Colleagues were happy for me (<i>when I announced the pregnancy</i>)”.</p> <p>Participant 2 (Group 3): “Everyone was excited (about the pregnancy), even my colleagues”.</p>
Category related to the negative support received from colleagues when working women become mothers	
Code	Verbatim evidence
Negative attitudes	Post-it Note: (Group 1): “Attitudes changed. Unsupportive”.
Unhelpful colleagues	<p>Post-it note (Group 3): “Colleagues were not supportive”.</p> <p>Participant 2 (Group 1): “I would work my normal hours and then there would still be work that’s not done. Like, how can I say? My colleague is a very lazy person. Like, she acts like she knows the work but when it comes to paper. She is on another league. She was definitely not supportive”.</p>

Findings

In the present study the participants did not mention their company policies explicitly but mentioned issues that would relate to policy elements. There were more participants who mentioned that they were allowed flexible work arrangements and allowed to take time off during pregnancy for visits to their doctors or when their child was sick than those who did not have access to these opportunities. There were more reports about the positive support the participants received from their organisations than reports on negative support received.

The participants also mentioned the support they received from their Human Resources (HR) Practitioners. There were more participants who expressed their disappointment with the limited support they received from their HR Practitioners. Most participants specified that their HR Practitioners were not helpful especially when it came to the issue of applying for maternity benefits from the Unemployment Insurance Fund (UIF). These participants felt that it was their HR Practitioners' responsibility to assist them with UIF and ensuring the participants were aware of the relevant HR policies. They also felt that HR Practitioners' made unreasonable demands to them especially when they took time-off for medical check-ups by requiring them to submit a medical certificate for each and every visit to the doctor or clinic.

The participants mentioned more incidences of negative support received from their supervisor than positive incidences of support. The negative support the participants reported receiving from their supervisor included the lack of concern the supervisors had on their well-being. An example of this was the oost-it note from Group 1 which said *"During pregnancy I had to take a few weeks off. Threatened miscarriage. Unconcerned"* and Participant 8 from Group 2 who explained that she had to work in the sun while pregnant. Some participants reported being called by their supervisor to come to the office while they were on maternity leave. The participants expressed that their supervisor declared to them that motherhood would hamper their career progression and supervisors side-lined the participants from important projects because of their pregnancies. This resulted in the participants feeling insecure about their jobs.

The participants in the current study also reported the positive support they received from their supervisors. The positive support included allowing the participants to bring their babies to work, being given less work while keeping the same working hours and salary, the supervisors expressing their excitement towards the participants on their pregnancy, being moved to other departments where there was less work to accommodate them during their pregnancy and supervisor allowing the participants to go back home anytime the baby was sick.

In the current study, the participants appreciated the positive support they received from their colleagues. This positive support mothers received included co-workers having the mothers surprise baby showers at work for the mother-to-be, co-workers bringing food

for the mother-to-be in the office, co-workers assisting the mother-to-be in their work when they were not feeling well or when the mothers had to see to their children, co-workers asked about the child, co-workers visited at hospital after the mothers gave birth, mothers received moral support from co-workers, mothers were kept updated on happenings at work, especially the office gossip, by co-workers. There were more expressions of positive support received from colleagues by the participants than the negative expressions of support received from colleagues in the workplace. The negative support from co-workers communicated by the participants related to some colleagues believing that some of the participants were faking illness to avoid work.

From these findings, it can be concluded that when women become mothers they reported both positive and negatives support received at the workplace from the organisation, supervisor and co-workers. The positive perceptions of support in the workplace included being allowed time off for doctor's visits or when child was sick, being allowed to work from home when necessary, colleagues and supervisor showing concern about the baby et cetera. The negative perceptions of support in the workplace included supervisor showing lack of concern about the participant, negative remarks from supervisor about being a working mother, being called to the office during maternity leave et cetera.

Discussion

According to Tremblay and Genin (2010) studies have recognised the work environment factors that affect the work-family conflict. The support of managers and supervisors, the existence of family-friendly policies and the support from co-workers have been identified in literature as factors that affect work-family conflict.

Research shows that flexible work arrangements allow individuals to integrate work and family responsibilities in time and space and are instrumental in achieving a healthy work and family balance (Bond, Galinsky, Lord, Staines, & Brown, 1998; Galinsky, Bond, & Friedman, 1993; Valka & Srinivasan, 2011). Studies also suggest that organisational policies influence how quickly mothers return to work after childbirth (Hofferth, 1996; Guendelman , Goodman , Kharrazi , & Lahiff, 2013).

However, literature also shows that even when there are family-friendly policies in an organisation, mothers may not use them because of co-worker disapproval and resentment (Kirby & Krone, 2002; Allen, 2001; Boren & Johnson, 2013). Further research indicates that the actual policies and practices do not matter as much as mothers' perceived support they receive in their organisation (Jahn, Thompson, & Kopelman, 2003; Glazer, 2006; Cripe, 2017).

According to Tremblay and Genin (2010) an organisation's culture affects the strength of work-family conflict in that an employee's perceptions of being penalised because of family matters, determines whether he/she will experience work-family conflict or not. An employee is less likely to experience work-family conflict if she perceives her manager as empathetic to work-life balance. The absence of management's support and a supportive organisational culture, having family-friendly policies does not necessarily result in better work-life balance. Therefore, organisations need to create a supportive environment for employees to feel comfortable taking parental leave to realise the expected results of having a parental policy (Tremblay & Genin, 2010).

Existing research indicates that most studies found negative perceptions of pregnancy in the workplace. There were however, a few that detailed some positive perceptions. Studies from Australia have reported that women participants indicated that they felt sidelined, isolated or ignored when they revealed their pregnancy. They also indicated that they experienced negative treatment when they announced their pregnancy, and this continued until they returned to work after maternity leave. In this Australian study, the women indicated that the negative treatment often started from their managers, but they also experienced negative treatment from colleagues, for example, *"My direct manager (female)... told me that I need to decide what I wanted- a family or a senior role in the company... It's a myth you can have both"; "One of the other men in the office had started to call me "placenta brain", when I was pregnant"*. Women also reported that their commitment to work was questioned when they announced their pregnancy (Charlesworth & Macdonald, 2015; Australian Human Rights Commission, 2014). (see Section 2.3.1).

Davis, et al., (2005) debate about benevolent sexism experienced by pregnant women. Their study found that women indicated that they had negative experiences ranging from relatively subtle unpleasant treatment such as changes in the attitudes of their managers and colleagues or being excluded from decision-making that they were previously part of, to potentially discriminatory behaviour such as sexual harassment, being denied promotions or dismissals. Many indicated that once they had announced their pregnancy, their colleagues saw them as a burden and became less tolerant towards them and unilateral changes to work without consultation was also done in the “interest” in light of their pregnancy. (see Section 2.3.1).

The study by Hebl, et al., (2007) also supports the findings of the study by Davis et al. (2005). Their findings were found to be in line with the ambivalent sexism theory and role congruity theory in that when pregnant women look for full-time employment, they are likely to be perceived as violating their traditional gender roles and therefore receive negative reactions. Interestingly, the study by Kirby (2011) found that although some women experienced benevolent sexism, the participants did not necessarily view this as negative. This could be due to the participants’ understanding of the reasons for the benevolent behaviour (Kirby,2011) (see Section 2.3.1).

Furthermore, the study by Kirby (2011) found that pregnant and new mothers were seen as warm and not competent which resulted in a mismatch between them and most jobs. This supports the findings by Brown, Ferrara, and Schley (2002), Cuddy et al. (2004) , Masser, et al., (2007) that when women become mothers their competence is traded for perceived warmth whereas men did not make this trade off. In fact fathers gained warmth and retained competence. For the working mothers the gain in perceived warmth was seen as not being of use to them and their loss in perceived competence was as being detrimental to them (see Section 2.3.1).

When it comes to maternity leave matters, women also face challenges. The two researchers who were among the first in studying the pregnancy in the workplace phenomenon are Gueutal and Taylor (1991) and found that supervisors and colleagues

of the pregnant employees were greatly concerned about being overworked when the pregnant employee goes on maternity leave. In their study it was found that women who were not pregnant were less supportive of pregnant women when compared to men (see Section 2.3.1).

Studies also show that mothers were not satisfied with their length of maternity leave. In the study by Brand and Barreiro-Lucas (2014) five of the eight participants felt that the length of their maternity leave was not enough and most of the participants felt that six months would be an ideal length of time. The concern about the length of maternity leave was similar to the study by Rangel, et al.(2018) in which seventy two percent (72%) of the participants perceived the length of their maternity leave as inadequate.

In the study by the Australian Human Rights Commission (2014) participants also reported that they experienced unfair treatment and discrimination when requesting or taking maternity leave. Of the women that participated in the Halpert and Burg (1997, p246) study, 30% indicated that colleagues were gravely concerned about the length of their maternity leave as well as the distribution of their work while on maternity leave. Of the women participants who were also managers, 38% reported that their subordinates were concerned about their roles and responsibilities during their managers maternity leave period. Some women reported that their managers regarded maternity leave as a holiday or a break (Australian Human Rights Commission, 2014) (see Section 2.3.1).

Additionally, the study by Morgenroth and Heilman (2017) suggests that women are judged negatively if they take maternity leave and also if they don't take maternity leave. If they take maternity leave, women are assessed negatively at work and if they decide not to take maternity leave, they are judged negatively by their families. Morgenroth and Heilman (2017) further state that maternity leave highlights a woman's motherhood status and emphasises the negative stereotype that pregnant and new mothers are warm but not competent, as discussed in Section 2.3.1.

When mothers returned from maternity leave, they also had negative perceptions of this experience. The Australian Human Rights Commission (2014) found that some women reported negative attitudes and comments from managers and colleagues when they returned to work. The women participants indicated that they experienced negative attitudes from managers and colleagues regarding family responsibility. They reported that their commitment was questioned when they returned to work because managers and colleagues assumed that they would want to return to part-time work or lesser responsibilities. Also, in the same way that they experienced benevolent sexism when they announced their pregnancy, they also experienced this when they returned to work when unilateral changes to their work was made without consultation, with the aim of assisting them to balance work and home commitments (Davis, et al., 2005) (see Section 2.3.1).

Previous studies mention that a supportive work environment has a positive effect on working mothers. Women are likely to leave the workforce after getting married or having children, especially if their jobs and workplaces make it difficult to merge their family responsibilities to their work obligations (Yu, 2009). Furthermore, they show that the integration of the cognitive and the emotional dimensions of the experience of unfavourable pregnancy-related behaviour, is key in understanding women's attitudes as a result of their experience of unfavourable pregnancy-related behaviour (Zanoni, et al., 2011) (see Section 2.3.1).

There are also studies that indicated positive perceptions of pregnancy in the workplace. For example, the South African studies by Easton (2007) and Riekert (2005), in which the majority of the respondents believed that their supervisors had a supportive attitude when they asked for time off to see to their children. The respondents believed that, because their managers were also parents, they understood and agreed to their requests. The study by Brown, et al., (2002, p69) also reported that almost half of the 23% of the women indicated that their supervisors' attitudes had changed and that the change was positive, for example the manager was supportive. This was in spite of two respondents who indicated that their manager displayed negative changes. Halpert and Burg (1997, p 245) also reported that fifty one percent (51%) of their participants indicated that when

they told their managers of their pregnancy, they were happy for them. In addition to this, twenty five percent (25%) indicated that their managers were happy to accommodate them during their pregnancy. These studies support the suggestions by Glass and Riley (1998) and DeSimone, et al., (2002) that managers can directly influence mothers' behaviours (see Section 2.3.1).

5.4.2.2 *Subtheme 2.2: Support at home*

This sub-theme relates to the positive and the negative support at home that working mothers received when becoming a mother. It includes the support the mothers received at home from immediate family (husband, partner, mother, and sibling), extended family (cousins, aunts, uncles etc) and friends when becoming a mother. Both the positive and negative support received at the workplace are illustrated in the codes and direct quotes in table 5.7 below. The main question and answers regarding the positive and negative support from home that working mothers received when becoming a mother are also listed in table 5.7.

The following probing questions were also asked during the focus groups. This allowed the researcher to obtain more in-depth answers from the participants and allow the researcher to confirm the participants' views:

- Understanding? Who was understanding?
- Lack of support and understanding, where?
- Black tax? What do you mean? Tell me more

Table 5 7 : Positive and negative experiences related to the support received at home when working women become mothers

Main question: Positive and negative responses to the question: Please tell me about your pregnancy, maternity leave and return to work experiences?	
Category related to the positive support received at home when working women become mothers	
Code	Verbatim evidence
Supportive husband	<p>Participant 1 (Group 4): “Yaa, he [husband] was always there for me. He took me to work, drop me off, picked me up. So, he was very supportive”.</p> <p>Participant 5 (Group 4): “He (husband) was always there for me, going with me to the doctor’s appointments”.</p>
Moved home for family support	<p>Participant 5 (Group 4): “When I got pregnant I moved back home. So, I never had anything difficult. When my baby cries I did not have to jump, my brothers, my sisters were there, ‘nna’ I would just sleep and say “Iyoo ngwana” [oh check on the “baby”].</p> <p>Participant 1 (Group 3): “When I got pregnant I moved back home”.</p>
Left baby with family members when returning home	<p>Participant 6 (Group2): ... “We just get our granny to come, and we will take care of her, while she takes care of the baby...”.</p> <p>Participant 2 (Group 4): “...I left my son with my mom”.</p>
Mother (grandmother of the child) took care for the baby	<p>Participant 6 (Group 3): “Because our moms themselves play a big role. They play a big role when we have a baby”.</p> <p>Participant 4 (Group 3): “Because they teaching (sic) us how to feed the baby, how to wash (sic).”</p>

Category related to the **negative support received at home** when working women become mothers

Codes	Verbatim evidence
<p>Baby's father disappeared to avoid responsibility</p>	<p>Participant 6 (Group 3): "...your boyfriend leaves you, he does not play that role of being a dad, you know. '<i>Wa o baleha, ntho tse jwalo</i>' [he runs away, something like that]."</p> <p>Participant 3 (Group 3): "They (father of the child) disappear. They do".</p>
<p>Ostracised by family for falling pregnant out of wedlock</p>	<p>Participant 2 (Group 2): "Especially our (referring to black people) family, if you are not married, then you come with a big tummy there (sic). They take you to the boy's place, to tell them "This is what happened". Then they say, "What was she waiting for? Why is she coming on a later stage? (sic) Was she busy searching who the father is?" So, you feel so embarrassed as well, that if you could only knew (sic), that I only found out late".</p> <p>"Why, she did not tell me?" (sic) How can I even tell you because I also did not even know that I was pregnant as well. So, the family does not support you, your partner does not support you, you are just there by yourself, it is you and the baby".</p>
<p>Competing responsibilities at home</p>	<p>Post-it note (Group 3): "Home pressure".</p> <p>Participant 1 (Group 3): "It has to start with 'black tax'. You have got siblings at home, you are working some of them are still at school. You still have to help out those siblings, your mom and then you have got somebody else now that is looking at you (the baby)."</p> <p>Participant 5 (Group 3): "Financially, emotionally. they (family) sometimes forget that you also need that support from them. Especially if you are elderly (the eldest). They milk and milk and milk".</p>

Finding the right nanny	<p>Participant 4 (Group 3): “It (finding a nanny) is a hassle”.</p> <p>Participant 1 (Group 4): “Yoh! It was stressful looking for a nanny. I had to interview people and get referrals, before I can even find a nanny”.</p>
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Findings

In the current study, the participants also relied on family members for support. The married participants in this present study mentioned the support they received from their husbands. The situation for single mothers was however different. Both groups of single mothers relayed their dissatisfaction with the lack of support they received from their partners or boyfriends, which resulted in them shouldering the parenting responsibility on their own.

Both married and single participants highlighted the support they received from their mothers especially when the baby was born. The participants relied on their mothers to teach them how to care for the baby and how to take care of themselves as they recuperated after giving birth. More single mothers, especially those in non-managerial positions than married mothers moved in with their mothers or family when they had given birth to their child. When the mothers moved home to be close to family their family members such as brothers and sisters were hand-on when helping with the baby.

The participants indicated that they also experienced some stress from their families. This related to the issue of the expectations to assist their family members financially. This was stressful for the participants because they had to adjust their financial plans to accommodate the arrival of their babies and family members did not understand that they could not assist in the same way they had done before the baby arrived. The participants acknowledged their obligations to provide support to their extended families. However, this put the participants in a tricky situation where they had to choose between their own needs, including the child and those of the extended family members. The single mothers, especially those in Group 2, felt ostracised by their families for having a child out of wedlock and had to go through the cultural practice of having their family report the pregnancy to their partners’ family.

Another stressful issue for some participants concerned the sourcing of a reliable domestic worker or nanny that they could leave their child with when they returned to work after maternity leave. Most participants were concerned about leaving their child with a stranger and felt guilty about this. Some of the single mothers expressed that their married counterparts had a better financial situation than they had because of the double income in the married mother's family. The single mothers felt that having a double income made it more affordable for married couples to hire a live-in domestic worker or nanny. Therefore, as single mother they relied on getting family members such as the participant's grandmother to come live with them, so they could have someone to care for the baby when they returned to work.

From these findings, it can be concluded that when women become mothers they reported both positive and negatives support received at home from their husband or partners, participants' own mother, extended family and friends. The positive perceptions of support received at home included getting support from the husbands, moving back home after childbirth and family members assisting with the baby. The negative perceptions of support received at home included having to deal with competing financial demands from extended family, finding the right nanny to look after the baby when the mother returned to work, having to shoulder the parenting responsibility alone because the partner had disappeared. Single mothers seemed to report more negative perceptions of support received at home than married mothers.

Discussion

Research shows that when mothers feel they have support from their spouse on their parenting endeavours, they are more satisfied with their marriage. This makes them more forgiving of their spouse if they have to carry the majority of the parenting responsibilities (McDaniel, Coyne, & Holmes, 2012; Chong & Mickelson, 2013). There is extensive research on the association between social support in the family domain and family interference with work (Kossek, Pichler, Bodner, & Hammer, 2011; Seiger & Wiese, 2009; Adams, King, & King, 1996; Selvarajan, Cloninger, & Singh, 2013). The marriage relationship is important because family support can assist mothers in balancing the demands in the family domain resulting in the lower perception of family interference in the work domain and vice versa (Selvarajan, et al., 2013). Additionally, higher levels of

work domain's interference in the family domain results due to high levels of the family domain's interference with the work domain. This is because if there is a low accessibility of resources at work, this negatively influences one's performance and tension in the workplace. Selvarajan , et al., (2013) argue that spousal support may assist in reducing the work domain's interference with the family domain by reducing the family domain's interference with the work domain.

Studies have also found that with heterosexual women their male partner support was regarded as more important than that from health professionals (Brown & Davies, 2014; Maycock, et al., 2015; Smith, 1999). In the study by Barclay, Everitt, Rogan and Schmied, (1997), the participants also mentioned their resentment about the lack of help from their partners as in the present study. The inclusion of single mothers in this study support the literature discussed in Section 3.5.1.1 that being a single parent is often linked to shortcomings in certain areas such as financial challenges.

With regards to support from one's own mother, in many traditions, new mothers rely on their own mothers after childbirth. Traditional African practice requires a new mother to spend time with their mother as a way to be mentored into motherhood (Ambrose, 2016). When new mothers move in with their own mothers, or vice versa, the new mother benefits from the mentoring they receive from their own mother. The goal of this mentoring relationship is for the mentor (experienced mother) to assist the mentee (new mother) with developing task learning and social-emotional learning (Clutterbuck, 2005; Davos, 2004). Mentoring literature covers the areas of nursing, academia but mainly in the corporate space (Corbett, 2016; Gallo, 2011; Greggs-McQuilkin, 2004; Hnatiuk, 2012). The concept of mentorship therefore seems suitable for women transitioning into motherhood (Weis & Ryan, 2012). Arias (2016) argues that this mother daughter support is a special kind of support, which transcends emotional and physical support. It is also different to the types of support dealt with in literature. Despite the geographical distance that exists in today's world, daughters still need the mentorship from their mothers. This void can now be filled by midwives, doulas and birthing coaches (Arias, 2016).

The finding by Arias (2016) differs from the findings by Senturk, Abas, Dewey, Berksun and Stewart (2017). In their study, Senturk et al (2017) found that mothers in their third trimester reported receiving practical and emotional support from their mother-in-law. The context in which this study was conducted – Turkey, attributed to this finding because in this society a husband and wife often live with their extended family members such as the mother-in-law or the father-in-law (Senturk et al, 2017).

In addition to the support from ones' mother, the support from the immediate and extended family is important for new mothers. Literature suggests that collectivist societies frequently consider family relationships as a very important element of their lives, when compared to individualistic cultures (Fuligni, Tseng, & Lam, 1999; Magwaza, 2003; Oyewumi, 2003; Sudarkasa, 2004; Triandis , 1995). The extended family consists the nuclear family along with cousins, aunties, grandparents etc. In African communities the tradition of extended families is still practiced (Amos, 2013). Although South Africa society is considered an individualistic (Thomas & Bendixen, 2000), the African groups are more collectivists (Triandis, 1989).

There has been an increase in the number of multi-generational households worldwide. The United Kingdom has seen a twenty five percent (25%) increase in the number of children between the ages of 20 and 34 years who live with their parents (Office of National Statistics, 2016, p. 8). According to the D'Vera and Passel (2016), there has been an eighteen percent (18%) increase in multi-generational households in the United States. In South Africa, thirty two percent (32,1%) of households had three or more generations living together (Statistics South Africa, 2017). This is supported by the Old Mutual Savings and Investment Report that found that the 'sandwich generation'⁵ was increasing in the country. The report estimates that twenty five percent (25%) of working South Africans living in metropolitan areas were part of this category (Old Mutual , 2015).

A few reasons have been put forward for this increase in extended-family living. Aside from cultural tradition, there are cost-sharing, caregiving and care-sharing advantages.

⁵ People who support their parents and own children (Old Mutual , 2015)

All parties in the living arrangement benefit from having a support structure. The members take responsibility of the child-care responsibilities to enable the parents to participate in the formal labour market (Evans, Matola, & Nyeko, 2008; Williams, 2016).

It was not surprising that the participants in the present study raised the issue of black tax. This topic has been topical in South Africa in the past few years especially among the black middle class (Chabalala, 2016; eNCA, 2015; Mvandaba, 2017; Nt'sekhe, 2017; Rattlebjane, 2015). Black tax or family tax can be defined as a financial responsibility of providing for extended family members because of inequalities (Di Falco & Bulte, 2011; Di Falco & Bulte, 2015; Mophosho, 2013; Ngoma, 2015). However, the participants in the study by Magubane (2015) believed black tax went beyond a financial support to also include other forms of support such as shelter, clothes and food. This phenomenon has been attributed to the inequalities created by the apartheid system which limited education opportunities to a generation of black people (Mwandiambira, 2015). The apartheid system that existed in South Africa pre-1994, negatively affected the social status of African families. This resulted in poor quality education, broken family structures and a highly unequal society. Therefore, the majority of black South African's found it difficult to realise upward social mobility (Sullenberger, Wood, Hostertter, & Bloomquist, 2015).

The participants who are single mothers in the current study were more concerned about black tax. This was not surprising as they are faced with increased financial pressure. The findings on black tax in this study were similar to the finding by Magubane (2015). These findings are also consistent with the findings by Steward (2015) who found that African American middle-class regularly had internal conflict about whether to set limits on the level of support they extended to their family to protect their social status. One would ask why individuals would continue to fulfil the black tax obligation considering the financial implications it has. Magubane (2015) believes it is because of Ubuntu. In South Africa, the concept of 'Ubuntu' is a cultural reciprocity that is deeply rooted in social capital (Ansari, Munir, & Gregg, 2012). The consequence of which is a collective insurance. This insurance, in turn provides a social safety net for community members because it embraces friendliness, compassion, generosity and hospitality (Dreyer, 2015).

In Africa, there are cultural practices associated with pregnancy out of wedlock. Literature shows that various cultural communities stress the importance of protecting women's virginity. The study by Ikkaracan and Jolly (2007) on gender and sexuality studies in Muslim societies in North Africa, South and Southeast Asia and the Middle East, showed that young girls in Turkey were deliberately taken out of school due to fears that being dual-sex schools would encourage sexual activity. In South Africa both Christians and traditionalist consider pre-marital sex as a disgrace (Burchardt, 2011; Mashau, 2011; Vilakazi, 1958). In many South African cultures such as the amaZulu, a woman's virgin status signifies her conformity with and respect for her family and community (Kubheka-Ngobese, 2004; Preston-Whyte & Zondi, 1989).

In an interview in *Destiny Connect* on 'inhlawulo', Nokuzola Mdende, a cultural expert said that according to the amaXhosa culture a child born out of wedlock belongs to the maternal family. Another cultural expert, Zolani Mkiva, adds that 'inhlawulo' is an important aspect of black culture because it aims to deter individuals from having children out of wedlock. In Zulu culture, the payment of "inhlawulo" means that the father of the baby is permitted to do cultural rituals for his child (*Destiny Connect*, 2016). This supports the argument by Preston-Whyte and Zondi (1989), that paying "inhlawulo" also has spiritual implications in addition to the financial implications. Spiritually, the payment of "inhlawulo" is a way to purify the baby from bad luck and ill-health that is culturally associated childbirth before marriage (Preston-Whyte & Zondi, 1989).

With regards to other sources of support at home the participants made use are domestic workers or nannies. In South Africa, as in many developing countries, paid domestic help (domestic workers/nannies) is a popular form of support families use to attend to household and child-care responsibilities that may working mothers are responsible for even if they work full-time (Aryee, Srinivas, & Tan, 2005; Lammi-Taskula, 2008; Sudarkasa, 2004). Macdonald (1998, p. 26) refers to this as the delegation of "mother-work". Because of the low wages that domestic workers received make them an accessible and affordable form of support, especially for middle-upper class, dual-career families (ITUC: International Trade Union Confederation, 2010; Tolla, 2013; Tonkin, 2010). The fears that mothers expressed about domestic workers was not surprising

given the number of media reports in the country on the abuse babies and children experience at the hands of the domestic workers in recent years (Boyce, 2014; News24, 2015; van Zyl, 2017).

The compromise of the division of mothering labour by the participants came with feelings of guilt when they had to return to work after maternity leave because they have to leave their small babies in the care of someone else. According to Elvin-Nowak (1999, p. 81), this feeling of guilt is associated to competing demands from different places such as the “constant collisions between work and care for her children”. The feelings of guilt were experienced whether the baby was left with a nannie or a family member like the child’s grandmother. Mothers had no choice but to ‘manufacture motherhood’ for their babies (Elvin-Nowak, 1999).

Previous studies have shown that women also experience stress from family members during pregnancy (Mann, Abercrombie, DeJoseph, Norbeck, & Smith, 1999; Sawyer, 1999;). In the present study, this was also evident. This was expressed in the form of black tax and being scolded for not following cultural expectations of marriage before having children.

5.4.2.3 Subtheme 2.3: Support from healthcare service providers

This sub-theme relates to the positive and the negative support that working mothers received from healthcare service providers when becoming a mother. Both the positive and negative support received from healthcare service providers are illustrated in the codes and direct quotes in table 5.8 below. The main question and answers regarding the positive and negative support from the organisation working mothers received when becoming a mother are also listed in table 5.8.

The following probing questions were also asked during the focus groups. This allowed the researcher to obtain more in-depth answers from the participants and allow the researcher to confirm the participants’ views:

- Lack of understanding. What are you referring to?
- Does anyone else what to add on “lack of understanding”?
- Confusion. Confusion about what?
- Angry? What were you angry about?

Table 5 8 : Positive and negative experiences related to the support received from healthcare providers when working women become mothers.

Main question: Positive and negative responses to the question: Please tell me about your pregnancy, maternity leave and return to work experiences?	
Category related to the positive support received from healthcare service providers when working women become mothers	
Codes	Verbatim evidence
Health checks and advice	<p>Participant 2 (Group 4): “I felt excited because I knew every time when I go there (doctor), there will be something new (about the baby). So, I was always excited”.</p> <p>Participant 3 (Group3): “The doctor already said you should not be too stressed”.</p> <p>Participant 1 (Group 2): “I asked my manager, “Can I go to the clinic, for my check-up”.</p> <p>Post-it note (Group 3): “Check-ups”</p>
Category related to the negative support received from healthcare service providers when working women become mothers	
Codes	Verbatim evidence
Incurred medical bills	<p>Post-it note (Group 3): “Clinic and hospital bills”</p> <p>Participant 2 (Group 2): “Because I was on contract, I did not even have medical aid”</p> <p>Participant 3 (Group 2): “My medical aid stopped my medical aid for my baby because they said it was non-disclosure, that I did not tell them I was pregnant”.</p>
Doctor failed to diagnose pregnancy	Participant 1 (Group2): “Because the last I went to the doctor she said I am fine, I am not pregnant. Then

	<p>the next thing I am pregnant. What is going on exactly?”</p> <p>Participant 7 (Group 2): “I would love to add on that. When she mentioned the fibroid thingy (sic), it takes me back to my pregnancy as well. Because I was also admitted, and I had a cyst, but now it was a cyst. Two weeks down the line, he told me that I am pregnant. Could he not see, because they take you to theatre and everything they ask you “Are you pregnant?”. And I said no because I did not know I was pregnant. What I knew is the cyst that I saw, and it is the one that took me to hospital. And he asked, I said no, I am not pregnant, but two weeks down the line, when I went back, I am pregnant. And I am like four weeks, more than--- you know, the date that I went for my operation. So, I also cannot understand how is that possible”.</p> <p>Participant 5 (Group 2): “I only knew when I was five and half months pregnant, because I did not gain weight, I did not have morning sickness, I was still having my period. I literally I think on the fifth month, I was having a little bit of cramps, and then the doctor said, “Oh your pregnant”.</p>
<p>Waiting in long queues for health checks</p>	<p>Participant 3 (Group 2): “I am already standing in the queue at six o clock in the morning. I cannot do it any other time”.</p> <p>Participant 6 (Group 3): “The queues. They are long and irritating (at the clinic)”.</p> <p>Post-it note (Group 3): “Long queues (at clinic)”.</p>
<p>Doctor performed a risky procedure during pregnancy</p>	<p>Participant 7 (Group 2): “Because I was also admitted, and I had a cyst, but now it was a cyst. Two weeks down the line, he told me that I am pregnant. Could he not see, because they take you to theatre</p>

	<p>and everything they ask you “Are you pregnant?”. And I said no because I did not know I was pregnant. What I knew is the cyst that I saw, and it is the one that took me to hospital. And he asked, I said no, I am not pregnant, but two weeks down the line, when I went back, I am pregnant. And I am like four weeks, more than--- you know, the date that I went for my operation. So, I also cannot understand how is that possible”.</p>
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Findings

The participants in the present study indicated that they received support from the healthcare service providers they attended during their and the child’s regular check-ups. Most of the participants mentioned they used the service of a doctor or attended the clinic. The participants in this study only mentioned receiving information support from the healthcare professionals. This information related to the progress of their pregnancy as well as how to stay healthy during the pregnancy such as reducing stress. Some participants experienced misdiagnosis of their pregnancy. This lead to them finding out late about the pregnancy and therefore giving then limited time to adjust to their pregnancy. Finding out late about the pregnancy was more unsettling for single mothers.

From these findings, it can be concluded that when women become mothers they reported both positive and negatives support received from healthcare service providers. The positive perceptions of support received from healthcare providers included receiving the necessary checks and information about the baby. The negative perceptions of support received from healthcare service providers included having to wait at long queues at the clinic, misdiagnosis of pregnancy by doctor, doctor conducting a risky procedure during pregnancy and incurring medical bills.

Discussion

Literature shows that parents acknowledge the importance of healthcare providers in their ability to adjust to parenthood (Allahdadian, Irajpour, Kazemi, & Kheirabadi, 2015;

Saflund & Wredling, 2006). The study by Leahy-Warren (2007) identified professional social networks in the form of public health nurses and midwives by the participants as sources used to acquire instrumental, appraisal and informational support.

The participants from the study by Ong, et al., (2014) indicated they needed access to healthcare services, more information, and continuity of care from professional healthcare providers. Participants also articulated their need for infant care advice from professionals such as swaddling, burping and bathing before leaving the hospital. This supports the findings by Bowman (2005) and Callaghan, Greenberg, Brasseur and Ottolin, (2003) whose participants remarked that they were not well-prepared for their mothering role after leaving the hospital even though they received support from family members and lactation consultants. However, due to the staff constraints in hospitals and maternity care centres, limited space for mothers and their newborns as well as the increase pressure on hospital beds lead to first-time mothers are being discharged early from healthcare centres. This is before they have grasped the required skills to care for their babies and adjust to their mothering role (Emmanuel, Creedy, St John, & Brown, 201; Foster, et al., 2008; Kurth, et al., 2016; Masala-Chokwe & Ramukumba, 2017).

The participants in the present study only mentioned the support they received from professionals during pregnancy. They did not mention the support they received from healthcare service providers after pregnancy. This could be because they relied heavily on their own mothers to provide them with information on how to care for the baby as discussed in Section 5.4.2.2.

The participants in the current study did not mention the use of books as a sort of support. However, other studies have found mothers considered books and other printed media as a source of support (Barnes, et al., 2008; Loudon, Buchanan, & Ruthven, 2016; Maloni, 1994; Sink, 2009)

With the popularity of information and communication technologies in the past decades, it was interesting that the mothers in this study also did not mention using the World Wide Web as a source of support. The advancements in mobile phones, developments in laptops and tablets, and increased access to internet connections have made it possible for people to access and share information by using the internet (Barak, 1999; Stern &

Adams, 2010). Literature shows that pregnant women and mothers of young children use the internet as a source of support and for information (Bernhardt & Felter, 2004; Nikolova & Lynch , 2015; Sayakhot & Carolan-Olah, 2016; Walker, et al., 2017; Wu Song, West, Lundy, & Dahmen, 2012).

5.5 SUMMARY

This chapter detailed the findings from this study and linked these findings to existing literature. The two identified themes, namely the metamorphosis of becoming a mother which relates to the identity changes women undergo when becoming mothers and support experiences and expectations when becoming a mother which relates to the social support needed and expected by women when becoming mothers. The related sub-themes for each theme were also discussed by indicating a sample of the codes and direct quotes from the participants as well as post-it notes that related to each sub-theme.

The following chapter will discuss the conclusions, limitations and recommendations for possible future research on this topic.

CHAPTER 6

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

The previous chapter discussed the finding of this study which were contrasted to the preliminary literature review provided in Chapter 2 and a further literature review in Chapter 5. The current chapter outlines the conclusions, limitations, and recommendations of the study.

The aim of this study was:

- To explore first-time mothers' perceptions of their pregnancy, maternity leave, and post-partum return to work in Gauteng, South Africa.

Being a constructive grounded theory study, a preliminary literature review was provided in Chapter 2. The preliminary literature review was presented to guide the researcher in determining whether similar studies had previously been conducted, determine the need for and possible scholastic contribution of the study (Hallberg, 2010; Pandit, 1996), and to assist her in articulating a research question against the backdrop of some of the available literature. Following the formulation of the problem statement and research objectives, the researcher relied on purposive snowball sampling to secure study participants. There were 19 female participants who were first-time mothers with children aged five years and younger, who live and work in Gauteng, South Africa. Therefore, the conclusions and recommendations are grounded on these participants' perceptions.

The grounded theory approach was adopted as the research strategy for this study during data collection and analysis. The researcher conducted four focus group interviews using the adapted nominal group technique to achieve the research objective. The nominal group technique process was adapted from five steps to only the first three steps, which were the silent generation of individual participant responses, round-robin inputs by participants, and clarification steps. This was due the time constraints raised by the

participants. The discussions from each focus group were transcribed and coded using the constant comparison method.

To ensure trustworthiness, the researcher used credibility, dependability, authenticity, transferability and confirmability as criteria detailed by Bless et al (2013) as discussed in Section 3.7. Several strategies were also applied to ensure trustworthiness including member checking, data saturation, prolonged engagement, record keeping, person and data triangulation, bracketing and a reflexive diary as discussed in Section 3.7.6.

There were two main themes and related subthemes that materialised from the data analysis (see Section 5.4). The subthemes aided in preparing findings, drawing conclusions, and developing recommendations. The following themes and subthemes were generated from the data regarding the working mothers' experiences of pregnancy, maternity leave, and return to work after maternity leave:

Theme 1: The metamorphosis of becoming a mother

- Subtheme 1.1: Experiences related to the emotional changes when becoming a mother
- Subtheme 1.2: Experiences related to the attitudinal changes when becoming a mother
- Subtheme 1.3: Experiences related to the behavioural changes when becoming a mother
- Subtheme 1.4: Experience related to the physiological changes when becoming a mother

Theme 2: Support experiences and expectation when becoming a mother

- Subtheme 2.1: Support at the workplace
- Subtheme 2.2: Support at home
- Subtheme 2.3: Healthcare support

6.2 SYNOPSIS OF DISSERTATION

This research study consisted of six chapters. The summaries of the chapters are as follows:

CHAPTER	DETAILS ON CHAPTER
Chapter 1 Introduction	This chapter focused on introducing the research study and included the background to the study, the researcher's interest in the study, the rationale for the research, the problem formulation, the research aim, the research question addressed the relevance and significance of study. It also gave a highlight of the study's key findings and contributions in terms of reducing the research lacuna on the phenomenon. The assumptions, disciplinary context and outline of the chapters in this report were articulated.
Chapter 2 Preliminary literature review	The chapter began with a discussion of the role of conducting some initial review of available literature when conducting grounded theory research. After which the literature related to pregnancy perceptions at work, going on maternity leave and then returning to work after childbirth was discussed.
Chapter 3 Research methodology and design	This chapter provided a discussion on the research design by explaining the rationale for the use of the qualitative research design. It then discussed the constructivism and constructionism paradigms adopted for this study. This was followed by an explanation of the research strategy of constructivist grounded theory. A detailed discussion on the use of focus groups and the NGT as a data collection method and explanation of the data analysis process used in this study. Lastly, this chapter concluded with an account of the criteria and strategies employed to ensure the trustworthiness of the

CHAPTER	DETAILS ON CHAPTER
	<p>study as well as the ethical considerations applied during the research investigation. All the above were discussed in relation to how the researcher explored the aim of this study, which was to explore first-time mother's perceptions of pregnancy, maternity leave, and post-partum return to work in Gauteng, South Africa.</p>
<p>Chapter 4 Characteristics of research participants</p>	<p>This chapter discussed the biographical characteristics of the four focus groups and the demographic profiles (age, race, marital status, size of organisation, occupational level, work experience, qualification and child's age) of the participants. All the participants in this study met the inclusion criteria that was detailed in Section 3.7.1.2 of chapter three.</p>
<p>Chapter 5 Research findings and discussion</p>	<p>In this chapter the detailed findings from this study were tabled and discussed in relation to existing literature. The two identified themes, namely the metamorphosis of becoming a mother which relates to the identity changes women undergo when becoming mothers and support experiences and expectations when becoming a mother which relates to the social support needed and expected by women when becoming mothers. The related sub-themes for each theme were also discussed by indicating a sample of the codes and direct quotes from the participants as well as post-it notes that related to each sub-theme.</p>
<p>Chapter 6 Conclusion, recommendations and limitations</p>	<p>Details the conclusions reached from the research findings and lays out the recommendations and limitations of the study.</p>

6.3 CONCLUSIONS

From the findings presented in Chapter 5, the researcher could draw conclusions in line with the objective of the study. The following section discusses the themes and sub-themes.

6.3.1 Conclusions relating to the metamorphosis of becoming a mother

6.3.1.1 *Experiences related to the emotional changes when becoming a mother (sub-theme 1.1)*

From the findings discussed in Section 5.4.1.1, the researcher concluded that when women become mothers they experience several emotions. These include both positive emotions such as amazement, happiness, being awestruck, feeling loved, appreciated, joyfulness, and excitement as well as negative emotions such as, worry, fear, confusion about how they could be pregnant, a sense of shock, disappointment, nervousness, heightened concern about the future, anxiety, stress, feelings of being under pressure, depression, irritability, moodiness, unattractiveness, guilt, and low self-esteem. The changes in the women's emotions seemed to influence their attitudes, which were largely positive, towards their pregnancies. This was applicable to both single and married mothers.

6.3.1.2 *Experiences related to the attitudinal changes when becoming a mother (sub-theme 1.2)*

From the findings discussed in Section 5.4.1.2, the researcher concluded that when women become mothers they reported both positive and negative attitudes towards their pregnancies and children. The positive attitudes included being ready to take on the new responsibility of a child, being more health and financially conscious, being more child focused, accepting the pregnancy, heightened coping or survival skills, feeling strong and independent, striving for balance. The negative attitudes included ignoring their needs and prioritising their children's needs at the expense of their needs and striving to appear as normal as possible notwithstanding changed circumstances and attitudes. The changes in the women's attitudes seemed to influence their behaviour towards their

pregnancies and children. As can be expected, single mothers tended to express relatively more negative attitudes mainly because of their marital status and not having someone with whom to share the parenting “load”.

6.3.1.3 Experiences related to behavioural changes when becoming a mother (sub-theme 1.3)

From the findings discussed in Section 5.4.1.3, the researcher concluded that when women become mothers they stated both positive and negative behaviours towards their pregnancies and children. The positive behaviour included opening a saving account and changing their lifestyles, better management of time and deadlines at work, and looking for a good nanny/day care for child. The negative behaviours included firstly, hiding their pregnancies, especially from those in the workplace. Mothers could have been hiding their pregnancies to avoid negative attitude, which were highlighted in section 5.4.2.1. Lastly, becoming stingier. The changes in the women’s emotions and attitudes resulted in changes in their behaviour towards their pregnancies where mothers made a number of lifestyle changes to accommodate the changes they experienced. The single mothers experienced more negative financial implications of their pregnancies compared to married women. Both married and single mothers were conscious of the time they spent at work, especially when the child was born, prompting them to seek work/life balance.

6.3.1.4 Experiences related to the physiological changes when becoming a mother (sub-theme 1.4)

From the findings discussed in Section 5.4.1.4, the researcher concluded that unlike the other experiences and pregnancy-induced transformations where women reported both negative and positive experiences, the participants only reported negative physiological changes. These unwelcome changes included gaining weight, frequent bladder movements, stretchmarks, high blood pressure, and tiredness. Both the single and the married mothers only verbalised negative physiological changes. It was also noted how this sub-theme connected with the other previously mentioned sub-themes above. For example, as once gained weight during the pregnancy, they needed to buy new clothes which impacts on their finances.

6.3.2 Conclusions relating to the support experiences and expectations

6.3.2.1 Support at the workplace (sub-theme 2.1)

From the findings discussed in Section 5.4.2.1, the researcher concluded that when women become mothers they reported both positive and negatives support received at the workplace from the organisation, supervisor and co-workers. The positive perceptions of support in the workplace included being allowed time off for doctor's visits; when a child was sick, being allowed to work from home if necessary; colleagues and supervisors showing excitement about the pregnancy or concern for the baby once born; reduced workload; moral support; care; baby shower; as well as being receiving updates on developments in the office while on maternity leave. The negative perceptions included supervisors showing lack of concern for the mother, negative remarks by supervisors regarding working mothers, unhelpful colleagues, being called to the office during maternity leave, ignorant HR, unreasonable demands from HR, financial strain during maternity leave, negative attitudes from colleagues.

6.3.2.2 Support from home (sub-theme 2.2)

From the findings discussed in Section 5.4.2.2, the researcher concluded that when women become mothers they reported both positive and negative support received at home from their husbands or partners, participants' own mothers, extended family, and friends. The positive perceptions of support received at home included getting support from their husbands, being able to move back to their natal home after childbirth, family assisting with the baby, getting help from their own mothers to care for the child. The negative perceptions of support received at home included having to deal with competing financial demands between extended family and the new baby, finding the right nanny to look after the baby when the mother returned to work, having to shoulder the parenting responsibility alone because partner had disappeared, being ostracised by family for pregnancy out of wedlock. Single mothers more than the married mothers seemed to report more negative perceptions of home relations than married mothers. This could be due to the disappearance of partners thereby leaving the mother to be solely responsible for the child. This could also affect the single mother's finances, as she has to shoulder the financial responsibility for the child such as childcare/nanny, clothes, food etc., alone.

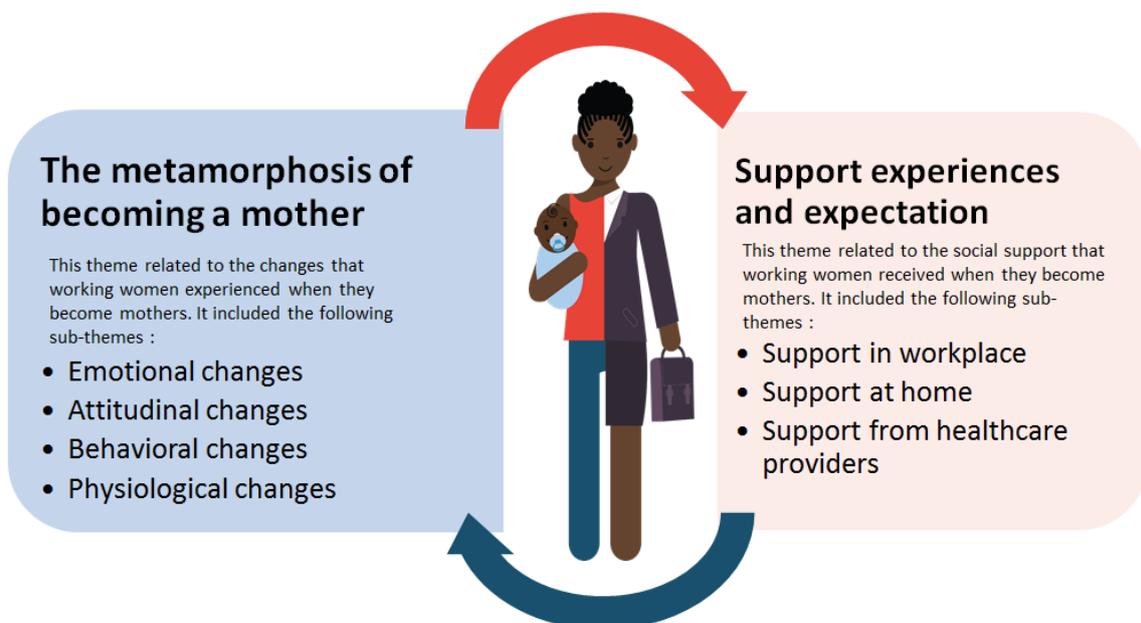
Added to this the African single mother also faces expectations from her immediate and extended family for financial assistance.

6.3.2.3 Support from healthcare service providers (sub-theme 2.3)

From the findings discussed in Section 5.4.2.3, the researcher concluded that when women become mothers they reported both positive and negatives support received from healthcare service providers. The positive perceptions of support received from healthcare providers included undergoing the necessary health checks and receiving information about the baby's development. The negative perceptions included having to wait in long queues at the clinic mainly for mothers in non-managerial levels, misdiagnosis of pregnancy by doctor, doctor conducting a risky procedure during pregnancy and incurring medical bills. There were no differences between the positive and negative experiences in relation to marital status.

A summary of the conclusions drawn in Section 5.4 and presented in Section 6.2 of this study are shown in figure 6.1.

Figure 6 1 : Summary of first-time mothers' perceptions of their experiences during pregnancy, maternity leave and post-partum return to work



Source: Own compilation

6.4 A GROUNDED THEORY OF FIRST-TIME MOTHERS' PERCEPTIONS OF THEIR PREGNANCY, MATERNITY LEAVE, AND POST-PARTUM RETURN TO WORK IN GAUTENG, SOUTH AFRICA

The themes presented, characterise the perceptions of the nineteen (19) first-time mothers who participated in this study as they went through pregnancy, maternity leave, and ultimately returned to work after childbirth. Although many of the factors identified have appeared in the existing scholarly literature, the narratives of the mothers in this study highlighted the importance of their own mother and extended family members, having to deal with cultural expectations (especially single mothers) as well as their reliance on domestic workers for childcare. Together, the participants outlined their views informed by the emotional, attitudinal, behavioural and physiological changes they experienced as well as the people from whom they received and expected to receive support during their transition to motherhood. Notably each theme symbolises a critical part of the participants' views and meaning-making of becoming a mother while working in full-time employment. The participants described the reciprocal nature of their perceptions of their experiences and demonstrated the commonalities in their experiences.

6.5 RECOMMENDATIONS

Notwithstanding the limitations, the conclusions drawn from this study suggest practical strategies that organisations, line managers, HR practitioners and first-time mothers could utilise to address the challenges faced by first-time mothers in the workplace during pregnancy, maternity leave and during their post-partum return to work and therefore attract and retain more women, especially mothers that could move up the organisations' ranks to address the shortage of women in senior, executive and board levels as discussed in Sections 1.8 and 1.9 respectively.

6.5.1 Recommendations for organisations and line managers

It is recommended that organisations and their representatives are responsible for creating and maintaining the appropriate organisational environment and culture for

optimal employee engagement, development, and retention. Once an employee makes the organisation and line manager aware of her pregnancy, the relevant organisational representatives (i.e. HR and Employee Wellness practitioners) should immediately enter into discussions with her regarding her needs and expectations during her pregnancy and maternity leave and should respect her time away from the office for the duration of her maternity leave. The employee's experience during her pregnancy could influence her decision to return – or not – after childbirth. Reasonable accommodation of her needs during this time, including the health and safety assessment of her work environment, should happen as soon as the manager is aware of the pregnancy.

The line manager is encouraged to role model suitable behaviour and language for other people who interact with the pregnant employee, such as colleagues, other managers, clients etc., to ensure proper treatment and interaction with her. Managers themselves should be seen to prioritise their family life such as leaving early to attend their children's extramural activities, talking about their children's homework, and having pictures of their family or children in their offices (Wademan Dowling, 2017).

Another recommendation is that when an employee is on maternity leave, the organisation and line manager should continue to keep in touch with the employee to communicate the continuing of their work in the organisation during their absence. This could be in the form of the company newsletter and checking in telephone calls to be made on agreed upon times and dates.

Once the employee returns to work after maternity leave, it is recommended that the employee should be allowed time to settle back into the workplace. Communication by the line manager during this time is also key. The manager should initiate discussions on reasonable accommodation needs and career trajectories. Should the manager not be comfortable with facilitating these discussions, he or she should seek guidance from the resident HR practitioner.

6.5.2 Recommendations for Human Resources (HR) practitioners

Similar to the recommendations for line managers, HR practitioners are important in leading and directing the suitable organisational culture. HR practitioners should keep

abreast of legislative changes and new best practices to update their organisations' policies, practices, and benefits. Most importantly, these need to be communicated regularly to employees using methods such as workshops, employee newsletters and intranet sites etc. This would serve to make their organisations 'Employers of Choice' in order to attract and retain talented women.

HR practitioners are encouraged to empower line managers with diversity management training and emotional intelligence training as part of their management development strategy. This would help manager to understand and deal with managing pregnant women and mothers.

Technology has changed the world of business (Martin, 2018). A recommendation is made to HR practitioners to take advantage of this. It could develop mobile applications containing all information relevant for their working mothers and fathers such as, policies, practices and procedures, benefits, services, relevant contact details etc.

6.5.3 Recommendations for first-time mothers

It is recommended that, as soon as women find out about their pregnancy, they should prepare themselves mentally for the transition they are about to undergo. This research has shown the turbulent transition new mothers go through, whether single or married. Women should not feel ashamed or inadequate for seeking emotional or psychological help through the Employee Assistance Programmes (EAP) etc. services provided either by their organisation or through the healthcare system. It is recommended that women should maintain open communication with their support structure in all their areas of life such as home, family, work, church, community etc.

Once the pregnancy is announced to the manager, employees should, in discussion with their manager, develop a maternity plan and outline the support they need from their managers. This could include being explicit about their career aspirations and that they are open for career opportunities should they become available during the pregnancy or after returning from maternity leave; the amount of maternity leave they plan to take; the breastfeeding or breastmilk expression support they need (should they wish to continue

breastfeeding once they are back at work) (Makola, 2015). This plan will need to be reviewed and, where necessary, amended when the employee returns to work.

A further recommendation is that, before going on maternity leave, the employee should agree on keeping-in-touch days with their manager and colleagues so that they can be kept up to date with relevant happenings within the organisation and their department. When returning to work, the employee can ease them back to work and be kind to themselves.

Most importantly, it is recommended that new mothers need to craft their own definition of success as all pregnancies, children, workplaces, and managers are different. They should not put unnecessary pressure on themselves to be a perfect mother and a perfect employee. They need to be realistic about what they can and cannot achieve, be open to learning, continue to seek support as and when they need it, and look after their emotional and physical well-being.

6.6 KEY CONTRIBUTIONS OF THE STUDY

The findings of this study have implications for theory, methodology and practice. This study contributed to knowledge in the field of human resources management, specifically work-life balance. This study related to work-life balance because it was able to show how women's roles were affected by motherhood for example the idea of being an ideal employee changed as soon as the women found out they were pregnant and they became more conscious of the time they spent at work especially when the child arrived. The experience of becoming a mother results in a number of changes in their emotions, bodies, behaviour and attitudes towards life. This study provided a glimpse into the impact that these changes have on the presence and sometimes performance of new mothers in the workplace. For example, being single, experiencing tiredness, and having a low self-esteem due to pregnancy-induced bodily changes may diminish a woman's enthusiasm about going to work. This demonstrates how life changes can affect work matters.

A grounded theory was developed to explain the experiences of first-time mothers' transition to motherhood while employed full-time. It addresses the research lacuna in understanding the perceptions of first-time mothers' during pregnancy, maternity leave and returning to work after childbirth from a South African context as the majority of studies in this area are from a Western perspective. This study identified some matters, which seem to be specific to South Africa (and possibly developing countries' contexts), such as:

- This study was able to show that new mothers relied on their own mothers and their extended family on matters such as learning how to take care of a new-born child. This demonstrates the importance among South African women of their extended family relative to women located in the global north. This is not surprising given the fact that the majority of participants in the current study were African women, coming from a more communally-oriented background compared to their peers with a Western background. This finding could explain why the mothers in this study did not mention the use of books, internet and social media as sources of support and information.
- Cultural expectations on women, single women in particular, were observed in this study. The single mothers felt condemned by their family members and especially their parents for falling pregnant outside of wedlock; an act perceived as disrespectful not only to the family but also to one's community. Again the fact that the majority of the participants were Africans could explain why this was raised by the participants as African families and communities still enforce their cultural and traditional practices.
- The reliance on domestic workers or nannies who are a relatively affordable source of child care for working mothers in South Africa and other developing countries was also identified in this study as an important support mechanism. Domestic workers and nannies were especially important in cases where the mothers were not able to acquire assistance from their immediate and extended family network more so for those mothers living far from their families.

6.6.1 Methodological contribution

A different approach was adopted for data collection for this constructivist grounded theory study. Previous studies conducted in South Africa on motherhood and the workplace mostly used interviews as discussed in Section 3.5.2. This study used the nominal group technique for the data collections. This research was suitable for exploring the individuals' lived experiences. In this report the design and details of the methodological approach has been documented and can be duplicated in other similar studies and other human resources management fields of studies.

6.6.2 Implications for practice

The findings of this study have important implications for a number of agencies and actors, including employers, government agencies, and healthcare providers who are in a position to develop policies and programs to provide the necessary support to working, first-time mothers, women who plan to become mothers, and fathers-to-be. As an informed source of information about working women's experiences and support needs through and beyond their pregnancies, this study can assist women, their partners, employers, and healthcare providers in preparing for what to expect during this phase. This study can also become a resource on parenting platforms by contributing to discussions and information needs regarding relevant support to working, first-time mothers. These findings can further enhance employers' understanding of the needs of working, first-time mothers; which understanding would enable organisations to develop policies and practices that are adequately supportive of mothers.

6.7 NOTICEABLE LIMITATIONS

As a qualitative exploratory study with a small sample size, the finding of this study cannot be generalised. The focus of this study was on first-time mothers who live and work in Gauteng, South Africa, as a result the findings may not be applicable outside of Gauteng, South Africa. Furthermore, the findings only relate to the experiences of the first-time mothers who participated in this study and changes in the research sample could furnish different findings. Additionally, there was little racial diversity in the sample as the majority

of the participants were African mothers. The purposive snowball sampling technique used in this study could have contributed to the sampling bias that resulted in having a majority of African participants. The researcher's race could also have biased the racial composition of the participants as the researcher is an African herself.

Another limitation of this study is that it only considered first-time mothers with children who were five years and younger with a specific focus on their pregnancy and mothering experiences in relation to the workplace. A large portion of the mothers in this study has children aged three or four years old. This means that most participants has to think back three or four year on their experiences. This could therefore have influenced the dependability of the data provided. Consequently, the study does not have information on the experiences of women with multiple children or of children who are of school-going age or attending at tertiary institutions. Furthermore, in line with the sampling approaches in constructivist grounded theory, the sample was not statistically representative of mothers of children aged five years or younger; which would have entailed far greater research costs in the execution of such a study.

The inclusion and exclusion criteria that was employed for this study also provided some limitations on the experiences of some groups of women, particularly those at risk such domestic workers and contract worker, temporary workers etc. There was also a visible bias regarding the class profile and economic segment of mothers in this study as all the mothers worked in the formal economy and none were from the informal sector.

6.8 FUTURE RESEARCH

This study has highlighted a number of future research areas. Firstly, the researcher supports the suggestion by Meglich, Mihelič, and Zupan (2016) that quantitative studies that segment working first-time mothers according to marital status, age and stage in the career, could provide insights into the types of support that are most valuable in relation to each segment of women. Further research could also probe mothers' expectations of HR support and their perceptions of actual support received from during pregnancy, maternity leave, and at the point of return to work after maternity leave. This would assist HR practitioners to determine their level of support to mothers and the extent

to which (as well as how) to improve it. Thirdly, a study on how and the extent to which employed first-time mothers in South Africa use social media as a source of information and support could be useful in determining how these sources provide support to mothers and whether this support is viewed as effective. Lastly, future researcher could test this theory with a larger and more diverse sample in South Africa and in other regions in South Africa and even other countries within the global South.

6.9 PERSONAL REFLECTIONS

Through this study, the researcher gained more respect for herself as a working mother as well as for other working mothers. She journeyed through different disciplines such as economics, neuropsychology, anthropology, psychology, and nursing to mention a few. Drawing from disciplines outside HR management was both exciting and intellectually enriching, enhancing the researcher's interest in multi, inter and trans-disciplinary research. The researcher aims to use the image depicting the abstract of the study to widely communicate the existence of this study through social media platforms such as Twitter, Facebook and Instagram and on parenting websites. An academic article will also be written to communicate this study's findings to the academic community.

6.10 FINAL CONCLUDING REFLECTIONS

This chapter highlighted the conclusions reached from the findings based on the two main themes, namely (1) the metamorphosis of becoming a mother which refer to the identity changes women undergo when becoming mothers and (2) support experiences and expectation when becoming a mother, and related subthemes, which refer to the social support needed by women when becoming mothers. As with most studies, this project also had its limitations relating to, among others, the sample size and research design. It nonetheless made recommendations for organisations, line managers, HR Practitioners as well as pregnant women and new mothers. The current chapter highlighted the study's contribution to existing knowledge on first-time mothers living and working in Gauteng, South Africa. The implications of the study's findings for practice were also discussed as well as possible directions for future research.

The study's aim to explore first-time mothers' perceptions of their pregnancy, maternity leave, and post-partum return to work in Gauteng, South Africa, was fulfilled using constructive grounded theory. The researcher applied purposive snowball sampling of first-time mothers living and working in Gauteng, South Africa to identify suitable participants and adapted the nominal group technique for data collection. The researcher coded the data by using the constant comparison method.

The researcher trusts that this study goes some way in closing the research gap on working first-time mothers' perceptions during pregnancy, maternity leave and return to work after childbirth in Gauteng, South Africa.

Ultimately, what this study has shown and to expand Rubin's (1984, p. 52) observations on women's transition to motherhood: "childbearing requires an exchange of a known self in a known world for an unknown self in an unknown world where social support enables a smoother transition between these worlds".

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ANNEXURE A: THE CALL FOR PARTICIPANTS PAMPHLET



PARTICIPANTS NEEDED FOR RESEARCH ON PREGNANCY IN THE WORKPLACE

Research topic:
The lived experiences of working mothers in Gauteng, South Africa

Reserchers:
S Makola
EC Rudolph
Y Joubert

Reserch institution:
The study is conducted as part of a Masters degree in HRM at the University of South Africa

CONTACT DETAILS

To participate in the study or for more information, please contact

Sizile Makola

sizilemakola@outlook.com

The purpose of this research study is to explore the lived experiences of pregnancy by working mothers in Gauteng

To participate in the study you must:

- be live and work in Gauteng
- be married or single
- have a child or children under 5 years of age
- must have been working during pregnancy and returned to work after maternity leave

Participation in the study involves:

- being part of a focus group of 5-7 women
- the focus group will be conducted from 9am - 4pm on a Saturday/Sunday
- catering will be provided

ANNEXURE B: PARTICIPANT INFORMATION SHEET

07 January 2017

Title: The experiences of working women during pregnancy, maternity leave and after returning to work after maternity leave

Dear Prospective Participant

My name is Sizile Makola and I am doing research with Mrs EC Rudolph, a Senior Lecturer in the Department of Human Resource Management towards a MCom at the University of South Africa. We are inviting you to participate in a study entitled *Exploring first-time mothers' perceptions of their experiences during pregnancy, maternity leave and postpartum return to work*.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of this study is to explore first-time mothers' perceptions of their pregnancy, maternity leave and post-partum return to work in Gauteng, South Africa. The information will be used to provide recommendations to organisations on how they can better accommodate working mothers in their workplaces.

WHY AM I BEING INVITED TO PARTICIPATE?

I would like to talk to mothers who at the time of this study are in full-time employment outside of the home whether for a small, medium or large business. The mothers must have been pregnant, took maternity leave and returned to work after maternity leave having given birth to their first child in the last three years. The women must be married or single (whether through divorce, separation, death or by choice) during their pregnancy, maternity leave and when they returned to work after maternity leave.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY / WHAT DOES THE RESEARCH INVOLVE?

Participants will be part of a focus group of 7- 10 mothers and/or an interview where they will discuss their experiences. The focus groups will be facilitated by a professional facilitator and will last a day. During the focus group sessions, the participants will be asked to share their experiences of pregnancy while working and when they returned to work after maternity leave. The sessions will be tape recorded and participants will not be required to identify themselves. Participants will be free to leave the session at any time and not participate in the study without penalty.

CAN I WITHDRAW FROM THIS STUDY?

Being in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason, however you may not withdraw after having participated in the focus group.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

The participants will receive a copy of the final results of the study. This will provide participants with insights of other women's experiences and through the recommendations; participants can negotiate better for their needs during and after pregnancy. It would also allow participants to engage with the HR practitioners in their organisation on how to better accommodate working mothers.

WHAT IS THE ANTICIPATED INCONVENIENCE OF TAKING PART IN THIS STUDY?

Participants will not be exposed to any risks during the study except for the fact that you or others may have had an emotionally charged experience. If participants have the need to raise any negative effects as a result of the study, they are welcomed to raise

these with the researcher or the researcher's supervisor on any of the contact details provided above.

WILL WHAT I SAY BE KEPT CONFIDENTIAL?

The identity of the participants will be kept confidential and as such the participants will not be required to share their full name, company or any information that may identify them. The recording will only be heard by the researcher and if need be the research supervisor. The University Ethical Review Committee may request to view the data collected during the study and it is required to be included in the final research report. However, the names or identity of participants will not be revealed.

HOW WILL INFORMATION BE STORED AND ULTIMATELY DESTROYED?

Hard copies of the participants' answers will be stored by the researcher for a period of five years in a locked cupboard in her home office for future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. After the prescribed period hard copies will be shredded or burned and electronic information deleted from the researcher's computer.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

Participants will not receive any compensation for participating in the study.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study has received written approval from the Research Ethics Committee of the College of Economic and Management Sciences, Unisa. A copy of the approval letter can be obtained from the researcher if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS?

If you would like to be informed of the final research findings, please contact Sizile Makola on 083 786 2489 or sizilemakola@outlook.com. The findings are accessible for three months.

Should you require any further information or want to contact the researcher about any aspect of this study, please contact Mrs EC Rudolph on rudolec@unisa.ac.za

Any concerns about the way in which the research has been conducted, should be directed to Mrs EC Rudolph on rudolec@unisa.ac.za

Thank you for taking time to read this information sheet and for participating in this study.

Kind Regards,

Sizile Makola

BIOGRAPHICAL DETAILS

(This information will be used for statistical purposes only, your personal information will remain anonymous I only need your personal details for record keeping and if I need to do a follow-up personal interview, then I can contact you.)

Name & Surname: _____

Title (e.g. Dr/ Ms/ Mr etc.): _____

Cell phone number: _____

Email address: _____

1. Education

Indicate your highest tertiary qualification (select one option).

Matric/Gr 12 (or equivalent)	
Undergraduate degree or equivalent	
Honours degree or equivalent	
Master's degree or equivalent	
Doctoral degree or equivalent	
Other (specify other):	

2. Racial group

Indicate your cultural grouping.

Indian	
Black	
Coloured	
White	

3. Gender

Indicate your gender.

Male	
Female	

4. Marital Status

Married	
Single	

5. Age

Please indicate your age category.

18 -25 years	
26 -30 years	
31 -35 years	
36 – 40 years	
41 – 45 years	
46 – 50 years	

6. Age and gender of child

Age	
Gender	

7. After maternity leave, did you return to the same employer you had when you were pregnant?

Yes	
No	

8. Total Work Experience

0 - 5 years	
6 - 10 years	
11 - 20 years	
21 - 25 years	
26 - 30 years	
31 - 35 years	
36+ years	

9. Current Occupational level

Top Management	
Senior Management	
Professionally qualified and experienced specialists and/or mid-management	
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	
Semi-skilled and discretionary decision making	
Unskilled and defined decision making	

10. Size of organisation you work for

Small organisation (Less than 50 employees)	
Medium organisation (between 100 to 200 employees)	
Large organisation (more than 200 employees)	

ANNEXURE C: CONFIDENTIALITY AGREEMENTY - DATA VALIDATOR



Confidentiality Agreement: Data Validators

This is to certify that I, Sumari O'Neil, a data validator of the research project 'The experiences of working women during pregnancy, maternity leave and after returning to work after maternity leave' agree to the responsibilities of the data validator for triangulation purposes.

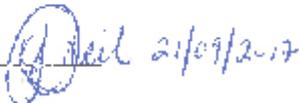
I acknowledge that the research project is conducted by Ms. Sizile Makola under the supervision of Ms. Liné Rudolph and Prof. Y Joubert of the Department of Human Resource Management, University of South Africa.

I understand that any information (written, verbal or any other form) obtained during the performance of my duties must remain confidential and in line with the UNISA Policy on Research Ethics.

This includes all information about participants, their employees/their employers/their organisation, as well as any other information.

I understand that any unauthorised release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality.

I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible liability in any legal action arising from such breach.

Full Name of Data Validator: Susanna Maria O'Neil  21/09/2017

Signature of Fieldworker: _____ Date: _____

Full Name of Primary Researcher: _____

Signature of Primary Researcher: _____ Date: _____

Full Name of Research Supervisor: _____

Signature of Primary Researcher: _____ Date: _____



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ANNEXURE D: SAIMS 2017 CONFERENCE PROCEEDINGS

SAIMS 2017: Proceedings		Page 3
ISBN: 978-0-620-76976-1(e-book) Management Research: Science Serving Practice EDITOR: Dr Jacques Nel		
The 29th SAIMS Annual Conference 2017		
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LEADING FOR CITIZENSHIP PERFORMANCE: THE MEDIATING ROLES OF JUSTICE AND AFFECTIVE COMMITMENT P. Khaola & D. Coldwell		p365
LEADERSHIP QUALITIES MOST CRITICAL TO THE RETENTION OF WOMEN M. Coetzee & M. Moosa		p378
THE EFFECT OF PSYCHOLOGICAL CAPITAL ON WORK ENGAGEMENT AMONG EMPLOYEES WORKING IN RETAIL BANKS IN THE FREE STATE M. Harunavamwe & D. Pillay		p403
EMPLOYEE ENGAGEMENT: THE MAGIC BULLET FOR ALL CORPORATE ILLS J. Jensen & L. Massyn		p420
EXECUTIVE PERFORMANCE EVALUATION AND REMUNERATION IN SOUTH AFRICA (2002-2015) N. Mans-Kemp & S. Viviers		p446
DOES MONEY MATTER? THE EFFECT OF SALARY POSTING ON ONLINE JOB APPLICATIONS L. Ronnie & J. Green		p448
EMPLOYEE MOTIVATION AND ORGANIZATIONAL JUSTICE IN PREDICTING JOB SATISFACTION AMONG NURSES AT A HOSPITAL IN THE EASTERN CAPE PROVINCE, SOUTH AFRICA T. Soga		p461
WAGE DETERMINATIONS AND JOB CREATION IN THE FREE STATE AGRICULTURE SECTOR: AN EMPLOYERS' PERSPECTIVE J. Taljaard & F. van der Walt		p464
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PSYCHOLOGICAL CAPITAL AND WORK ENGAGEMENT... CONNECTING THE DOTS IN A SOUTH AFRICAN POULTRY HATCHERY S. Bekker & M.M. Heyns		p484
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EXPATRIATE MENTORING: WHY IS IT AN ESSENTIAL IMPERATIVE FOR MULTINATIONAL CORPORATIONS? D. Kokt & T.F. Dreyer		p507
INVESTMENT MANAGEMENT		
AS SIMPLE AS ABC? THE IMPACT OF ATTITUDE ON INVESTMENT DECISION-MAKING P.D. Erasmus		p509

Source: http://www.saibw.co.za/docs/SAIMS_Conference_proceedings_2017.pdf

(see pg4 & 363)

ANNEXURE E: ETHICAL CLEARANCE CERTIFICATE



DEPARTMENT OF HUMAN RESOURCE MANAGEMENT RESEARCH, ETHICS AND INNOVATION COMMITTEE

27 March 2017

Dear Mrs Makola

Ref # 2017_HRM_004

Name of applicant: Mrs Zamandlovu Sizile Makola

Student #: 3500-982-9

Decision: Ethics approval

Name: Mrs Zamandlovu Sizile Makola [sizilemakola@outlook.com 35009829@mylife.unisa.ac.za; 083 786 2489]

Proposal: The experiences of working women during pregnancy and after returning to work after maternity leave.

Qualification: M.Com Business Management

Thank you for the application for research ethics clearance to the Department of Human Resource Management Research, Ethics and Innovation Committee for the above mentioned research. Final approval is granted for the duration of the project.

Full approval: The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Department of Human Resource Management Research, Ethics and Innovation Committee on 16th of February 2017 and full approval of the projects is granted

The proposed research may now commence with the proviso that:

- 1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
- 2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Department of Human Resource Management Research, Ethics and Innovation Committee. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.
- 3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant



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ANNEXURE F: PARTICIPANT CONSENT FORM

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet. I have had sufficient opportunity to ask questions and am prepared to participate in the study. I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable). I am aware that the findings of this study will be anonymously processed into a research report, journal publications and/or conference proceedings.

I agree to the recording of the focus group discussion.

I have received a signed copy of the informed consent agreement.

Full Name of Participant:

Signature of Participant: _____ Date: _____

Full Name of Researcher:

Signature of Researcher: _____ Date: _____

ANNEXURE G: CONFIDENTIALITY AGREEMENT: TRANSCRIBER

Transcriber Confidentiality Agreement

Project title – The experiences of working women during pregnancy and after returning to work after maternity leave.

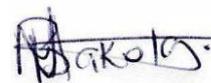
I, Mashego Mashoto Makola , the Transcriber (specific job description, e.g., scribe/facilitator) have been hired to transcribe audio recordings of the discussion groups conducted for this project.

I agree to -

1. keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., disks, tapes, transcripts) with anyone other than the *Researcher(s)*.
2. keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession.
3. return all research information in any form or format (e.g., disks, tapes, transcripts) to the *Researcher(s)* when I have completed the research tasks.
4. after consulting with the *Researcher(s)*, erase or destroy all research information in any form or format regarding this research project that is not returnable to the *Researcher(s)* (e.g., information stored on computer hard drive).
5. other (specify).

Mashego Mashoto Makola

20 June 2017



Printed name and Surname

Date

Signature

(Transcriber)

Researcher(s)

(Print Name)

(Signature)

(Date)



ANNEXURE H: THEMES AND SUB-THEMES GENERATED FROM THIS STUDY

Main themes	Subthemes
<p>Theme 1: The metamorphosis of becoming a mother</p>	<ul style="list-style-type: none"> • Subtheme 1.1: Experiences related to the emotional changes when becoming a mother • Subtheme 1.2: Experiences related to the attitudinal changes when becoming a mother • Subtheme 1.3: Experiences related to the behavioural changes when becoming a mother • Subtheme 1.4: Experience related to the physiological changes when becoming a mother
<p>Theme 2: Support experiences and expectation when becoming a mother</p>	<ul style="list-style-type: none"> • Subtheme 2.1: Support at the workplace • Subtheme 2.2: Support at home • Subtheme 2.3: Healthcare support